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Submission Date - 2018-11-14

DLN: 93493318053668

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

➤ Information about Form 990 and its instructions is at www.IRS.gov/form990.

Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 D Employer Identification number C Name of proanization B Check if applicable: MILWAUKEE WORLD FESTIVAL INC Address change 39-1049688 Name change Doing business as SUMMERFEST O Initial return O Final return/terminate E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 639 E SUMMERFEST PLACE O Amended return (414) 273-2680 Application pendin City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53202 G Gross receipts \$ 54,134,965 Name and address of principal officer: H(a) Is this a group return for DON SMILEY 639 E SUMMERFEST PLACE subordinates? Are all subordinates MILWAUKEE, WI 53202 @ Yes @No included? I Tax-exempt status: Ø 501(c)(3) ☐ 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or If "No," attach a list. (see Instructions) H(c) Group exemption number > J Website: ➤ WWW.MILWAUKEEWORLDFESTIVAL.COM M State of legal domicile: WI L Year of formation: 1965 K Form of organization:
Corporation Trust Association Cher▶ Part I Summary 1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF MILWAUKEE WORLD FESTIVAL, INC. IS TO PROMOTE AN UNDERSTANDING OF DIFFERENT CULTURES, THE HISTORIES
AND TRADITIONS OF VARIOUS NATIONALITIES, HARMONY IN THE COMMUNITY, CIVIC PRIDE AND PROVIDE A SHOWCASE FOR THE PERFORMING ARTS, ACTIVITIES AND RECREATION FOR THE PUBLIC AND EMPLOYMENT OPPORTUNITES FOR THE YOUTH OF THE Governance Check this box ▶ @ If the organization discontinued its operations or disposed of more than 25% of its net assets. à 25 Number of voting members of the governing body (Part VI, line 1a) activities 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2,165 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . 6 400 6 Total number of volunteers (estimate if necessary) 722,397 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **7**a **7**b 541,218 **b** Net unrelated business taxable income from Form 990-T, line 34 • **Prior Year Current Year** 9.779,286 8 Contributions and grants (Part VIII, line 1h) . . 4.263.430 Revenue 40,199,942 35,462,925 9 Program service revenue (Part VIII, line 2g) . . 19,368 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 113.805 2,292,951 2,048,500 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,888,660 52.291.547 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . n 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,147,383 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,489,738 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ≥612,676 34,548,601 37,509,096 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 46,656,479 43,038,339 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,635,068 19 Revenue less expenses. Subtract line 18 from line 12 . -1,149,679 Assets or Beginning of Current Year End of Year 95,100,383 141.927,192 20 Total assets (Part X, line 16) . 118,814,687 77,690,765 21 Total liabilities (Part X, line 26) 23,112,505 Net assets or fund balances. Subtract line 21 from line 20 . 17,409,618 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-13 Signature of officer Sign Here DON SMILEY PRESIDENT/CHIEF EXECUTIVE OFFICER Type or print name and title Date

Paid Preparer **Use Only**

Preparer's signature AMANDA VANNATTA Print/Type preparer's name AMANDA VANNATTA Check 🕮 If 2018-11-08 P00948755 self-employed Firm's EIN > 39-0758449 Firm's name > WIPFLI LLP Phone no. (608) 274-1980 Firm's address PO BOX 8700 MADISON, WI 537088700

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2017)

Yes No

THIS CATEGORY REPRESENTS SEASONAL OPERATING REVENUES AND EXPENSES THAT ARE NOT DIRECTLY ATTRIBUTED TO A SPECIFIC EVENT.

4,557)

Form 990 (2017)

0) (Revenue \$

including grants of \$

40,959,261

Other program services (Describe in Schedule O.)

Total program service expenses

13,326,725

(Expenses \$

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	з		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 Revenue Procedure 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? If "Yes," complete Schedule D, 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? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes,".complete Schedule D, Part V	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	 = 		Form O	on /2017

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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		No ——
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	22		No .
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i> complete Schedule J	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
			Form 9	90 (2017

Form 9	990 (2017)	_		rage 3
Par				(2)
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 394			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 2,165			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	ЗЬ	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	No
ь	If "Yes," enter the name of the foreign country: >			d
Sa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	nevaniestiisiis.	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>	-	
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	and constants	
7	Organizations that may receive deductible contributions under section 170(c).			Ne
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?	5 7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	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		<u> </u>
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b		9b	20/10/2000	. Wale parameters
10	Section 501(c)(7) organizations. Enter:		110	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	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			
a		-		
ь	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1000/00/20/00/20	to 1 days Sanstrandor Herrin
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to Issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		AA 400144
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to lines Part VI 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \odot Check if Schedule O contains a response or note to any line in this Part VI _ Section 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 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. Enter the number of voting members included in line 1a, above, who are independent 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 No 5 No Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Yes 7a 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? . . Yes 8h Yes Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the No organization's mailing address? If "Yes," provide the names and addresses in Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No 10a Did the organization have local chapters, branches, or affiliates? . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . 12a Yes 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes conflicts? . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes Did the organization have a written whistleblower policy? . . . Did the organization have a written document retention and destruction policy? . 14 Yes 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? 15a Yes The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization . . . 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a 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 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed>

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ►SUSAN LANDRY 639 E SUMMERFEST PLACE MILWAUKEE, WI 53202 (414) 273-2680

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any hours for related							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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 amployee	Former	2,2000 11200)	MISC)	related organizations	
(1) JOANNE BISCHMANN	0.40	×						74	. 0	c	
CITIZEN DESIGNEÉ BY HARLEY DAVIDSON	***************************************	^			ļ		l		J		
(2) DAVID CASPER AT-LARGE BOARD MEMBER	0.40	x						74	0	C	
(3) ALEC FRASER CITIZEN DESIGNEE BY MILWAUKEE COUNTY	0,40	x						74	0		
(4) JON HAMMES AT-LARGE BOARD MEMBER	0.40	x						74	0		
(5) CHARLES HARVEY AT-LARGE BOARD MEMBER	0.40	х						74	0		
(6) JOHN HILLER TERM 32017 AT-LARGE BOARD MEMBER	0.40	×						·	a		
(7) BILL HURWITZ AT-LARGE BOARD MEMBER	0.40	х						74	0		
(8) CRAIG KARMAZIN AT-LARGE BOARD MEMBER	0,40	×						74	ō		
(9) 3 MICHAEL LAUER AT-LARGE BOARD MEMBER	0.40	×						74	0		
(10) DON LAYDEN CITIZEN DESIGNEE BY MAYOR OF MILWAUKEE	0.40	×				ļ		74			
(11) MARTIN MATSON CITY OF MILWAUKEE COMPTROLLER	0.40	1						C			
(12) TERESA MERCADO UNITED ETHNIC FESTIVALS PRESIDENT	0.40	1						74			
(13) DANIEL MINAHAN AT-LARGE BOARD MEMBER	0.40	×						74			
(14) CORY NETTLES AT-LARGE BOARD MEMBER	0.40	i .						74		_	
(15) PAULA PENNEBAKER CITIZEN DESIGNEE BY MILWAUKEE COM	0,4							7.	1		
(16) TIM SHEEHY AT-LARGE BOARD MEMBER	0.4							7.	4		
(17) DAVE SPANO TERM 32017 DESIGNATED BY UEF COMMITTEE	0.4								0	B	

Form 990 (2017) Part VIII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees,	, an	d Hig	ghe	st Compensated	Employees (con	Page 8
(A) Name and Title	(B) Average hours per week (list any hours for	more pers	ition i than on is	one both	box an r/tro	office (stee)	SS T	(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	individual trustee or disctor	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) MARY ELLEN STANEK	0.40	×						74		0
AT-LARGE BOARD MEMBER (19) LAURA TIMM	***************************************	^		-	Н		L			
CITIZEN DESIGNEE BY BRIGGS & STRATTON	0.40	×						74	0	0
(20) HARRIS TURER	0.40	×	Г	Γ			Π	74	0	0
AT-LARGE BOARD MEMBER (21) CATHERINE WARD		****	├	Н	\vdash		⊢		<u> </u>	
DESIGNATED BY UEF COMMITTEE		×			L			74	0	0
(22) JOHN WARREN TERM 32017	0.40	x				İ		D	0	О
DESIGNATED BY USF COMMITTEE (23) MIKE WHITE	0.40		├	-	Н	-	╌			
AT-LARGE BOARD MEMBER	411111111111111111111111111111111111111	×				L		74	0	0
(24) TIM WITKOWIAK	0.40	х			Ì			74		o
DESIGNATED BY LIEF COMMITTEE (25) JIM WRIGHT	0.40	•••		H	┝	_	┝		· 	
CITIZEN DESIGNEE BY MILLER BREWING COMPANY		×						74	0	0
(26) TED KELLNER	0.40	х		×				74	0	0
CHAIRMAN OF THE BOARD (27) HOWARD SOSOFF	0,10		┢╌	┝	┢	├	┢			
FIRST VICE PRESIDENT		×		×				74	0	0
(28) HOWARD SCHNOLL	0,40	×		x	Π			74	O	٥
SECOND VICE PRESIDENT - NON VOTING (29) GREG WESLEY	0.10		⊢	⊦	├	┢	╁			<u> </u>
SECRETARY - NON VOTING	0.40	×		×		<u> </u>		74		0
(30) BRUCE MCDONALD	0,40	×		×	Γ			74	C	a
TREASURER (31) DON SMILEY	45.00	-	₩	⊢	╀	├	╁			
PRESIDENT/CEO - NON VOTING	2,00	×		×				1,825,356	·	507,781
(32) ROBERT BABISCH	45.00	1	1	Γ	×		ľ	200,407		45,547
VICE PRESIDENT OF ENTERTAINMENT (33) SARAH PANCHERI	45.00		╁	╀	╁	├	╀			
VICE PRESIDENT OF SALES & MARKETING	2.00	••••	j		×			197,537		34,299
(34) SUSAN LANDRY			Ϊ		×			178,953		31,454
VICE PRESIDENT/CFO (35) FRANK NICOTERA	45,00		╁	╁	╫	\vdash	╁		<u> </u>	
CAO AND GENERAL COUNSEL	2.00				×			180,616	(31,886
(36) MATT LEISHAM	45.00	4		1	Ì	x		135,921] (40,289
CONTROLLER (37) GAYE LITTELL	2.00 45.00	_	╁	╁╴	╁	┢	╁			
DIRECTOR OF NEW BUSINESS DEVELOPMENT	2.00			L		L×	L	126,338		24,042
(38) MATT GRONIGER	45.00		ĺ			×		111,551		23,920
DIRECTOR OF CORP SALES & SPONSORSHIP (39) ROBERT GOSSE	45.00		╁	╁	╁╴	-	+			
DIRECTOR OF DESIGN & CONSTRUCTION	2.00	<u> </u>	↓	L	Ļ	×	Ļ	106,994	'	36,932
(40) VIC THOMAS		*****	Ì	1	1	×		102,445	; · · ·	20,185
ASSOCIATE ENTERTAINMENT DIRECTOR 1b Sub-Total	2,00	<u> </u>	'-	÷	٠	↓	-	<u>. </u>	<u>' </u>	· · · · · · · · · · · · · · · · · · ·
c Total from continuation sheets to Par		· .	•			> -		3,168,042	0	796,335
d Total (add lines 1b and 1c)	ut not limited to ganization ➤ 10	those I	isted	abo			ecel			130,333
<u> </u>	·	-			-					Yes No
3 Did the organization list any former of					oloye	e, or	hig	hest compensated e		
line 1a? If "Yes," complete Schedule J fi			•		•	•	e be-	comparenties for	the S	No No
4 For any individual listed on line 1a, is the organization and related organizations	greater than \$15	0,000?	If 'Y	es,	con	plete	Sci	hedule 3 for such		
individual						•		organization or indiv		Yes

5 No

Section B. Independent Contractors

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

(A)

Name and business address

Description of services

Control PETTY & THE HEARTBREAKERS TOURS INC 1,958,730 15260 VENTURE BOULEVARD SUITE 2100 SHERMAN OAKS, CA 91403 CITY OF MILWAUKEE 1,807,766 RENT OF FACILITY 809 N BROADWAY MILWAUKEE, WI 53202 ARTIST PERFORMANCES 1,356,139 BLAH BLAH BLAH TOURING INC 1990 S 8UNDY DRIVE SUITE 200 LOS ANGELES, CA 90025 EVIL SHENANIGANS INC 1,074,906 ARTIST PERFORMANCES 2850 OCEAN PARK BOULEVARD SUITE 30 SANTA MONICA, CA 90405 HOMEGROWN MUSIC INC 1,037,638 STAGEHAND SERVICES 101 GARDNER PARK PEACHTREE, GA 30269 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 34

Form 990 (2017)

Appenditures a contract of the contract

722,397

Form 990 (2017)

38,962,052

52,291,547

d All other revenue

e Total. Add lines 11a-11d . .

12 Total revenue. See Instructions.

Form **990** (2017)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any	line in this Part IX	<u> </u>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				en de la constitue. Production de la constitue
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,255,136	1,802,080	1,237,729	215,327
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	4,328,703	3,601,752	486,577	240,374
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	392,355	332,481	36,432	23,442
9	Other employee benefits	416,867	66,759	328,428	21,680
10	Payroll taxes	754,322	383,319	340,218	30,785
11	Fees for services (non-employees):				
а	Management			-	
b	Legal	54,547		54,547	,
	Accounting	30,671		30,671	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	<u>-</u>			
f	Investment management fees			Afrika. Kada Mindi Massa Massa Mindi Masa Masa M	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,274,708	2,103,576	171,132	
12	Advertising and promotion	1,870,522	1,811,895	13,558	45,069
13	Office expenses	407,005	4,811	402,194	
14	Information technology	95,082	20,480	74,602	
	Royalties				
16	Occupancy	2,490,836	1,815,508	675,328	
	Travel	6,972		6,972	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings	26,337	1,761	24,576	
20	Interest	1,064,015	1,064,015		
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization	5,827,455	5,292,661	534,794	
23	Insurance	488,572	3,095	485,477	
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 ENTERTAINER AND PRODUCT	17,131,150	17,131,150		
	b FESTIVAL EXPENSES	3,094,658	3,089,818	4,840	<u>. </u>
	c EQUIPMENT AND SUPPLIES	1,820,940	1,719,526	101,414	
	d Staging expenses	296,601	293,098	3,503	
	e All other expenses	529,025	421,476	71,550	35,999
25	Total functional expenses. Add lines 1 through 24e	46,656,479	40,959,261	5,084,542	612,676
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).		l	Į.	I

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Part IX .	<u> </u>		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		2,052	1	1,000
	2	Savings and temporary cash investments		19,460,526	2	14,107,970
	3	Pledges and grants receivable, net			3	-
	4	Accounts receivable, net		26,239,380	4	70,325,834
	5	Loans and other receivables from current and for trustees, key employees, and highest compensat II of Schedule L	ted employees. Complete Part		5	
its	6 7	Loans and other receivables from other disqualification 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (II of Schedule L		6		
Assets	8	Inventories for sale or use		86,019	8	54,477
Ä	9	Prepaid expenses and deferred charges		757,867	9	603,784
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,887,962			
	ь	Less: accumulated depreciation	10b 65,923,726	46,665,750	10c	53,964,236
	11	Investments—publicly traded securities		1,318,998	11	2,344,529
	12	Investments—other securities. See Part IV, line 1	11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments—program-related. See Part IV, line	,		13	
	14	Intangible assets'		<u> </u>	14	<u> </u>
	15	Other assets. See Part IV, line 11		569.791	15	525,362
	16	Total assets. Add lines 1 through 15 (must equa		95,100,383	16	141,927,192
	17	Accounts payable and accrued expenses	<u> </u>	2,902,402		2,497,839
	18	Grants payable	• • •		18	
	19	Deferred revenue	31,943,654		75,424,165	
	20	Tax-exempt bond liabilities	3,059,727		1,979,728	
	21	Escrow or custodial account liability. Complete Pa			21	<u> </u>
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees	officers, directors, trustees,	and the second of the second o		adionistical designation of the second of th
ap		persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	ted third parties	34,700,000	23	34,700,000
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24).	yables to related third parties, Complete Part X of Schedule D	5,084,982	25	4,212,955
	26	Total liabilities. Add lines 17 through 25		77,690,765	26	118,814,687
Balances	27	Organizations that follow SFAS 117 (ASC 99 complete lines 27 through 29, and lines 33 Unrestricted net assets	58), check here ➤ Ø and and 34.	17,409,618	27	23,112,505
ala	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
Fund		Organizations that do not follow SFAS 117	(ASC 958),		77777	
ō	30	check here and complete lines 30 th Capital stock or trust principal, or current funds	rough 34.		30	
e:S	31	Paid-in or capital surplus, or land, building or eq			31	
Assets	32	Retained earnings, endowment, accumulated inc			32	
	33	Total net assets or fund balances		17,409,618	33	23,112,505
Net	34	Total liabilities and net assets/fund balances .		95,100,383	34	141,927,192
_	<u> </u>		· -			Form 990 (2017)

Part XI Reconcilliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI				
	-				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52	,291,547
2	Total expenses (must equal Part IX, column (A), line 25)	2		46	<u>,656,</u> 479
3	Revenue less expenses. Subtract line 2 from line 1	3		5	,635,068
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) • •	4		17	,409,618
5	Net unrealized gains (losses) on investments	5			67,819
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		23	,112,505
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	ı a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	****
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,			
	☐ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		За	_	No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	3b_		
				Form 99	10 (2017)

Form 990 (2017)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print

Submission Date - 2018-11-14

DLN: 93493318053668

SCHEDULE A

(Form 990 or 990EZ)

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

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization MILWAUKEE WORLD FESTIVAL INC							Employer identifica	ition number		
		,					39-1049688			
	rt I	Reason for Public (ation is not a private foun	Charity Statu	us (All organizations	s must complet	te this part.) S	ee instructions.			
1	_	A church, convention of		•		•	(A)(i)			
	9						(A)(I)•			
2	0	A school described in se			•					
-3		A hospital or a cooperati	ve hospital serv	vice organization descr	ibed in section :	170(b)(1)(A)(i	ii).			
4	9	A medical research orga name, city, and state:	nization operate	ed in conjunction with	a hospital descrii	bed in section 1	.70(b)(1)(A)(iii). En	ter the hospital's		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	<u></u> 0	A federal, state, or local	government or	governmental unit des	scribed in sectio	п 170(b)(1)(A)(v).			
7	2	An organization that nor section 170(b)(1)(A)	mally receives a (vi). (Complete	a substantial part of its Part II.)	s support from a	governmental u	nit or from the genera	I public described in		
8		A community trust descri	ribed in sectio n	170(b)(1)(A)(vi). (Complete Part II	i .)				
9	0	An agricultural research non-land grant college o						ege or university or a		
10	3	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organization organize	ed and operated	l exclusively to test for	public safety. Se	ee section 509 ((a)(4).			
12	©	An organization organize more publicly supported in lines 12a through 12d	organizations of	described in section 5	09(a)(1) or sec	tion 509(a)(2)	. See section 509(a			
а	2	Type I. A supporting or organization(s) the pow- complete Part IV, Sec	er to regularly a	appoint or elect a majo						
b	<u>a</u>	Type II. A supporting of management of the sup complete Part IV, Sec	porting organiza	ation vested in the san						
C	0	Type III functionally supported organization(ted with, its		
d	0	Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	y a distribution i	requirement and	th its supported organ an attentiveness requ	ization(s) that is not pirement (see		
е	0	Check this box if the orgintegrated, or Type III n	anization recei	ved a written determin	ation from the II		pe I, Type II, Type III	functionally		
f	Ente	r the number of supported	dorganizations				<u> </u>			
<u>g</u>		Provide the following inf								
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	111. If the organization ra	ans to quality ur	ider the tests his	iteu pelow, plea	se complete Par	L 111.)	
	ection A. Public Support.						T
	endar year fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,315,446	3,272,009	3,496,300	4,263,430	9,779,286	24,126,471
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
	Total. Add lines 1 through 3	3,315,446	3,272,009	3,496,300	4,263,430	9,779,286	24,126,471
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						9,659,076
6	(f) Public support. Subtract line 5 from line 4.						14,467,395
S	ection B. Total Support	"					
Cal	endar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	fiscal year beginning in)	3,315,446	T -		1		
7 8	Amounts from line 4 Gross income from interest,	3,313,440	3,272,003	3,430,300	7,203,430	3,7,5,200	21/120/1/1
0	dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,819,158	1,895,756	2,125,552	1,872,046	2,167,024	9,879,536
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	347,286	590,614	743,188	811,393	541,218	3,033,699
10	or loss from the sale of capital assets (Explain in Part VI.)						***
11	Total support. Add lines 7 through 10						37,039,706
12	Gross receipts from related activities,					12	174,967,418
13	First five years. If the Form 990 is fo						
	check this box and stop here	<u> </u>	. <u></u>	<u></u>	· · · · · · · · ·	<u> </u>	
S	ection C. Computation of Publi						
14						14	39.060 %
15	Public support percentage for 2016 Sc	chedule A, Part II,	line 14			15	33,120 %
16a	33 1/3% support test-2017. If the	organization did	not check the box	on line 13, and lin	ne 14 is 33 1/3% or	r more, check this	box
b	and stop here. The organization qual 33 1/3% support test—2016. If th	e organization dic	I not check a box (on line 13 or 16a,	and line 15 is 33 i	/3% or more, che	CK This
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	st— 2017. If the o on meets the "fact of the "facts-and-ci	rganization did no s-and-circumstan rcumstances" test	t check a box on l ces" test, check th . The organization	ine 13, 16a, or 16i iis box and stop h i qualifies as a pub	b, and line 14 ere. Explain licly supported	
b	organization	st—2016. If the extraction meets the lon meets the longer on the longer of the longer	organization did n "facts-and-circum: ts-and-circumstan	ot check a box on stances" test, che ices" test. The org	line 13, 16a, 16b, ck this box and st o panization qualifies	or 17a, and line op here. as a publicly	
18	supported organization	tion did not check	a box on line 13,	16a, 16b, 1/a, or	1/b, check this bo	x and see	
	instructions	<u> </u>			Calcad	ula A (Earm CC)	or 990-EZ) 2017
					Scaled	שוב א נו טוווו ששו	, 0, 770-66, 401/

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	- the organization rans to			, p			
	ction A. Public Support			1			
ale	ndar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	iscal year beginning in)	<u>`</u>		` '	· /	` '	
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.").						
2	Gross receipts from admissions,		-				
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the		•				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
_	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						ļ
5	The value of services or facilities			-			
	furnished by a governmental unit to						ì
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					•	
-	3 received from disqualified persons						
ь	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.						
	Add lines 7a and 7b.	avenamentaki elektrisini kirimat kirimat kirimat a	Trasaculari (Trasaculari (Brasilia)	46/15060000000000000000000000000000000000			William William
8	Public support. (Subtract line 7c						
	from line 6.)	CARLEMA METERSONIA INCIDENCIA			<u> </u>	Carlones International Con-	
	ction B. Total Support			<u> </u>			
	ndar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	fiscal year beginning in) 🟲		,	ļ · ·	· ·		
9	Amounts from line 6						
0a	Gross-income from interest,	<u> </u>			ļ		
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources		•				
b	Unrelated business taxable income						
-	(less section 511 taxes) from					1	
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is			1		l	
	regularly carried on.			<u></u>			
12	Other income. Do not include gain					1	
	or loss from the sale of capital assets (Explain in Part VI.)					•	
12	Total support. (Add lines 9, 10c,	<u> </u>		 -		 	
Ľ	11, and 12.).	1]		_		
4	First five years. If the Form 990 is for	or the organization	's first, second, t	hird, fourth, or fift	h tax year as a se	ection 501(c)(3) organization,
	check this box and stop here						
_	chick this box and stop here,	Cumpart Dans				<u> </u>	
	ection C. Computation of Public Public support percentage for 2017 (li	Support Perce	intage	column /f\\		1 4 1 1	
15						15	
16	Public support percentage from 2016	Schedule A, Part I	II, line 15			16	
Se	ection D. Computation of Invest	ment Income	Percentage				
L7	Investment income percentage for 20	17 (line 10c. colu	mn (f) divided by	line 13, column (f))	17	
	Investment income percentage from 2	•					···
18						18	ad line 17 is not
	33 1/3% support tests—2017. If the						
:	more than 33 1/3%, check this box and	stop here. The or	rganization qualifi	es as a publicly su	ipported organiza	tion	▶⊎
h	33 1/3% support tests-2016. If th	e organization did	not check a box	on line 14 or line :	19a, and line 16 is	more than	33 1/3% and line 18 is
	not more than 33 1/3%, check this box						
20_	Private foundation. If the organizat	ion did not check a	a box on line 14,	19a, or 19b, checl	k this box and see	Instructions	▶ Ш
					Schode	ile A (Form	990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ь	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		
c	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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		
Ь	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).		1.6.1.1.1.1.1	

Ρē	irt	IV	Supporting Organizations (continued)			
					Yes	No
11	1	Has th	e organization accepted a gift or contribution from any of the following persons?		ana.	e de la companya della companya della companya de la companya della companya dell
a		goverr	on who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ing body of a supported organization?	11a		aselic (E.)
b		A fami	ly member of a person described in (a) above?	11b		
c		A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
			B. Type I Supporting Organizations			
	EL	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B. Type I Supporting Organizations		V	N.
				THE STREET AND THE AT AND T	Yes	No
1	•	elect a VI hou organi trusted	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part with the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the zation had more than one supported organization, describe how the powers to appoint and/or remove directors or es were allocated among the supported organizations and what conditions or restrictions, if any, applied to such so during the tax year.	1		
2	1	operat carried	e organization operate for the benefit of any supported organization other than the supported organization(s) that ed, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit doubt the purposes of the supported organization(s) that operated, supervised or controlled the supporting zation.	2		
S	iec	tion	C. Type II Supporting Organizations			
					Yes	No
1		each o	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of if the organization's supported organization(s)? If "No," describe in Part VI how control or management of the riting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	iec	tion	D. All Type III Supporting Organizations			
					Yes	No
1	1	tax ye Form 9	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 1990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing with the control of the date of notification, to the extent not previously provided?			
2	,	organi organi	any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the zation maintained a close and continuous working relationship with the supported organization(s).	2		
3		organi	son of the relationship described in (2), did the organization's supported organizations have a significant voice in the zation's investment policies and in directing the use of the organization's income or assets at all times during the tax If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	iec	ction	E. Type III Functionally-Integrated Supporting Organizations			
1			the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):		
	a	(A)	The organization satisfied the Activities Test, Complete line 2 below.			
	_					
	Ь		The organization is the parent of each of its supported organizations. Complete line 3 below.			
	С	0	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2		Activit	ies Test. Answer (a) and (b) below.		Yes	No
		suppo organ respon	Ibstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was notive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2 a		
		organ organ	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of the ization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the ization's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		Paren	t of Supported Organizations. Answer (a) and (b) below.			4
_	а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of apported organizations? <i>Provide details in Part VI</i> .	За	- 1170MH11150MH1150	namez en salabilité
	Ь	Did th	e organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
		suppo	rted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		<u> </u>

instructions)

Part V	Type III Non-Functionall	v Integrated 509(a)(3) Supporting Or	ganizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 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 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting (Organizations (continue	ed)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers execss of income from activity			
3 Administrative expenses paid to accomplish exempt purp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required			
6 Other distributions (describe in Part VI). See instruction	ns		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to whit details in Part VI). See instructions	ch the organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6	· _		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions.			62.2 1 1 1 4 E
3 Excess distributions carryover, if any, to 2017:			
a Alaman menungkan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn		and the second second second second	manufacture of the second seco
b From 2013			
c From 2014.	e produce de la comercia de la come		<u> </u>
d From 2015			
e From 2016	AMERIKAN MARINEN (ZARTARIA CERTATURA APART		
f Total of lines 3a through e		<u> </u>	
g Applied to underdistributions of prior years		1	Andria Arelia de Carrella de C
h Applied to 2017 distributable amount	<u> </u>		
i Carryover from 2012 not applied (see instructions)			Section (Control Control Contr
j Remainder. Subtract lines 3g, 3h, and 3l from 3f.			
4 Distributions for 2017 from Section D, line 7:			
\$		<u> </u>	
a Applied to underdistributions of prior years	2000		
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	The state of the s		
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.	era (a. e. esta)	en e	
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			2 (2.2) (2.2) (2.4) (2.2
c Excess from 2015.			
d Excess from 2016			
e Excess from 2017.		Schodule A	(Form 990 or 990-EZ) (2017

	/F	000		000 E7	1 2017
Schedule A (LE OI III	フフリ	VΙ	フフリーピム) ZUI/

Page 8

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

Facts And Circumstances Test

Explanation Return Reference

Schedule A (Form 990 or 990-EZ) 2017

efile GRAPHIC print

Submission Date - 2018-11-14

DLN: 93493318053668

SCHEDULE D

(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury

➤ 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. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization VAUKEE WORLD FESTIVAL INC			Employer identification number
PILL	WALKE WORLD FESTIVAL INC			39-1049688
Pa	t I Organizations Maintaining Donor Adv			r Accounts.
	Complete if the organization answered "Ye	es"_on Form 990, Part (a) Donor ad		(b)Funds and other accounts
1	Total number at end of year	(a) Doitor au	viscu iuilus	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)	-		
4	Aggregate value at end of year			· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisor	ors in writing that the as	sets held in donor ad	vised funds are the
	organization's property, subject to the organization's ex	clusive legal control?.		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and d	onor advisors in writing	that grant funds can	be used only for
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for	r any other purpose o	
Da	Conservation Easements. Complete if t			Yes No
1	Purpose(s) of conservation easements held by the orga			11 990, Fait IV, Illie 7.
_	Preservation of land for public use (e.g., recreatio	_	• • • • • • • • • • • • • • • • • • • •	historically important land area
	Protection of natural habitat	o. oaaca.o, — @		ertified historic structure
	Preservation of open space		rieservation of a c	eranea mistoric structure
_	- Trobarration of open space	analisad cananation .		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	i qualified conservation (Held at the End of the Year
а	Total number of conservation easements			2a
Ь	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified histor	ic structure included in ((a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 8/17/06, and	not on a historic	2d
3	Number of conservation easements modified, transferred tax year ➤	ed, released, extinguish	ed, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located !	•	
5	Does the organization have a written policy regarding t			of violations
_	and enforcement of the conservation easements it hold	ls?	· · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violati	ions, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations,	and enforcing conser	vation easements during the year
_	> \$	N alassa aablaks blaa waassi		TO(L)(A)(D)(I)
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(li)?			Yes No
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organiz		
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tes" on Form 990, Par	Treasures, or Oth t IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to republic exhibition, educ	port in its revenue sta ation, or research in i	atement and balance sheet works of furtherance of public service,
ь	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:	16 (ASC 958), to report blic exhibition, education	in its revenue statem , or research in furth	nent and balance sheet works of art, lerance of public service, provide the
ļ	i) Revenue included on Form 990, Part VIII, line 1			▶\$
	i)Assets included in Form 990, Part X			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	rical treasures, or other:	similar assets for fina	
a	Revenue included on Form 990, Part VIII, line 1	•		> \$
ь	Assets included in Form 990, Part X			

Par	t III	Organizations Ma											
3		g the organization's acqui s (check all that apply):	isition, accession	, and other reco	ords, check	any of	the foll	owing th	at are a s	significant u	se of its	collection	1
а		Public exhibition			d		Loan c	or exchar	ige progr	ams			
b	0	Scholarly research			е		Other	46		77):(12):(10):(10):(10):(10):(10):(10):(10):(10		**********	
C		Preservation for future	generations										
4		ide a description of the or	rganization's coll	ections and exp	lain how the	ey furtl	her the	organiza	tion's ex	empt purpos	se in		
5	Durii	ng the year, did the organ ts to be sold to raise fund	nization solicit or Is rather than to	receive donation be maintained	ons of art, hi as part of th	istorica ne orga	al treasu anization	ures or of n's collec	ther simil	iar •	Ye	s_ 🚇	No
Pa	rt IV	Escrow and Custo Complete if the organine 21.	dial Arranger anization answ	nents. ered "Yes" on	Form 990	, Part	IV, lin	e 9, or ı	eported	l an amoui	nt on Fo	orm 990	, Part X,
1a		e organization an agent, ided on Form 990, Part X									2 Ye	s 🛭	No
b	If "Y	es," explain the arrangen	nent in Part XIII	and complete tl	he following	table:				A	mount		
c	Begi	nning balance							1c				
đ	Addi	tions during the year						[1d				<u>.</u> _
e	Distr	ributions during the year						. [ie				
f	Endi	ing balance						. [1f				
2a	Did t	the organization include a	an amount on Fo	rm 990, Part X,	line 21, for	escrov	w or cus	stodial ac	count lia	bility?	☐ Ye	s 🛮	No
b	If "Y	es," explain the arrangen										(5	
Pā	irt V	Endowment Fund	s. Complete if			red "Y							
			_	(a)Current ye	ear (b)	Prior ye	ear	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four y	ears back
	_	ning of year balance .											
		ibutions											
		nvestment earnings, gains	s, and losses				_						
		s or scholarships	•	ļ			_						
	and p	expenditures for facilitie programs											
f	Admii	nistrative expenses .											
g		of year balance		<u> </u>					·		_		<u>_</u>
2	Prov	vide the estimated percen	ntage of the curre	ent year end bal	lance (line 1	lg, colu	ımn (a)) held as	:				
a	Boa	rd designated or quasi-er	ndowment ➤										
b	Perr	manent endowment 🛌 🚬	EE P1 P1 P2										
c		porarily restricted endow		() D									
		percentages on lines 2a,											
3a	orga	there endowment funds i anization by:		sion of the orga	anization the	at are i	held and	d adminis	stered fo	r the	· [5	Ye	s No
		unrelated organizations				• •	• •	• •				a(i) a(ii)	
		related organizations • Yes" on 3a(ii), are the rela			ired on Sch	odulo i	• •					3b	+
4		res" on 3a(n), are the reascribe in Part XIII the inte						• •		• • •	<u> </u>		
	rt VI												
Fa	IL AT	Complete if the ord	and Equipments	vered "Yes" or	n Form <u>99</u> 1	0, Par	t IV <u>, li</u> r	ne 11a.	See For	m 990, Pa	rt X, lin	e 10.	
	Desc	cription of property	(a) Cost or oth (investme	er basis (b) Cost or othe			(c) Accı	ımulated (iepreciation		(d) Book v	alue
	Land					3,	913,843						3,913,843
		ings				9,	506,940			2,150,579		_	7,356,361
		ehold improvements				95,	247,253	 		57,633,660			37,613,593
		oment					697,812	 		6,139,487		_	2,558,325
		` `					522,114	-					2,522,114
		d lines 1a through 1e.(Co	l olumn (d) must e	gual Form 990.	Part X. colu			10(c).)		-			53,964,236

(a) Description of security or category (including name of security)	(b) Book value		Method of valuation: end-of-year market value
1) Financial derivatives			
2) Closely-heid equity interests	<u> </u>		
A)			
В)			
c)			
D)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶		
art VIII Investments Program Related.			<u> </u>
Complete if the organization answered 'Yes' on Formal (a) Description of Investment	orm 990, Part IV, line (b) Book value	(c)) Method of valuation:
1)	<u> </u>	Cost or	end-of-year market value
2)			
3)			
4)			
5)			<u> </u>
6)			
7)			
· · · · · · · · · · · · · · · · · · ·			
n)	1 1		
(8)			
(9)			
(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, Par		
(a) Description	'Yes' on Form 990, Par		
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description	'Yes' on Form 990, Par		Form 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
9) fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
9) fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
9) otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) Description 2) 3) 4)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6)	'Yes' on Form 990, Par		Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description (g) Description (h) Description (g) Description (h) Description (g) Description (h)	'Yes' on Form 990, Par	TV, line 11d. See	Form 990, Part X, line 15. (b) Book value
(a) Description (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization a	'Yes' on Form 990, Par	t IV, line 11d. See	Form 990, Part X, line 15. (b) Book value
(a) Description (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	'Yes' on Form 990, Par	t IV, line 11d. See	Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description of liability (f) Federal Income taxes	'Yes' on Form 990, Par	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability 1) Federal Income taxes DEFERRED RENT EXPENSE	'Yes' on Form 990, Par	m 990, Part IV, (Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (e) Description of liability (f) Federal Income taxes (f) Description of Descriptio	'Yes' on Form 990, Par	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (f) Description (g) Description of liability (g) Federal Income taxes (g) Description of Description (g) Descr	'Yes' on Form 990, Par	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
Fortal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description of liability (g) Description of li	'Yes' on Form 990, Par	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description 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 a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Federal Income taxes DEFERRED COMPENSATION OBLIGATION (3) (4)	inswered 'Yes' on For	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (g) Description (g) Description (g) Description of liability (g) Descrip	'Yes' on Form 990, Par	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (f) Description (g) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Description	inswered 'Yes' on For	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (g) Description (g) Description (g) Description of liability (g) Descrip	inswered 'Yes' on For	m 990, Part IV, look value	Form 990, Part X, line 15. (b) Book value

Schedule D	(Form	990)	2017

Page 4

	Complete if the organ	ization answered 'Yes' on Form 990, Part	IV, li	ne 12a.					
1	Total revenue, gains, and other s	support per audited financial statements			•		1		
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12:							· ·
а	Net unrealized gains (losses) on i	investments	2a	1					
b	Donated services and use of facil	lities	2b						
c	Recoveries of prior year grants		2c						
d	Other (Describe in Part XIII.) .		2d						
e	Add lines 2a through 2d					. 2	?e		
3	Subtract line 2e from line 1 .						3		
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1:							_
a	Investment expenses not include	ed on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.) .		4b						
c	Add lines 4a and 4b					4	łc		
5		c. (This must equal Form 990, Part I, line 12.)					5		
Par		penses per Audited Financial Statem				s per Ret	urn.		
1		ization answered 'Yes' on Form 990, Part dited financial statements					1		
				• •	• •		¥##		
2		ot on Form 990, Part IX, line 25:	1	ı					
a			2a						
Ь			2b			<i>(</i>)			
с			2c						
đ			2d						
_ e	•		•	• •	• •	<u> </u>	2e		
3			• •		• •		3		
4	·	Part IX, line 25, but not on line 1:							
а	· · · · · · · · · · · · · · · · · · ·	ed on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.) .	· ·	4b	<u></u>					
C						<u> </u>	łc		
5		4c. (This must equal Form 990, Part I, line 18.) •	• • •		i	5		
	t XIIII Supplemental Info								
Prov line	vide the descriptions required for P is 2d and 4b; and Part XII, lines 2d	Part II, lines 3, 5, and 9; Part III, lines 1a and 4 l and 4b. Also complete this part to provide and	4; Part y addit	IV, lines :	1b and 2 rmation.	2b; Part V, li	ine 4; F	art X, line	2; Part XI,
	Return Reference		Ex	planation					
PART	X, LINE 2:	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN IT IS MORE LIKELY THAN NOT THAT A TAX POTECHNICAL MERITS OF THE POSITION, ASSUINFORMATION. IF THE TAX POSITION DOES NOT THRESHOLD, THE BENEFIT OF THAT POSITION STATEMENTS. THE ORGANIZATION HAS RECOUNTED.	ISITIO MING NOT MI N IS N	N WILL BI THE TAXII SET THE M	E SUSTA NG AUTI NORE LII SNIZED	INED UPON HORITY HAS KELY THAN IN THE COI	I EXAM: 5 FULL NOT RE NSOLIC	INATION C KNOWLED ECOGNITION OATED FIN	ON THE OGE OF ALL ON ANCIAL

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

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Submission Date - 2018-11-14

DLN: 93493318053668

Schedule J

(Form 990)

Compensation Information

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

> Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection **Employer identification number**

MILWAUKEE WORLD FESTIVAL INC 39-1049688 **Questions Regarding Compensation** No Yes Check the appropiate 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. Housing allowance or residence for personal use First-class or charter travel (M) Travel for companions Payments for business use of personal residence O Health or social club dues or initiation fees Tax idemnification and gross-up payments 372 0 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods

usea	by a related organization to establish compensation o	Luie	CEO/Executive Director, but explain
\odot	Compensation committee		Written employment contract
	Independent compensation consultant	$oldsymbol{arnothing}$	Compensation survey or study
2	Form 990 of other organizations	2	Approval by the board or compens

Approval by the board or compensation committee

related organization:

	related organization:							
a	Receive a severance payment or change-of-control payment? .							

C	Participate in, or receive payment from, an equity-based compensation arrangement?
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII. Section A. line 1a, did the organization pay or accrue any

	compensation contin				• ~,	 ,	uiu	 v. y.	41 WZ.	1,101	. ра	,	444	uu u	',
а	The organization?	_													

Participate in, or receive payment from, a supplemental nonqualified retirement plan? .

ь	Any related organization? .												
	If "Yes," on line 5a or 5b, des	crib	e in	Par	t III	•							

6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any
	compensation contingent on the net earnings of:

	compensation contin	gent	on	tne	net	ear	ning	S OF:	•						
а	The organization? .	•													

If "Yes," on line 6a or 6b, describe in Part III.
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

	payments not described in lines 5 and 67 if "Yes," describe in Part III	•	•	•	•	•	•	•
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to subject to the initial contract exception described in Regulations section 53.495	a co 3-4(a	ntra a)(3)	ct ti)? If	nat v "Ye:	vas s," d	lesc	ribe

9	If "Yes" on line 8,	did	the	orga	aniz	ation	ı als	o follo	ow	the	reb	utta	ble	pres	ump	tion	proc	edure	des	cribe	d in	Re	gula	tions se	ctio
	53.4958-6(c)? .																					•	•		

1b	Yes Yes	
2	Yes	
4a		20
4b		No
4c		No
En		No.
5a	-	No
5a 5b		No No
5a 5b 6a		No No No
5a 5b		No No No No
5a 5b 6a 6b	Carrier state	No No No

Any related organization? . . .

in Part III . .

8

No

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

For each individual whose compensation must be reported 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		(B) Breakdo	own of W-2 and/or compensation	r 1099-MISC	(C) Retirement and other	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive compensation	(III) Other reportable compensation	deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred on prior Form 990
1DON SMILEY PRESIDENT/CEO - NON VOTING	(i)	1,756,063	55,400	13,893	502,676	16,090	2,344,122	1,371,936
PRESIDENT/CEO - NON VOTING	(11)	0	g g	0	0	0	0	0
2ROBERT BABISCH	(i)	182,507	17,900	0	30,400	17,774	248,581	0
VICE PRESIDENT OF ENTERTAINMENT	(II)	0	0	0	D	0	0	0
3SARAH PANCHERI	(1)	161,337	36,200	D	29,727	6,800	234,064	0
VICE PRESIDENT OF SALES & MARKETING	(11)	0	0	0	0	0	0	0
4SUSAN LANDRY	(1)	162,653	16,300	0	26,883	7,066	212,902	0
VICE PRESIDENT/CFO	(11)	0	0	0	0	0	0	0
SFRANK NICOTERA	(1)	164,016	16,600	G	27,315	7,534	215,465	0
CAO AND GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
6MATT LEIBHAM	(1)	123,521	12,400	0	20,469	20,922	177,312	0
CONTROLLER	(11)	0	0	0	0	0	0	0
7GAYE LITTELL	(0)	120,638	5,700	0	19,039	6,033	151,410	0
DIRECTOR OF NEW BUSINESS DEVELOPMENT	(ii)	0	0	0	0	0	0	0
						ļ		
						_		
			-					
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	Schedule 3 (I	orm 990) 2017

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Inform	nation
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
PART I, LINE 1A	THE PRESIDENT OF THE ORGANIZATION RECEIVES TWO MEMBERSHIPS TO CLUBS. THE PERSONAL USE OF THE CLUBS IS REPORTED AS TAXABLE COMPENSATION. THE COST OF THE BENEFIT TO THE ORGANIZATION IS \$14,307.
	Schedule J (Form 990) 2017

Software ID:

Software Version:

DLN: 93493318053668 efile GRAPHIC print Submission Date - 2018-11-14 OMB No. 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

➤ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service
Name of the organization
MILWAUKEE WORLD FESTIVAL INC Employer identification number 39-1049688 Part I Bond Issues (h) On behalf of (I) Pool (g) Defeased (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (b) Issuer EIN (a) Issuer name issuer Yes No Yes No Yes No REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE 25,000,000 FINANCE, IN PART, THE SOUTH х 12-29-2010 60242E111 39-1186734 END PROJECT Part II Proceeds С 23,020,272 Amount of bonds retired . . . 2 25,000,000 Total proceeds of issue 1,979,728 4 5 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 500,000 8 Working capital expenditures from proceeds 22,520,272 10 11 12 2013 13 No No Yes No Yes No Were the bonds issued as part of a current refunding issue? . χ 14 х Were the bonds issued as part of an advance refunding issue? 15 х 16 Does the organization maintain adequate books and records to support the final allocation of χ 17 proceeds? Part IIII Private Business Use Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property X financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed х Schedule K (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

				A		В_	_ c			D
		ţ	Yes	No	Yes	No	Yes	No	Yes	No
	hond-financed property?	ere any management or service contracts that may result in private business use of inanced property?		х		<u> </u>				
	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					<u> </u>	<u> </u>			
	Are there any research agreements that may result in private business use of bond-financed property?			x					ļ	
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any research agreements relating to the financed property?	outside								
	Enter the percentage of financed property used in a private business use by entit a section 501(c)(3) organization or a state or local government.	les other than		0 %						
	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %						
	Total of lines 4 and 5			0 %						
_	Does the bond issue meet the private security or payment test?			X						
)	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			x					_	
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispos	ed of								
_	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-27									_
	Has the organization established written procedures to ensure that all nonqualifie issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	ed bonds of the		x						
a	t IV Arbitrage									-
		A			В		С			
		Yes	No	Yes	No.	<u> </u>	Yes	No	Yes	No
	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<u>x</u>							
	If "No" to line 1, did the following apply?			<u> </u>						
	Rebate not due yet?	x								
	Exception to rebate?		X		<u> </u>					_
	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
	Is the bond issue a variable rate issue?	_	X							
2	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		х							
b	Name of provider				- 					
	Term of hedge	<u> </u>								
c										ı
c d	Was the hedge superintegrated?									

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Schedule K (Form 990) 2017

Schedule K (Form 990) 2017

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Submission Date - 2018-11-14

DLN: 93493318053668 OMB No. 1545-0047

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Name of the organization MILWAUKEE WORLD FESTIVAL INC

Employer identification number

39-1049688

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE VOTING BOARD OF DIRECTORS SHALL BE COMPOSED OF: ONE (1) CITIZEN APPOINTED BY THE MAYOR OF THE CITY OF MILWAUKEE; ONE (1) CITIZEN APPOINTED BY THE PRESIDENT OF THE MILWAUKEE COMMON COUNCIL; ONE (1) CITIZEN APPOINTED BY THE COUNTY EXECUTIVE OF MILWAUKEE COUNTY; THREE (3) BOARD ELECTED REPRESENTATIVES OF UNITED FESTIVALS, INC. OR ITS SUCCESSOR; THREE (3) BOARD ELECTED REPRESENTATIVES FROM THE SPONSOR OF EACH OF THE THREE (3) LARGE STAGE AREAS, WHICH ON THE EFFECTIVE DATE OF THESE BYLAWS ARE BRIGGS & STRATTON INC., HARLEY-DAVIDSON, INC., AND MILLER BREWING COMPANY) OR THEIR SUCCESSORS ALL OF WHOM SHALL BE APPOINTED ANNUALLY AND NOT MORE THAN FIFTEEN (15) ADDITIONAL CITIZENS ELECTED AT-LARGE BY THE BOARD MEMBERS THEN IN OFFICE.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF ITS GOVERNING BODY FOR REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. IT IS ALSO REVIEWED BY THE INDEPENDENT ACCOUNTING FIRM.
FORM 990, PART VI, SECTION B, LINE 12C	NO CONTRACT, TRANSACTION OR OTHER MATTER BETWEEN THE CORPORATION AND ANY CORPORATION, FIRM, ASSOCIATION, OR ENTITY IN WHICH A DIRECTOR OF THE CORPORATION IS A DIRECTOR, OFFICER, EMPLOYEE, OR HAS A MATERIAL FINANCIAL INTEREST, SHALL BE EITHER VOID OR VOIDABLE BECAUSE OF SUCH RELATIONSHIP OR INTEREST OR BECAUSE SUCH COMMON OR INTERESTED DIRECTOR IS PRESENT AT THE MEETING OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF WHICH AUTHORIZES, APPROVES OR RATIFIES SUCH CONTRACT, TRANSACTION, OR OTHER MATTER, IF (I) THE FACT OF SUCH RELATIONSHIP OR INTEREST IS DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS OR COMMITTEE WHICH AUTHORIZES, APPROVES OR RATIFIES THE CONTRACT, TRANSACTION, OR OTHER MATTER; (II) THE COMMON OR INTERESTED DIRECTOR SHALL NOT VOTE WHEN THE BOARD OF DIRECTORS OR COMMITTEE AUTHORIZES, APPROVES OR RATIFIES SUCH CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT; AND (III) THE CONTRACT, TRANSACTION, OR OTHER MATTER IS FAIR AND REASONABLE TO THE CORPORATION. THE ORGANIZATION ISSUES A COPY OF THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE TO EACH OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE ONCE PER YEAR.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION ENGAGED AN INDEPENDENT CONTRACTOR TO ESTABLISH COMPARABILITY DATA IN 2015. EACH YEAR, THAT DATA IS UPDATED USING THE MIDWESTERN CPI. EACH EMPLOYEE RECEIVES A PERFORMANCE RATING. AN INCREASE IS ASSIGNED TO EACH EMPLOYEE BASED ON HOW CLOSE THEIR CURRENT SALARY IS TO THE COMPARABILITY DATA AND THEIR PERFORMANCE RATING. THE PERSONNEL COMMITTEE OF THE BOARD REVIEWS THE RESULTING SALARY AND RECOMMENDS APPROVAL TO THE FULL BOARD OF DIRECTORS.
FORM 990, _ PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

efile GRAPHIC print	Submission Date - 2018-11-14	·	· · · · · · · · · · · · · · · · · · ·			DLN: 934933	18053668
SCHEDULE R Related Organizations and Unrelated Partnership						OMB No. 1	_
Form 990)-	➤ Complete if the organ	*		20	17		
Annual Color Transcript	► Information about S			Open to Public			
Department of the Treasury Internal Revenue Service						Inspec	
lame of the organization SILWAUKEE WORLD FESTIVAL INC					I	tification number	
Part I Identification	of Disregarded Entitles Complete if t	he organization answered	i "Yes" on Form 9	90 Part IV line 33	39-1049688		
	(a)	(b)	(c)	(d)	(e)	(f)	
Name, address, and EIN	(if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total Income	End-of-year assets	Direct controlling entity	
(1) MWF LLC 639 E SUMMERFEST PLACE MILWAUKEE, WI 53202 80-0547125		MANAGE AND OPERATE BEVERAGE OPERATIONS ON THE PROPERTIES OWNED BY MEMBER		8,256,336	32,502	MILWAUKEE WORLD FESTIVAL	. INC
				,			
	<u> </u>						
Part II Identification related tax-exer	of Related Tax-Exempt Organizations onto organizations during the tax year.	s Complete If the organiz	ation answered "Y	'es" on Form 990, I	Part IV, line 34 b	pecause it had one or m	оге
	(a) d EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity state (if section 501(c)(3	us Direct controlling 3)) entity	(g) Section 512(b) (13)
							controlled entity? Yes No
(1)SUMMERFEST FOUNDATION INC 539 E SUMMERFEST PLACE MILWAUKEE, WI 53202 45-2522052	;	PERFORM THE FUNCTIONS AND CARRY OUT THE PURPOSE OF MILWAUKEE WORLD FESTIVAL	WI	501(C)(3)	LINE 7	MILWAUKEE WORLD FESTIVAL INC	Yes
·	· · · · · · · · · · · · · · · · · · ·						
				-			
				 	+		-

Cat. No. 50135Y

Schedule R (Form 990) 2017

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

Part III Identification of Related Organization one or more related organizations treat	ons Taxable as a led as a partnership	Partnershi during the	i p Comp tax yea	lete if the	organizatio	n ansı	wered "Ye	s" on Form	990,	Part I	V, Ilne 34 b	ecau	se it l	had	
(a) Name, address, and EIN of related organization		(b) Primary activity	Legal Dir domicile contr	(d) Direct controlling entity	(e) Predomin Income(rel unrelate excluded fro under sect 512-514	ated, ed, om tax tions	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate utions?	(i) Code V-USI amount in box 20 of Schedule K-1 (Form 1065)	man part	ral or aging :ner?	Perce	(k) ercentage wnership
 									Yes	No		Yes	No		
			<u> </u>												
							_								
Part IV Identification of Related Organization it had one or more related organization	ons Taxable as a (s treated as a corpo	Corporation or tr	n or Tr	ust Compl ng the tax	ete if the or year.	ganiz	ation ansv	wered "Yes	" on F	orm 9	90, Part IV,	. line	34 b	ecaus	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(stat	(c) Legal domicile te or foreig		(d) rect controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total income	1	(g) e of end- year assets	-of- Perce	h) entage ership	C	(i) lection : 13) con entit	512(b) trolled y?
· · · ·		ļ. '	country)			<u> </u>			-				_	Yes	No
· · · · · · · · · · · · · · · · · · ·			_						<u> </u>						
					<u>-</u>										
-		1				i –			1		1	•	1	\dashv	

Pa	rt V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b	, or 36.		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		·	· · · · · · · · · · · · · · · · · · ·	Ye	s No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations listed in	Parts II-IV?		28 32	
2	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
ь	Gift, grant, or capital contribution to related organization(s)				1b	No
c	Glft, grant, or capital contribution from related organization(s)				1c Ye	s
d	Loans or loan guarantees to or for related organization(s)				1d	No
e	Loans or loan guarantees by related organization(s)				1e	No
f	Dividends from related organization(s)				1.f	No
g	Sale of assets to related organization(s)				1g	No
h	Purchase of assets from related organization(s)				1h	No
	Exchange of assets with related organization(s)				11	No
	Lease of facilities, equipment, or other assets to related organization(s)				15	No
						2020
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	No
	Performance of services or membership or fundraising solicitations for related organization(s)				11 Ye	5
	Performance of services or membership or fundralsing solicitations by related organization(s)				1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				In Ye	s
0	Sharing of paid employees with related organization(s)				10	No
р	Reimbursement paid to related organization(s) for expenses				1p	No
q	Reimbursement paid by related organization(s) for expenses				1q Ye	5
					80 00	0 000
r	Other transfer of cash or property to related organization(s)				11	No
5	Other transfer of cash or property from related organization(s)				1s	No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amo	unt involv	red
1) 5l	MMERFEST FOUNDATION INC	L	72,792	MANAGEMENT AGREEMENT		
	· · · · · · · · · · · · · · · · · · ·					
			<u> </u>			
	- · · · · · · · · · · · · · · · · · · ·	 		-		<u>.</u>
				<u> </u>		
				Schedule R (Fo	rm 990	J 2017

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (d)
Predominant
income
(related,
unrelated,
excluded from
tax under
sections 512514) (a) Name, address, and EIN of entity (b) Primary activity (c) Legal domicile (state or foreign country) (e)
Are all partners section
501(c)(3)
organizations? (i)
Code V-UBI
amount in box
20
of Schedule K1
(Form 1065) (j) General or managing partner? (f) Share of total income (g) Share of end-of-year assets (h) Disproprtionate allocations? (k) Percentage ownership No Yes No Yes No

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference Explanation

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