For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493318021290

Form 990

Department of the Treasury

### Return of Organization Exempt From Income Tax

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

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

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2019

Open to Public Inspection

Form **990** (2019)

Cat. No. 11282Y

A Fo	r the	2019 c	ı alendar year, or tax year beginn	ing 01-01-2019 , and ending 12-3	1-2019			
		pplicable:	C Name of organization MILWAUKEE WORLD FESTIVAL INC			D Employer	Identific	ation number
☐ Add		change ange				39-10496	88	
☐ Init		-	Doing business as SUMMERFEST	-		1		
		n/terminated		Donney L	uit-n	E Telephone	number	
		l return on pending	630 E STIMMEREEST PLACE	I is not delivered to street address) Room/su	ite.	(414) 273	3-2680	
- API		on ponding	City or town, state or province, count	ry, and ZIP or foreign postal code		<del> </del>		
			MILWAUKEE, WI 53202			<b>G</b> Gross rece	ipts \$ 55,	274,729
			F Name and address of principal	officer:	H(a) Is t	his a group retu	m for	
			DON SMILEY 639 E SUMMERFEST PLACE		sub	ordinates?		□Yes ☑No
	_		MILWAUKEE, WI 53202		H(b) Are incli	all subordinate: uded?	5	□Yes □No
I Tax	(-exer	npt status:	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b> (i	nsert no.) 4947(a)(1) or 527	If "!	No," attach a lis	t. (see ir	structions)
J W	ebsit	e:► WV	VW.MILWAUKEEWORLDFESTIVAL.C	ОМ	H(c) Gro	up exemption n	umber 🕨	•
					L Year of for	mation: 1965	VI State of	flegal domicile: WI
K Forn	n of o	rganization	; 🗹 Corporation 🔲 Trust 🗀 Assoc	iation □ Other ►	E icus or ion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, cuito a	, Jogai administration
Pε	irt I	Sum	mary					
	11	Briefly de	scribe the organization's mission or	most significant activities:				THE THE
	l 1	HISTORIE	S AND TRADITIONS OF VARIOUS N	VAL, INC. IS TO PROMOTE AN UNDERS' IATIONALITIES, HARMONY IN THE COM	MUNITY, CIV	IC PRIDE AND	PROVIDE	A SHOWCASE FOR
<u>မှ</u>	:	THE PERF	ORMING ARTS, ACTIVITIES AND RI	CREATION FOR THE PUBLIC AND EMPL	OYMENT OP	PORTUNITES FO	R THE Y	OUTH OF THE
Activities & Governance		COMMUN:	LIT.					
le II	:		<del>-</del>					-
ś						201 -611		
_ ×ರ			is box ▶ □ If the organization disc of voting members of the governing	continued its operations or disposed of r	nore than 23	owo or its net as:	sets.   3	24
nes	4		-	the governing body (Part VI, line 1b)			4	24
\$	5	Total nu	mber of individuals employed in cal	endar year 2019 (Part V, line 2a)			5	2,165
Ą	6	Total nu	mber of volunteers (estimate if nec		6	400		
	7a	Total uni	related business revenue from Part		7a	757,097		
	ь	Net unre	lated business taxable Income from	Form 990-T, line 39			7b	539,586
					1	Prior Year		Current Year
9	8	Contribu	tions and grants (Part VIII, line 1h)			15,161,26	50	11,557,485
Ravenue	9	Program	service revenue (Part VIII, line 2g)			39,280,38	<del></del>	39,844,672
ΨŞ	ı		ent income (Part VIII, column (A), li			329,3		-17,743
	ı		venue (Part VIII, column (A), lines 5			5,659,04 60,430,04		2,223,825 53,608,239
	-			st equal Part VIII, column (A), line 12)		00,430,0	0	33,000,239
	1		nd similar amounts paid (Part IX, co					
	1		paid to or for members (Part IX, co	lumn (A), line 4)		9,573,8		10,465,381
ŝ	1		onal fundraising fees (Part IX, colum	0	0			
Expenses	i		Iraising expenses (Part IX, column (D), I			1		
	1		penses (Part IX, column (A), lines 1		40,567,63	28	40,957,711	
	1		penses. Add lines 13-17 (must equ			50,141,4		51,423,092
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		10,288,5	59	2,185,147
و د و		,			Beginni	ng of Current Ye	ar	End of Year
Net Assets or Fund Balances					ļ	93,001,8	16	A7 225 +22
Ass	1	Total as:		97,325,120				
ž,			bilities (Part X, line 26)	-	45,376,7 47,625,0	<del></del>	48,294,498	
_	j 22 irdi		nature Block	Thom the 20		47,023,0	<u> </u>	10,23 1,100
Unde	r nen	alties of i	periury. I declare that I have exami	ned this return, including accompanying	g schedules a	and statements,	and to	the best of my
		e and beli ledge.	ef, it is true, correct, and complete.	Declaration of preparer (other than off	icer) is base	d on all informa	tion of w	hich preparer has
<u> </u>		ls.						·
Sign '		Signa	ture of officer	· · · · · · · · · · · · · · · · · · ·		2020-11-11 Date		
		'			·			
Here	5		SMILEY PRESIDENT/CHIEF EXECUTIVE O or print name and title	FFICER				<del></del>
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	P	ПŃ	
Pai	d	ŀ	composite a tradecial a second		2020-11-11		01924323	
Pre		er h	Firm's name > WIPFLI LLP			Firm's EIN > 39-0	758449	
Use			Firm's address ► 10000 INNOVATION DE	DIVE STITTE 250		Phone no. (414) 4	31-9300	
J-31	. JI	,				, frome no. (414) 4	77-2200	
		<u> </u>	MILWAUKEE, WI 5322				[7] -	
May 1	the II	RS discus	s this return with the preparer shov	vn above? (see instructions)			✓ Y	es 🗆 No

 $\sum$ 

Briefly describe the organization's mission:

		-
(500)	Statement of Program Service Accomplishments	Check if Schedule O contains a response or note to any line in this Part III

THE CORPORATION SHALL BE A CIVIC ORGANIZATION NOT ORGANIZED FOR PROFIT BUT OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES INCLUDING IN FURTHERANCE THEREOF, THE PRODUCTION OF AN ANNUAL FESTIVAL IN THE MILWAUKEE METROPOLITAN AREA KNOWN AS SUMMERFEST, THE PRODUCTION OF OTHER EVENTS AND ETHNIC FESTIVALS DURING AN ANNUAL FESTIVAL SEASON DURING THE MONTHS OF MAY THROUGH OCTOBER OF EACH YEAR, ALL OF THE AFOREMENTIONED ACTIVITIES BEING DIRECTED TOWARD PROMOTING AN UNDERSTANDING BY MEMBERS OF THE GENERAL PUBLIC OF DIFFERENT ETHNIC CULTURES, EDUCATING THE GENERAL PUBLIC IN THE HISTORIES AND TRADITIONS OF VARIOUS NATIONALITIES, PROVIDING A SUITABLE SHOWCASE FOR THE PERFORMING ARTS, PROVIDING ACTIVITIES AND RECREATION AVAILABLE TO THE GENERAL PUBLIC, PROMOTING RACTAL AND ETHNIC HARMONY IN THE COMMUNITY, PROMOTING CIVIC PRIDE, AND PROVIDING EMPLOYMENT OPPORTUNITIES FOR THE COMMUNITY SYOUTH.

7	Did the organization undertake any significant program services during the year which were not listed on	ļ
	the prior Form 990 or 990-EZ?	□ Yes ☑No
	If "Yes," describe these new services on Schedule O.	
m	Did the organization cease conducting, or make significant changes in how it conducts, any program	[
	services?	∐Yes ⊠No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	xpenses.

4a	4a (Code: See Additional Data	) (Expenses \$	25,616,473	25,616,473 including grants of \$	0) (Revenue \$	34,317,439)
4b	4b (Code: See Additional Data	) (Expenses \$	3,388,743	3,388,743 including grants of \$	0 ) (Revenue \$	4,053,270 }
40	4c (Code:	) (Expenses \$	2,454	2,454 including grants of \$	0 ) (Revenue \$	( 0
	See Additional Data					
	(Code:	) (Expenses \$	16,299,030	16,299,030 including grants of \$	0 ) (Revenue \$	41,208)
	THIS CATEGORY REPRES REPRESENTS OTHER INC	ESENTS SEASONAL OPERAT NCOME AND EXPENSE.	ING REVENUES AN	HIS CATEGORY REPRESENTS SEASONAL OPERATING REVENUES AND EXPENSES THAT ARE NOT DIRECTLY ATTRIBUTED TO A SPECIFIC EVENT. ADDITIONALLY, IT REPRESENTS OTHER INCOME AND EXPENSE.	CTLY ATTRIBUTED TO A SPECI	TIC EVENT. ADDITIONALLY, IT

Part	Checklist of Required Schedules		Yes	No
	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	<del></del>
	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage In lobbying activities, or have a section 501(h) election in effect during the tax year? 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
	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
	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
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	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	<del> </del>	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	Yes	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 No
		1	orm 99	<b>10</b> (2019)

Par	Checklist of Required Schedules (continued)			
			Yes	No
	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
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Yes	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34		34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   430			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	[	
·	(gambling) winnings to prize winners?	1c		
			Form 99	0 (2019

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	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:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N-
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
		<b>-</b> "-		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		·	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11	Section 501(c)(12) organizations. Enter:	]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
13	• • • • • • • • • • • • • • • • • • • •			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		<u></u>	orm 99	0 (2019)

Page 6 Form 990 (2019) Governance, Management, and Disclosure For 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. 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 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 No Did the organization become aware during the year of a significant diversion of the organization's assets? • No 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes 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: ßа Yes 86 Yes b 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 9 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Yes 13 14 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 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? Yes 15a a The organization's CEO, Executive Director, or top management official . . . . . 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 No b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 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-A 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

Form 990 (2019)
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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

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

Check this box if neither the organization	n nor any relate	d organ	izatio	оп со	omp	ensate	d ar	y current officer, di	rector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(С) noi ox, u л ofi	che inles	eck moss s pers	ore on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	Misc)	organization and related organizations
See Additional Data Table										
										<u></u>

	(A) Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t ch unle: fice:	eck moss pers r and a ree)	son	Repo compe fror organ	ortable ensation in the dization	(E) Reportable compensation from related organizations		(F) Estima amount o compens from to	ted f other ation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- (SC)	(W-2/1099- MISC)		relati organiza	ed
See	Additional Data Table													
										-				
					<u> </u>	_	<u> </u>							
					<u> </u>		-	<u> </u>						
					-	╀	-	-				$\dashv$		
				<u> </u>	╁	-	ļ	<u>                                       </u>	<u> </u>			$\dashv$		
-					╁	-	-							
					1									
													•	
c ·	Sub-Total				•	•	<b>*</b>			943,759		0	<u> </u>	993,973
2	Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the		i to the			bov	re) who	o rec				<del>-1</del> -		
							· · · · · ·				<del> </del>		Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule			tee, k	еу <b>е</b>	emp	loyee,	or hi	ighest co	mpensated	l employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of rep ns greater than :	ortable \$150,00	comp 07 If	ens "Ye	atio s," c	n and comple	othe te S	r compen chedule J	sation froi for such	m the	4	Yes	
5	Did any person listed on line 1a rece services rendered to the organization	ive or accrue co n? <i>If "Yes," comp</i>	mpensa lete Sci	tion ( nedul	from e J f	any for s	y unrel uch pe	lated erson	l organiza	tion or inc	lividual for	5		No
S	ection B. Independent Contrac	tors	_									!	<i>'</i>	
1	Complete this table for your five high from the organization. Report compe	nest compensate ensation for the	ed inder calenda	ende r yea	nt c ren	ontr	actors with	that or wi	received thin the d	more tha organizatio	n's tax year.	mpen		
		(A) and business addr	'ess								(B) cription of services RFORMANCES		Compe	
	SY LIFE INC MAIN STREET									AKIISI PEI	KPOKMANCES		•	,,500,000
SAN	TA MONICA, CA 90405 GEHANDS INC				_			_		STAGEHAN	D SERVICES			,170,879
	N OLD WORLD THIRD STREET VAUKEE, WI 53202													072.606
	ITEIN UHEN ARCHITECTS INC E CHICAGO AVENUE									ARCHITEC	TURAL SERVICES		1	,073,696
MILV	VAUKEE, WI 53202 IRWING PRODUCTIONS INC		•							PRODUCTI	ON SERVICES		1	,069,368
	01 W MITCHELL STREET													
	VAUKEE, WI 53214 E GROWN MUSIC INC	· ·								ARTIST PE	RFORMANCES		1	,018,692
PFAC	GARDNER PARK CHTREE, GA 30269				A		_ 1• -/	1				00.06		
2	Total number of independent contractor compensation from the organization	ors (including bu 41	it not lir	nited	to t	nose	e listed	abo	ove) who	received n	nore than \$100,0	ou or	Farm Of	0 (2010

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

Form 990 (2019)

	and a gold					/ line in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	(D)
						(oral tevenne	exempt function revenue	business revenue	excluded from tax under sections 512 - 514
, N	1a Federated camp	aign	5	1a			Teveline		312 - 314
Other Revenue Contributions, Gifts, Grants Program Service Revenue and Other Similar Amounts	b Membership due	S .	· [	1Ь					
	c Fundraising eve		<u> </u>	1c	40,000				
ifts lar 1	d Related organiza			1d					
Other Revenue Program Service Revenue and Other Similar Amounts	Government grants     f All other contributi		· L	1e					
rtior er S	and similar amoun	ts nat	included	1f	11,517,485				
ag #	g Noncash contributi lines 1a - 1f:\$	ons ir							
in di	h Total. Add lines	1a-1	_	1g	618,088				
					Business Code	11,557,485			
	2a FESTIVALS & OTHER	EVE	NTS		711300	38,102,070	38,102,070		
nue	b PARKING REVENUE					946,763			946,763
7e ve	-				900099	***	400 441		
lce l	CONSULTING & SIG	NS SE	ERVICES		541610	382,899	132,100	250,799	
Serv	d GIFTS & SOUVENIR	SALE	s		453220	236,118		236,118	
ram	e ADVERTISING				F44000	5,175		5,175	
Other Revenue Program Service Revenue and Other Similar Amounts					541800				
	f All other program	ser	vice revenue.			171,647	171,647		
	9 Total. Add lines				39,844,672				
	3 Investment Income similar amounts)		cluding divider	nds, i	nterest, and other I	278,91	9		278,919
Other Revenue Program Service Revenue	4 Income from inves				-	•			262 775
	5 Royalties	<u> </u>	(i) Real		(ii) Personal	263,77	7		263,775
	<b>5-</b> C	_۔							
	6a Gross rents b Less; rental	6a	1,55	7,070	1,196,45	3			
	expenses	66		0	925,34	18			
	<ul> <li>Rental income or (loss)</li> </ul>	60	1,59	7,070	271,10				
	d Net rental incom	e or	<del>`                                    </del>			1,868,17	6,100	265,005	1,597,070
	7a Gross amount		(i) Securit	es	(ii) Other	-			
	from sales of assets other	7a	17	0,410	1.				
	than inventory b Less: cost or	<u> </u>	-						
	other basis and sales expenses	75	1	0,144	316,97	28		]	
	c Gain or (loss)	70		10,266	-316,92	28			
	d Net gain or (loss	) <del>'</del> -	<u> </u>			-296,66	i2		-296,662
<u> </u>	<b>8a</b> Gross income from f (not including \$	undra	aising events 40,000 of						i
e)	contributions reporte See Part IV, line 18		line 1c).		365,94				
Rei	b Less: direct expe			8a 8b	274,07	<b>-</b> /			
her	c Net income or (lo			ig ev	ents »	91,87	75		91,875
ŏ	9a Gross Income from	gam	ing activities.		•				
	See Part IV, line 1			9a		_			
	b Less: direct expe c Net income or (lo			9b	ac .	_]			
	o net meaning or (io	, .	, om gaming a		es ▶		-		<del> </del>
	10aGross sales of inv returns and allow	ento ance	ry, less	102					
	b Less: cost of good	ds so	old	10b		1			
	C Net income or (lo			ovent		_ 			
	Miscellane	ous F	Revenue		Business Code	-			
	ь								
	С								
	d All other revenue					1-			
	e Total. Add lines				*		ļ		
	12 Total revenue.	soo i	netructions	_		1	20 444 04	1	2 281 740

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	(F) Estimated amount of other compensation from the	organization and related organizations	0	0	0	0	0	0	0	0	0	0
-		(W- 2/1099- MISC)	0	0	0	0	0	0	0	O	0	0
_	(D) Reportable compensation from the organization	(W- 2/1099- MISC)	131	131	131	131	186	121	131	131	131	131
	ore er	Former										
	usition (do not check mor than one box, unless person is both an officer and a director/trustee)	Highest compensated employee										
	t che xx, u h an yr/tr	Key employee										
	e both	Officer										
	n (d n on son is	Institutional Trustée										
	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	Individual trustee or director	×	×	×	×	×	×	×	×	×	×
-	(B) Average hours per week (list any hours	for related organizations below dotted line)	0,40	0.40	0.40	0,40	0.40	0.40	0,40	0.40	0.40	0.40
and Independent Contractors	(A) Name and Title		TERESA MERCADO UNITED ETHNIC FESTIVALS REP.	DANIEL MINAHAN AT-LARGE BOARD MEMBER	CORY NETTLES AT-LARGE BOARD MEMBER	PAULA PENNEBAKER CTTIZEN DESIGNEE BY MILWAUKEE COMMON	TIM SHEEHY AT-LARGE BOARD MEMBER (THRU MARCH)	PAUL SWEENEY AT-LARGE BOARD MEMBER	TODD TESKE DESIGNATED BY BRIGGS & STRATTON	HARRIS TURER AT-LARGE BOARD MEMBER	CATHERINE WARD DESIGNATED BY UEF COMMITTEE	GREG WESLEY AT-LARGE BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

and Independent Contractors	1						_	<u>;</u>	<u>;</u>	3
(A) Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(C) sition (do not check mos than one box, unless person is both an officer and a director/trustee)	not cl box, both a ector/	heck unle in off trust	mor ss icer ee)	ਰ ਰ	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	ror related organizations below dotted line)	estauri trustee noteile ro	esteurī lanoituritani	Otticer Key employee	eavoidine	Highest compensated	Former	MISC)	(W. 5/1095	related organizations
MIKE WHITE	0.40	<			-			121	0	0
AT-LARGE BOARD MEMBER			_		┢	L	<u> </u>			
TIM WITKOWIAK DESIGNATED BY UEF COMMITTEE	0,40	×						131	0_	
JIM WRIGHT DESIGNATED BY MILLER BREWING CO.	0,40	×						131	0	0
HOWARD SOSOFF CHAIRMAN OF THE BOARD	0.40	×		×				131	0	0
TED KELLNER FIRST VICE PRESIDENT	0.40	×		×				131		0
MARY ELLEN STANEK SECOND VICE PRESIDENT - NON VOTING	0,40	×		×				131		0
HOWARD SCHNOLL SECRETARY - NON VOTING	0.40	×		<u> </u>	<u> </u>	ļ		131	0	0
MIKE LAUER TREASURER	0.40	×		×	<u> </u>			131	0	0
DON SMILEY PRESIDENT - NON VOTING	45.00	×		×	<u> </u>			496,591	0	686,504
NOBERT BABISCH VICE PRESIDENT OF ENTERTAINMENT	45,00				<u>×</u>			202,410	0	48,656

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

person is both an officer from the organization organizations and a director/trustee)  A	and Independent Contractors (A) Name and Title	(B) Average	(C) Position (do not check more than one box. unless	9) (q	Ş ş Ç	chect	c mo	re Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
Total Figure   Company   Company		week (list any hours	perso	i dire	ector of	an ol /trus	fficer tee)		from related organizations	compensation from the
45.00       X       202,960       0         45.00       X       192,246       0         45.00       X       190,675       0         45.00       X       149,021       0         7       X       1137,644       0         7       X       110,077       0         85.00       X       110,077       0         7       X       110,077       0         85.00       X       110,077       0         85.00       X       110,077       0		for related riganizations selow dotted line)	Individual trustee or director	Institutional Trustée	·				MISC)	organizations organizations
45.00       X       192,246       0         45.00       X       190,675       0         45.00       X       149,021       0         7       137,727       0         7       45.00       X       110,077       0         8       110,077       0         8       110,077       0         9       0       0         106,630       0       0		45.00				<del> </del>		30.00		
45.00       X       192,246       0         45.00       X       190,675       0         45.00       X       149,021       0         7       X       151,727       0         7       X       110,077       0         8       X       110,077       0         8       X       110,077       0         8       X       110,077       0         8       X       110,077       0	ETING		•			<u> </u>		006,202		
45.00		45.00			_	,		376 603		
45.00       X       190,675       0         45.00       X       149,021       0         T       X       151,727       0         T       X       110,077       0         T       X       110,077       0         T       X       110,077       0         T       X       106,630       0						<del>-</del>		192,240		
45.00       X       149,021       0         45.00       X       151,727       0         T       45.00       X       137,644       0         T       45.00       X       110,077       0         X       110,077       0         X       106,630       0		45.00				×	_	190,675		34,583
45.00		45.00					,	100 077	C	
45.00       X       151,727       0         T       45.00       X       137,644       0         T       45.00       X       110,077       0         X       X       106,630       0							×	149,021		
T		45,00					,	451 727		
45.00	k EVENT						<	77/161		
45.00		45.00					,			
45.00	LOPMENT						×	137,044		
45.00 X 110,077 0		45.00					,	1000		
45.00 X 106,630 0	TION						ζ.	,,,o,,		
0 000,001		45.00					,	063 304		
	сток						<	000'001		

		5
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 ar	ny 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) Fundraising expenses
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				·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,543,191	817,240	547,853	178,098
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	7,224,594	5,177,269	1,746,392	300,933
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	442,854	373,433	59,141	10,280
9	Other employee benefits	490,090	329,519	135,045	25,526
10	Payroll taxes	764,652	392,503	336,633	35,516
11	Fees for services (non-employees):				
ā	a Management				•
1	) Legal	99,240		99,240	<u> </u>
•	Accounting	31,600		31,600	
•	l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		j		
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,052,793	2,850,504	202,289	<del></del>
12	Advertising and promotion	2,002,231	1,953,745	11,301	37,185
13	Office expenses [	291,703	***	291,703	
14	Information technology	78,689		78,689	
15	Royalties				
16	Occupancy	2,512,490	1,806,509	705,981	
17	Travel	11,219		11,219	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	38,664	2,745	35,919	
20	Interest	711,249	711,249		
21	Payments to affiliates	ľ			
22	Depreciation, depletion, and amortization	8,154,166	7,676,438	477,728	<del></del>
23	Insurance	550,056	12,555	537,501	
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	17,657,689	17,657,689		
	b FESTIVAL EXPENSES	3,327,347	3,256,231	18,208	52,908
	c EQUIPMENT AND SUPPLIES	1,811,975	1,750,481	61,494	,
	d STAGING EXPENSES	158,784	158,784		
	e All other expenses	467,816	379,806	88,010	
25	Total functional expenses. Add lines 1 through 24e	51,423,092	45,306,700	5,475,946	640,446
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).				

Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any	line in this Part IX	<u> </u>		🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			289,260	1	321,809
	2	Savings and temporary cash investments .		[	4,882,763	2	4,677,371
	3	Pledges and grants receivable, net			0	3	1,556,795
	4	Accounts receivable, net		<del> </del>	2,978,343	4	2,768,300
	5	Loans and other payables to any current or form key employee, creator or founder, substantial of	contribute	or, or 35% controlled		5	
	6	entity or family member of any of these person Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	ified pers	ons (as defined under	<u></u>	6	
	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use		· · · · ·	62,472	8	121,677
SS	•			• • • •			
ď	-9	Prepaid expenses and deferred charges		· · ·	248,219	9	225,232
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	161,455,180			
	i	Less: accumulated depreciation	10b	74,974,616	65,522,699		86,480,564
	11	Investments—publicly traded securities •		_	250,000	11	0
	12	Investments—other securities. See Part IV, line		<u> </u>	16,000,000	12	0
	13	Investments—program-related. See Part IV, line		ļ		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		[	2,768,060	15	1,173,372
	16	Total assets. Add lines 1 through 15 (must eq	jual line 3	34)	93,001,816	16	97,325,120
_	17	Accounts payable and accrued expenses			6,133,285	17	3,587,525
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue			17,447,893	19	22,146,260
	20	Tax-exempt bond liabilities		–	17,601,195	20	15,666,152
rΔ	21	Escrow or custodial account liability. Complete I		<b>⊢</b>		21	
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contr or family member of any of these persons	mer office	er, director, trustee, key		22	
Ë	23	Secured mortgages and notes payable to unrela			0		930,849
				' ⊢		23	930,049
	24	Unsecured notes and loans payable to unrelated	•	<u> </u>	4 404 365	24	6 600 836
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		to related third parties,	4,194,365	25	6,699,836
	26.	Total liabilities. Add lines 17 through 25 .	ı		45,376,738	26	49,030,622
Fund Balances	27	Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	heck he	re▶ ☑ and	47,625,078	27	48,294,498
Ba	28	Net assets with donor restrictions			<u> </u>	28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	eck here ▶ ☐ and	• • • • • • • • • • • • • • • • • • • •	29	
S				t franci			
Net Assets	30	Paid-in or capital surplus, or land, building or ed		<u>-</u>		30	<u> </u> 
AS	31	Retained earnings, endowment, accumulated in	icome, of	omer funds	17.005.000	31	40.004.400
ĕ	32	Total net assets or fund balances			47,625,078		48,294,498
Z	33	Total liabilities and net assets/fund balances .			93,001,816	33	97,325,120

E	orm 990 (2019)		ш.	Page 12
Ра	Part XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
∺	Total revenue (must equal Part VIII, column (A), line 12)		53,	53,608,239
N	Total expenses (must equal Part IX, column (A), line 25)		51,	51,423,092
m	Revenue less expenses. Subtract line 2 from line 1		2,	2,185,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		47,0	47,625,078
ın	Net unrealized gains (losses) on investments		-1,	-1,515,727
9	Donated services and use of facilities			
7	Investment expenses			
<b>\$</b>	Prior period adjustments			
Ø	Other changes in net assets or fund balances (explain in Schedule O)			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		48,	48,294,498
D D	Par XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	•		
		_	Yes	No
Η.	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2</b> a		2a		No.
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2p	Yes	
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
O	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?		Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
ñ	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
Ф	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.	3b		
		For	m 990	Form <b>990</b> (2019)

## **Additional Data**

Software ID:

Software Version:

EIN: 39-1049688

Name: MILWAUKEE WORLD FESTIVAL INC

Form 990 (2019)
Form 990, Part III, Line 4a:
SUMMERFEST IS AN ANNUAL FESTIVAL IN THE MILWAUKEE METROPOLITAN AREA. IT IS THE WORLD'S LARGEST MUSIC FESTIVAL, TOTAL ATTENDANCE WAS 718,144 IN 2019.

Form 990, Part III, Line 4b;
THIS CATEGORY REPRESENTS ETHNIC AND CULTURAL EVENTS, MUSIC CONCERTS AND OTHER EVENTS INCLUDING WALKS/RUNS FOR CHARITY. TOTAL ATTENDANCE WAS 467,991 IN 2019.

Form 990, Part III, Line 4c: THIS CATEGORY REPRESENTS CONSULTING, PRODUCTION, STAFFING AND MANAGEMENT SERVICES PROVIDED TO OTHER ENTITIES PRODUCING EVENTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

( <b>A</b> ) Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(C) do not one box is both directo	ox, u	ack m nless office ustee	ore	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the	
	organizations below dotted line)	Institutional Trustee Individual trustee or director	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
JOANNE BISCHMANN AT-LARGE BOARD MEMBER	0.40	×	<u> </u>				131	0	0	
DAVID CASPER AT-LARGE BOARD MEMBER	0.40	×					131	0	0	
ALEC FRASER CITIZEN DESIGNEE BY MILWAUKEE COUNTY	0.40	×					131	O	0	_
JON HAMMES AT-LARGE BOARD MEMBER	0.40	×					131	0	0	_
CHARLES HARVEY AT-LARGE BOARO MEMBER	0.40	×					131	O	0	_
BILL HURWITZ AT-LARGE BOARD MEMBER (THRU MARCH)	0.40	×					186	٥	0	
CRAIG KARMAZIN AT-I.ARGE BOARD MEMBER	0.40	×					131	Đ	0	
DON LAYDEN CITIZEN DESIGNEE BY MAYOR OF MKE	0.40	×					131	0	a	
HEATHER MALENSHEK DESIGNATED BY HARLEY-DAVIDSON MOTOR	0.40	×					131	0	0	
MARTIN MATSON CITY OF MILWAUKEE COMPTROLLER	0.40	×					131	0	0	

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DLN: 93493318021290

### **SCHEDULE A**

(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Depart	ment of	the Treasury	<b>&gt;</b>	Go to <u>www.irs</u>	Attach to Form 9 1.gov/Form990 for it			ormation.	Open to Public
		ue Service ne organiza	tion		<u></u>			Employer identific	Inspection
		WORLD FESTIV						1	acion nambo.
Pa	rt I	Reason	for Public	Charity Stati	us (All organization	s must comple	te this part.) S	39-1049688 See instructions.	
_					it is: (Far lines 1 thro			740 11104 444,01101	
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3		A hospital o	or a cooperati	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state:	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). Er	nter the hospital's
5			ation operate ( <b>iv).</b> (Comple		t of a college or univer	sity owned or op	erated by a gov	ernmental unit describ	oed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	n 170(b)(1)(A	)(v).	
7	✓			mally receives : (vi). (Complete	a substantial part of its Part II.)	s support from a	governmental u	nit or from the genera	Il public described in
8		A communi	ty trust desci	ribed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agriculti non-land g	ıral research ant college o	organization de f agriculture. S	escribed in 170(b)(1) se instructions. Enter i	(A)(ix) operated the name, city, a	d in conjunction nd state of the o	with a land-grant collection of the college or university:	ege or university or a
10		from activition	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cert ess taxable income (lemplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organize	ed and operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	l exclusively for the be lescribed in <b>section 5</b> the type of supporting	09(a)(1) or sec	tion 509(a)(2	). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
ь		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.				
C					supporting organization ons). <b>You must com</b>				ted with, its
đ		Type III n	on-function integrated.	ally integrated The organization	d. A supporting organi n generally must satis t IV, Sections A and	zation operated fy a distribution :	in connection wi requirement and	th its supported organ	
e					ved a written determin		RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter			•	integrated supporting				
g					pported organization(				
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									
1 OT2					i e e e e e e e e e e e e e e e e e e e		1	I	

5011	edule A (1 01111 930 01 930-LZ) 2013							Page Z
P	Support Schedule for (Complete only if you ch If the organization failed	ecked the box or	n line 5, 7, or 8	of Part I or if th	e organization f	ailed to	<b>)(1)(A)</b> qualify u	(vi)
S	ection A. Public Support		-	7 1	•			
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2	019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,496,300	4,263,430	9,779,286	15,161,260	11	,557,485	44,257,761
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	3,496,300	4,263,430	9,779,286	15,161,260	11	,557,485	44,257,761
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							16,538,639
_	Public support. Subtract line 5 from line 4.							27,719,122
	ection B. Total Support	,						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total
7	Amounts from line 4.	3,496,300	4,263,430	9,779,286	15,161,260	11	,557,485	44,257,761
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,125,552	1,872,046	2,167,024	2,252,911	2	,139,764	10,557,297
9	Net income from unrelated business activities, whether or not the business is regularly carried on	743,188	811,393	541,218	558,190		539,586	3,193,575
10	or loss from the sale of capital assets (Explain in Part VI.).	!						
11	10							58,008,633
	Gross receipts from related activities,					12		197,721,015
13	First five years. If the Form 990 is for	_		•	-			nization,
	check this box and stop here		<del></del>			<u> </u>	<u>▶⊔</u>	
	ection C. Computation of Publi	• • •				, ,		
14	• • • • • • • • • • • • • • • • • • • •					14		47.780 %
	Public support percentage for 2018 Sc					15		47.260 %
16	33 1/3% support test—2019. If the							
ŀ	and stop here. The organization qual 33 1/3% support test—2018. If the	ie organization did i	not check a box or	1 line 13 or 16a, a	nd line 15 is 33 1/	'3% or m	ore, check	this
17:	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	<b>t—2019.</b> If the org	anization did not o and-circumstance	heck a box on line s" test, check this	e 13, 16a, or 16b, box and <b>stop he</b> :	and line re. Expla	14 in	
Ė	organization	st—2018. If the or zation meets the "facts on meets the "facts	ganization did not acts-and-circumsta -and-circumstance	check a box on lir ances" test, check as" test. The organ	ne 13, 16a, 16b, o this box and <b>sto</b> p nization qualifies a	r 17a, an <b>here.</b> Is a public	id line cly	_
18	supported organization Private foundation. If the organization	on did not check a	box on line 13, 16		7b, check this box	and see		▶□

P	art III	Support Schedule for	Organization	s Described in	Section 509(	a)(2)		
		(Complete only if you c	hecked the box	on line 10 of P	art I or if the or	ganization failed	i to qualify	under Part II. If
		the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.	)	
S		ublic Support						
		lendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		ear beginning in)	.,,	(-,	(-7	(, 2020	(0) 2000	(1) 10001
1		s, contributions, and p fees received. (Do not						
		"unusual grants.") .						
2	Gross recei	pts from admissions,		i -				
		e sold or services						
		or facilities furnished in						
		that is related to the						
,		n's tax-exempt purpose pts from activities that are			···			
3		lated trade or business						
		on 513						
4		es levied for the			[			
		n's benefit and either paid						
_		ded on its behalf			<u>-</u>			
5		f services or facilities y a governmental unit to		•				1
		ation without charge						
6		lines 1 through 5	-		***			
7a	Amounts in	cluded on lines 1, 2, and	***					
		rom disqualified persons						
b		cluded on lines 2 and 3						
		m other than disqualified						
		t exceed the greater of % of the amount on line						
	13 for the y							
С	Add lines 7	F		<del></del>				
8	Public sup	port. (Subtract line 7c						
	from line 6.							
Se	ection B. T	otal Support						
	Ca	lendar year	(a) 2015	(b) 2016	(-) 2017	(d) 2018	(-) 2010	(6) T-1-1
		ear beginning in) 🟲	(a) 2015	(D) 2010	(c) 2017	(0) 2016	(e) 2019	(f) Total
9		rom line 6			<u> </u>			
10a		me from interest,						
		payments received on oans, rents, royalties and		1				
		m similar sources						
ь		business taxable income						
_		on 511 taxes) from						
		acquired after June 30,						
	1975.							
C		.0a and 10b.						
11		e from unrelated business		l				
		ot included in line 10b, not the business is						
	regularly c							
12	Other inco	me. Do not include gain or		1				
		he sale of capital assets						
		Part VI.)			ļ			
13	10tai sup 11, and 12	port. (Add lines 9, 10c,						
14	First five v	rears. If the Form 990 is for	the organization	's first, second, t	ird, fourth, or fift	h tax vear as a se	ction 501(c)(	3) organization.
	_	oox and <b>stop here.</b>	_			•		· · · <u>-</u>
	ction C C	omputation of Public S	Europeut Beree				· · · · · ·	· · · · · · · · ·
15		ort percentage for 2019 (lin			column (f))			
		• - •					15	
16		ort percentage from 2018 S					16	
		omputation of Investr						<u> </u>
17		income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	•	• •	17	
18		income percentage from 20	•	,			18	
19a	331/3% su	pport tests—2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, an	d line 17 is not
	more than 33	3 1/3%, check this box and s	stop here. The o	rganization qualifi	ies as a publicly su	apported organizat	tion	▶□
b	33 1/3% s	upport tests-2018. If the	organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 3	3 1/3% and line 18 is
,		nan 33 1/3%, check this box						
20			=	=	-			_
	Private fo	undation. If the organization	n did not check a	a pox on line 14, 1	ıya, or 19b, check			
						Schedule	e A ( Form 9	90 or 990-EZ) 2019


### 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 <b>Part VI</b> 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).			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
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 <b>Part VI</b> when and how the organization made the determination.	3a		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3b 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 <b>Part VI</b> 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 <b>Part VI</b> 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		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c		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 <b>Part VI</b> .			
		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		
<b>9</b> a	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 <b>Part VI.</b>	9a	<u> </u>	
ь	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		
C	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)? If "Yes," answer line 10b below.			
		10a		-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	105	-	<del> </del>

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	ne organization accepted a gift or contribution from any of the following persons?			
3		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization?	11a		
ь	A fam	ily member of a person described in (a) above?	11b		
		6 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			
_				Yes	No
1	elect <b>VI</b> ho organ truste	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or the least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part we the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the ization 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	opera <i>carrie</i>	te organization operate for the benefit of any supported organization other than the supported organization(s) that ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit d out the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2		
S	ection	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each suppo	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_		D. All Type III Supporting Organizations			<u> </u>
	CCLION	D. An Type III Supporting Organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's			
	tax y	ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
		nents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization			-
		(ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization ained a close and continuous working relationship with the supported organization(s).			
_			2		
3	organ	ason of the relationship described in (2), did the organization's supported organizations have a significant voice in the ization'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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ection	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 🗍	The organization satisfied the Activities Test. Complete line 2 below.	-		
	ь П	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗆	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activi	ties Test. Answer (a) and (b) below.	i	V	- <del></del> -
	- Did -	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the		Yes	No
	suppo orgai respo	rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was used to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		<u> </u>
	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 rement.			
2			2b		
3	a Did tl	t of Supported Organizations. <b>Answer (a) and (b) below.</b> The organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the s	ipported organizations? <i>Provide details in <b>Part VI.</b></i>			
		re organization exercise a substantial degree of direction over the policies, programs and activities of each of its organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b		

Schedule A	Schedule A (Form 990 or 990-EZ) 2019  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
	Table 1

Net short-term capital gain Recoveries of prior-year distributions		(optional)
	1	
	2	
Other gross income (see instructions)	8	
Add lines 1 through 3	4	
Depreciation and depletion	2	
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	9	
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 tax year or assets held for part of year):		
a Average monthly value of securities	La	
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	
Subtract line 2 from line 1d	3	
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
Net value of non-exempt-use assets (subtract line 4 from line 3)	2	
Multiply line 5 by .035	9	
r-year distributions	7	
Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)		
Enter 85% of line 1	2	
Minimum asset amount for prior year (from Section B, line 8, Column A)	е	
Enter greater of line 2 or line 3	4	i
Income tax imposed in prior year	2	
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9	

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (continued	i)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI). See instructio	ns		
7 Total annual distributions. Add lines 1 through 6.	·		
Distributions to attentive supported organizations to who details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			<u> </u>
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder, Subtract lines 4a and 4b from 4.			
	<b>110</b>		
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017	,		
d Excess from 2018			
e Excess from 2019			<u> </u>

### **Additional Data**

Software ID:

Software Version:

**EIN: 39-1049688** 

Name: MILWAUKEE WORLD FESTIVAL INC

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part II, line 10; Part II, line 12; 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 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** 

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As Filed Data -

DLN: 93493318021290

OMB No. 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** MILWAUKEE WORLD FESTIVAL INC 39-1049688 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2Ь Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ☐ Yes □ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	1111	Organizations Ma	intaining Col	lections o	f Art, H	listori	cal T	reas	ures, or	Other	Similar As	ssets (	continued)
3		g the organization's acqu s (check all that apply):	ulsition, accession	n, and other	records,	check	any of	the fo	ollowing t	hat are a	ı significant ı	ise of it	s collection
а		Public exhibition				d		Loan	or excha	inge pro	grams		
b		Scholarly research				e		Othe	er			***************************************	
c		Preservation for future	generations										
4	Provi Part	de a description of the o	organization's col	lections and	explain l	now the	ey furti	her th	e organiz	ation's e	xempt purpo	se in	
5		ng the year, did the orga ts to be sold to raise fun										□ Y <sub>6</sub>	es 🗆 No
Par	rt IV	Escrow and Custo Complete if the org X, line 21.			on For	m 990	, Part	IV, 1	ine 9, or	report	ed an amou	int on	Form 990, Part
1a		e organization an agent, ded on Form 990, Part X										□ Y	es 🗆 No
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	te the fol	llowina	table:		ſ		Α	mount	-
С		nning balance		•		_				1c			
d	_	tions during the year								1d			
е		ibutions during the year								1e			
f	Endir	ng balance							İ	1f			
2a		- he organization include :							•	ccount li	ahilitv?	П v	es 🗌 No
b		es," explain the arranger											es <u> </u>
	rt V	Endowment Fund		. Check here	e ir the ex	cpianac	ion na:	- Deel	1 brovided	ım Part	<u> </u>		
		Complete if the org		vered "Yes"	on For	m 990	, Part	IV. I	ine 10.				
				(a) Curren			rior yea			ears back	(d) Three ye	ars back	(e) Four years back
1a	Beginn	ning of year balance .											
Ь	Contri	butions											
c	Net in	vestment earnings, gain	s, and losses										
d	Grants	s or scholarships	•										
е		expenditures for facilitie ograms	<del>2</del> S										
f	Admin	istrative expenses .											
g	End of	f year balance											
2		ide the estimated percer				(line 1	g, colu	ımn (a	a)) held a	s:			
а	Boar	d designated or quasi-er	ndowment 🟲										
Ь		nanent endowment >											
c	Tem	porarily restricted endow	vment >	*******									
		percentages on lines 2a,		•									
3a	orga	there endowment funds inization by: Inrelated organizations	•		organizat	ion tha	t are h	eld ar	nd admini	istered fo	or the	Гя	Yes No
		related organizations .						٠. ٠				<u> </u>	a(ii)
b		es" on 3a(ii), are the rel			equired o	on Sche	edule F	₹? .				. –	3b
4	Desc	ribe in Part XIII the inte	ended uses of the	organization	n's endov	vment	funds.					_	
Рa	rt VI												_
		Complete if the ord	ganization ansv (a) Cost or ot		on For (b) Cost				_		orm 990, Pa		ne 10. (d) Book value
	Desci	ription of property	(a) Cost of ot (investme		(B) Cost	or outer	U45I\$ (	othery	(e) Acc	uniulated	depreciation		(a) book value
1a	Land						3,9	13,843	3				3,913,843
Ь	Buildi	ngs					9,5	13,664	-		3,071,309		6,442,355
C	Lease	hold improvements					128,9	72,328	3		64,738,188		64,234,140
d	Equip	ment					9,6	24,425	5		7,165,119		2,459,306
		<u></u>						30,920	1				9,430,920
Tota	al. Add	lines 1a through 1e. (C	olumn (d) must	equal Form S	990, Part	X, colu	ımn (E	3), line	10(c).)	•	<b>&gt;</b>		86,480,564

C CIT VII	Complete if the organization answered "Yes" on Form 990, i	art IV, line 1	11b.See Form 990, 1	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation; -year market value
(1) Financia	î derivatives			
(2) Closely- (3)Other	held equity interests			
(A)				
(B)				
(C)		<del>                                     </del>		
(D)				
(E)	, <u>, , , , , , , , , , , , , , , , , , </u>			. <u></u>
(F)				
(G)				<del></del>
(H)				_ (#021)
Total. (Colum	n (b) must equal Form 990, Part X, col. (8) line 12.)			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part TV line 1	1c Saa Form 000	Part V. line 12
	(a) Description of investment	art IV, line I	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				value
(2)				
(3)				
(4)				
(5)	-			
(6)				
(7)	<del></del>			,
(8)				
(9)	<u>-</u>			
	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>&gt;</b>	<u></u>
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, P.  (a) Description	art IV, line 1	1d. See Form 990, Pa	t X, line 15.
(1)	(-)			<u> </u>
(2)				
(3)	·			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			<b>•</b>
1.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal (4)	Income taxes			
(5)				
(6)				
(7)			<del></del>	
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)	***	<b>&gt;</b>	6,699,836
	· · · · · · · · · · · · · · · · · · ·			0,000,000

Part XI Reconciliation of Experime per Audited Financial Statements With Revenue per Return.  Complete If the organization harbored Yes' on Form 990, Part VII, line 12a.  1 Tool revenue, garies and other support per audited financial statements  2 Amounts included on line 1 but too form 990, Part VIII, line 12.  3 Net unrealized gaint (losses) on investment services on investment services and use of facilities  Donated services and use of facilities  Donated services and use of facilities  Add lines 2 act from 1900, Part VIII, line 12, but not on line 1:  A Amounts included on Form 990, Part VIII, line 12.  A Amounts included on Form 990, Part VIII, line 12.  A Amounts included on Form 990, Part VIII, line 12.  Add lines 4a and 4b.  Add lines 5 and 4c. (This must equal Form 990, Part IV, line 12.)  Complete If the organization answered Vess on Form 990, Part IV, line 12.  A Amounts included on line 1 but not on Form 990, Part IV, line 25:  A Amounts included on line 1 but not on Form 990, Part IV, line 25:  A Amounts included on line 1 but not on Form 990, Part IV, line 25:  A Amounts included on line 1 but not on Form 990, Part IV, line 25:  A Amounts included on form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  A Amounts included on Form 990, Part IV, line 25:  B Subtract line 2 and 4b.  A Amounts included on Form 990, Part IV, line 25:  B Subtract line 2 and 4b.  A Amounts included on Form 990, Part IV, line 25:  B Subtract line 2 and 4b.  A Amounts included on Form 990, Part IV, line 25:  B Subtract line 2 and 4b.  B Subtract line 2 and 4b.  B Subtract line 2 and 4b.  B Subtrac	Sched	Schedule D (Form 990) 2019					Page 4
revenue, gains, and other support per audite nts included on line 1 but not on Form 990, For a services and use of facilities	Par	L	anue per Audited Financial Statema Ition answered 'Yes' on Form 990, Part	ents With t IV, line 1.	Revenue per R 2a.	eturn.	
realized gains (losses) on investments .  ed services and use of facilities  ed services and use of facilities  (Describe in Part XIII.)  act line 2e from line 1  thes 2a through 2d  act line 2e from line 1  Reconciliation of Expenses per Au (Describe in Part XIII.)	-	Total revenue, gains, and other sup	port per audited financial statements	•		#	
realized gains (losses) on investments .  ed services and use of facilities  eries of prior year grants  (Describe in Part XIII.)  nes 2a through 2d  act line 2e from line 1  nts included on Form 990, Part VIII, line 12, thment expenses not included on Form 990, Proposeries in Part XIII.)  Reconciliation of Expenses per Au Complete if the organization answere expenses and losses per audited financial stants included on line 1 but not on Form 990, Pred services and use of facilities	2	Amounts included on line 1 but not	on Form 990, Part VIII, line 12:	,			
ed services and use of facilities	ū	Net unrealized gains (losses) on inv	estments	2a			
reries of prior year grants	٩	Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	2b			
act line 2e from line 1	v	Recoveries of prior year grants		3c			
nes 2a through 2d	B	Other (Describe in Part XIII.)		<b>5</b> q		····-	
act line Ze from line 1	Ð	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	•		2e	
transition of Form 990, Part VIII, line 12, the stand and 4b.  The stand 4c. (This must equal to stand and 4c. (This must equal stand s	m	Subtract line Ze from line 1		•		က	
thent expenses not included on Form 990, P.  (Describe in Part XIII.)  revenue. Add lines 3 and 4c. (This must equence and 4b.  Complete if the organization answere expenses and losses per audited financial stants included on line 1 but not on Form 990, F. et services and use of facilities	4	Amounts included on Form 990, Pa	rt VIII, line 12, but not on line 1:				
nes 4a and 4b	æ	Investment expenses not included	on Form 990, Part VIII, line 7b	4a			
revenue. Add lines 3 and 4c. (This must equ.  Reconciliation of Expenses per Au Complete if the organization answere expenses and losses per audited financial sta nts included on line 1 but not on Form 990, fired services and use of facilities  'Closses '	Ð	Other (Describe in Part XIII.)		4p			
Reconciliation of Expenses per Au Complete if the organization answere expenses and losses per audited financial sta expenses and losses per audited financial sta mts included on line 1 but not on Form 990, First services and use of facilities  'Copercibe in Part XIII.)  'Copercipe and 4b  'Copercipe and	U	Add lines 4a and 4b		•		4c	
Reconciliation of Expenses per Au  Complete if the organization answere expenses and losses per audited financial stants included on line 1 but not on Form 990, Fred services and use of facilities	ĸ	Total revenue, Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12.)		•	22	
losses per audited financial stand use of facilities	Part	l	enses per Audited Financial Statemation answered 'Yes' on Form 990, Par	n <b>ents With</b> t IV, line 1	1 Expenses per 2a.	Return.	
n line 1 but not on Form 990, For use of facilities	=	Total expenses and losses per audi				1	
nd use of facilities	7	Amounts included on line 1 but not	on Form 990, Part IX, line 25:				
ant XIII.)  h 2d  m line 1  n Form 990, Part IX, line 25, b as not included on Form 990, P art XIII.)  sart XIII.)  1 lines 3 and 4c. (This must equired for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also noe	m	Donated services and use of faciliti		2a			
h 2d  m line 1  n Form 990, Part IX, line 25, b as not included on Form 990, P art XIII.)  lines 3 and 4c. (This must eq mental Information required for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	Ð	Prior year adjustments		2b			
h 2d	v	Other losses		2c			
m line 1	7			2d			
n fine 1	O	Add lines 2a through 2d · · ·		•		2e	
n Form 990, Part IX, line 25, b as not included on Form 990, P art XIII.)  3	ო	Subtract line 2e from line 1		•		m	
Part XIII.)  3 and 4c. (This must equired for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	4	Amounts included on Form 990, Pa	rt IX, line 25, but not on line 1:				
art XIII.)  1 lines 3 and 4c. (This must equired for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	n	Investment expenses not included	on Form 990, Part VIII, line 7b .	<b>4</b> a			
mental Information required for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	a			4b			
mental Information required for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	U	Add lines 4a and 4b · · ·		•		4c	
nental Information required for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also	ល	Total expenses. Add lines 3 and 40	. (This must equal Form 990, Part I, line 18			25	
required for Part II, lines 3, 5, Part XII, lines 2d and 4b. Also Ice	Par	XIII Supplemental Infor	mation				
100	Pro XI, I	required Part XII,	lines 3, 5, nd 4b. Also	4; Part IV, I e any additic	ines 1b and 2b; Pai onal information.	t V, line 4; Part X, line 2;	art
See Additional Data Table		Return Reference		Explana	tion		
	See A	dditional Data Table					Ì
							Ì
					İ		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	Page 5
Sart Xiii Supplemental Information (continued)	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

EIN: 39-1049688
Name: MILWAUKEE WORLD FESTIVAL INC

# Supplemental Information

Supplication Attroduction	
Return Reference	Explanation
PART X, LINE 2:	IN ORDER TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS, THE ORGANIZATION DETERMINES WHETHER I T IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TE CHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL IN FORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS RECORDED NO ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITION S.

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DLN: 93493318021290

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

### Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047 2019

Department of the Treasury nternal Revenue Service	_	Attach to Form	n \$15,000 on Form 990-EZ, i n 990 or Form 990-EZ. Instructions and the latest is	nformation.	Open to Public Inspection
lame of the organization AILWAUKEE WORLD FESTI	VAL INC			Employer ide	entification number
				39-1049688	
	Activities. Complete filers are not require			orm 990, Part IV, line	17.
1 Indicate whether the	organization raised funds	s through any of the i	following activities. Check	all that apply.	
a  Mail solicitations		•	Solicitation of nor	-government grants	
<b>b</b> Internet and ema	il solicitations	:	F Solicitation of gov	ernment grants	
c Phone solicitation	S	•	g 🔲 Special fundraisin	g events	
d 🔲 In-person solicitat	tions				
or key employees list b If "Yes," list the 10 hi	ed in Form 990, Part VII)	or entity in connecti entities (fundraisers)	ividual (including officers, on with professional fund pursuant to agreements		' <b>es □ No</b> er is
i) Name and address of in or entity (fundraiser		(III) Did fundralser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
•					
·					
otal					
3 List all states in which t licensing.	he organization is registe	ered or licensed to so	licit contributions or has I	peen notified it is exempt	from registration or

	(d) Total events dd col. (a) through col. (c))
1 Gross receipts	
2 Less; Contributions	405,945
	40,000
3 Gross income (line 1 minus line 2)	365,945
4 Cash prizes	
5 Noncash prizes	<del></del>
6 Rent/facility costs	171,442
6 Rent/facility costs	67,628
8 Entertainment 15,000	15,000
9 Other direct expenses 20,000	20,000
10 Direct expense summary. Add lines 4 through 9 in column (d)	274,070
11 Net income summary. Subtract line 10 from line 3, column (d)	91,875
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more on Form 990-EZ, line 6a.	re than \$15,000
	) Total gaming (add .(a) through col.(c))
1 Gross revenue	
g 2 Cash prizes	
S Noncash prizes	
2 Cash prizes	
5 Other direct expenses	
6 Volunteer labor	
7 Direct expense summary. Add lines 2 through 5 in column (d)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d).	
9 Enter the state(s) in which the organization conducts gaming activities:	
	☐Yes ☐ No
b If "No," explain:	
	T., III.
	☐Yes ☐ No

che	chedule G (Form 990 or 990-EZ) 2019
Н.	Does the organization conduct gaming activities with nonmembers?
Ŋ	
m	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
.a	An outside facility
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
r. G	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
٩	nter the amount of gaming revenue received by the organization ▶ \$
	amount of gaming revenue retained by the third party ▶ \$
U	If "Yes," enter name and address of the third party:
	Name ▼
	Address ▶
ω <sub>.</sub>	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
۲.	Mandatory distributions:
m	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Ð	-
Б	155
	Return Reference Explanation
1	Schedule G (Form 990 or 990-EZ) 2019

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DLN: 93493318021290

## Schedule J

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

## Compensation information

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.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

MILWAUKEE WORLD FESTIVAL INC 39-1049688 Questions Regarding Compensation Part I Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence  $\overline{\mathbf{V}}$ Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account П Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  $\overline{\mathbf{v}}$ Written employment contract Compensation committee abla $\overline{\mathbf{V}}$ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization?. 5a No Any related organization? . . . . 5b Νo If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?. ба No 6b No

payments not described in lines 5 and 6? If "Yes," describe in Part III .

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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

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Νo

No

Schedule J (Form 990) 2019

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

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.

Note, the sum of column	SI B	(U)-(III) for each listed inc	reach listed individual must equal the tot	rai amount of Form 990,	(C) Petirament and	Note, the sum of columns (b)(t)-(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.	and (E) amounts for tha	t individual.
ואמוופ שווח וואפ		(a) Dicardonii	CITY-COL IO/DIA 2-M IO		other deferred	henefits	(B)(i)-(D)	column (B) reported
		(1) base compensation	(II) bonus & incentive compensation	(III) Other reportable compensation	compensation			as deferred on prior Form 990
1 DON SMILEY PRESIDENT - NON VOTING	Ξ	422,017	005'09	14,074	666,291	31,208	1,194,090	0
	(II)	0	0	0	0	0	0	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 ROBERT BABISCH VICE PRESIDENT OF	(1)	018'061	11,600	0	30,704	20,801	253,915	0
ENTERTAINMENT	(iii)		0	0	0	0	0	0
3 SARAH PANCHERI VICE PRESIDENT OF SALES	ω	192,160	008'01	0	30,474	8,289	241,723	0
& MARKETING	(ii)		0	0	0	0	0	0
4 FRANK NICOTERA CAO AND GENERAL	(i)	181,246	11,000	0	29,072	8,604	229,922	0
COUNSEL	€	0	0	0	0			
5 SUSAN LANDRY VICE PRESIDENT/CFO	Ξ	179,875	008'01	0	28,614	8,767	228,056	0 .
	(ii)	0	0 0	0	0	0	0	0
6 MATT LEIBHAM CONTROLLER	Ξ	140,521	8,500	0	22,400	20,747	192,168	1
	$\equiv$	0	0	0	0	0	0	
7 KEVIN CANADY SENIOR DIRECTOR OF	(1)	143,727	8,000	0	22,759	1,039	175,525	0
CORPORATE & EVENT	Ξ		:	0	0	0	0	
8 GAYE LITTELL DIRECTOR OF NEW	ε	129,844	7,800	0	20,676	7,942	166,262	0
BUSINESS DEVELOPMENT	(11)		0	0	0	0	0	0
9 ROBERT GOSSE DIRECTOR OF DESIGN &	(i)	222222	5,300	0		24,229	150,939	0
CONSTRUCTION	(11)	0	0	0	0	0	0	0
					,			
							Schedule	Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

Part 111 Supplemental Information

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/CHIEF EXECUTIVE OFFICER 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 \$14,445.

Schedule J (Form 990) 2019

Schedule K (Form 990) 2019 DLN: 93493318021290 ŝ (i) Pool financing × × ŝ ž OMB No. 1545-0047 Yes Open to Public Inspection 2019 ۵ Employer identification number Yes ž Yes (h) On behalf of × l× Yes ŝ ŝ (g) Defeased 39-1049688 운 × × O Yes Yes Yes FINANCE, IN PART, THE SOUTH END PROJECT (f) Description of purpose 15,713,816 15,713,816 Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, 15,713,816 REFINANCE RACM BONDS Š ŝ × × × œ 80 Supplemental Information on Tax-Exempt Bonds Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing Yes Yes ► Attach to Form 990. ► Attach for instructions and the latest information. × × × Cat. No. 50193E 1,979,728 17,730,000 25,000,000 500,000 22,520,272 explanations, and any additional information in Part VI. ŝ ŝ × × × × 25,000,000 (e) Issue price 2013 ⋖ ⋖ Yes Yes × × Was the organization a partner in a partnership, or a member of an LLC, which owned property (d) Date issued Does the organization maintain adequate books and records to support the final allocation of Are there any lease arrangements that may result in private business use of bond-financed 12-29-2010 08-01-2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a current refunding issue of tax-exempt Were the bonds issued as part of an advance refunding issue of taxable (c) CUSIP# 60242EJJ1 As Filed Data bonds (or, if issued prior to 2018, an advance refunding issue)? . bonds (or, if issued prior to 2018, a current refunding issue)? . Has the final allocation of proceeds been made? . . . . (b) Issuer EIN 39-1337855 39-1186734 Working capital expenditures from proceeds . efile GRAPHIC print - DO NOT PROCESS • Capital expenditures from proceeds. . Credit enhancement from proceeds . Capitalized interest from proceeds. Gross proceeds in reserve funds. Amount of bonds legally defeased Private Business Use Year of substantial completion. Proceeds in refunding escrows. financed by tax-exempt bonds? . REDEVELOPMENT AUTHORITY OF THE CITY OF MILWAUKEE Issuance costs from proceeds . Other spent proceeds . . . . Name of the organization MILWAUKEE WORLD FESTIVAL INC Other unspent proceeds . Amount of bonds retired . WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY Total proceeds of issue. Bond Issues (a) Issuer name Part II Proceeds Department of the Treasury Internal Revenue Service proceeds? . Schedule K (Form 990) Part III Part I 20 12 13 # 15 16 1 + N Φ Q m ⋖

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Schedule K (Form 990) 2019
Part III Private Business Use (Continued)

Ÿ	reitam Frivate business Ose (Continued)				ľ	9			y	
				∢-		20	ט			
			Yes	S	Yes	S <sub>O</sub>	Yes	No	Yes	Š
39	Are there any management or service contracts that may result in private business use of bond-financed property?	business use of		×		×				
q	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?	other outside anced property?								
Ü	Are there any research agreements that may result in private business use of bond-financed property?	a of bond-financec		×		×				
פ	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	other outside ty?								
4	Enter the percentage of financed property used in a private business use b a section 501(c)(3) organization or a state or local government.	by entities other than	nar	0	%	% 0				
រភ	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.	as a result of her section 501(c)(	(3)	0	%	% 0				
9	Total of lines 4 and 5.			0	%	% 0				
_	Does the bond issue meet the private security or payment test?			×		×				
83	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?	to a inds were		×		×				
.9	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	disposed of								
o	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	sections 1.141-12				•				
6	Has the organization established written procedures to ensure that all nonc the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	nqualified bonds of		×		×				
Pa	Part IV Arbitrage									
		A		1	В		Ü		۵	
		Yes	ν°	Yes	No	Yes	No		Yes	٩
<b>-</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×		×					
7	If "No" to line 1, did the following apply?									
æ	Rebate not due yet?	×		×						
р	Exception to rebate?		×		×					
ָ ט	No rebate due?		×		×					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
m	Is the bond issue a variable rate issue?		×	×						
4 a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×	×						
ď	Name of provider.		18	BMO HARRIS BANK	ANK					
U	Term of hedge			106	1060.0000000000					
P	Was the hedge superintegrated?				×					
Ð	Was the hedge terminated?				×					
								Schedule	Schedule K (Form 990) 2019	) 2019

Continued) of the continued of	( ps										
			A		8			o		۵	
		Yes	δ	<del>-</del>	Yes	νç	Yes	S.		Yes	No.
Were gross proceeds invested (GIC)?	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×			×					
Name of provider	-				   					-	
Term of GIC.											ļ
Was the regulatory safe harbon the GIC satisfied?	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				-						
Were any gross proceeds inves period?	Were any gross proceeds invested beyond an available temporary period?		×	-		×					E .
Has the organization establishe requirements of section 1487.	Has the organization established written procedures to monitor the requirements of section 148?		×			×					
Part V Procedures To Und	Procedures To Undertake Corrective Action										
				A			8		o		٥
				Yes	No	Yes	No	Yes	No	Yes	2
Has the organization establishe requirements are timely identif if self-remediation is not availa	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	ions of federal tax losing agreement p	ax nt program		×						
Part VI Supplemental In	Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions)	nation for resp	onses to d	uestions o	n Schedul	a K. (See ir	structions)				
Return Reference				EX	Explanation	   					
SCHEDULE K. PART III. LINE 7:	THESE BONDS ARE NOT QUALIFIED 501(C)(3) BONDS. THEY ARE MIDWEST DISASTER AREA, PRIVATE ACTIVITY BONDS THEREFORE PRIVATE BUSINESS USE AND	1(C)(3) BONDS	THEY ARE I	MIDWEST D	SASTER AR	EA, PRIVATE	ACTIVITY B	ONDS THER	FFORE PRIV	ATE RUSINE	S LISE AND

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318021290 SCHEDULE M **Noncash Contributions** (Form 990) OMB No. 1545-0047 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. 2019 ▶ Attach to Form 990, ▶Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Open to Public Name of the organization MILWAUKEE WORLD FESTIVAL INC Inspection **Employer identification number** Part I Types of Property 39-1049688 (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art—Historical treasures 3 Art—Fractional interests . 4 Books and publications Clothing and household Cars and other vehicles . . 6 Boats and planes . . . . 8 Intellectual property . . . Securities—Publicly traded . 9 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . 19 Food inventory . . . Х 20 COST 20 Drugs and medical supplies . 21 Taxidermy . . . . . Historical artifacts 22 Scientific specimens . . 23 Archeological artifacts . . 24 Other ▶ ( <u>EQUIPMENT</u> ) 25 Х 618,068 COST 26 Other ► ( \_\_\_ 27 Other ▶ (\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it Yes No must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

32a

No

Page 2

Schedule M (Form 990) (2019)

Part 1 | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Explanation Return Reference PART I, COLUMN (B):

THE ORGANIZATION TRACKS AND REPORTS THE ACTUAL NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2019)

DLN: 93493318021290 OMB No. 1545-0047 Open to Public
Inspection
Employer identification number 2019 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,

• Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Department of the Treasury
Nummel Bethranosgamization
MILWAUKEE WORLD FESTIVAL INC SCHEDULE 0 (Form 990 or 990-

990 Schedule O, Supplemental Information

39-1049688

	APOINTED BY THE MAYOR THE MILWAUKEE COM MAUKEE COUNTY; THREE CESSOR; THREE (3) BO E (3) LARGE STAGE AREAS, W C, HARLEY-DAVIDSON, IN ALL BE APPOINTED ANNUALL BY THE BOARD MEMBERS
Explanation	THE VOTING BOARD OF DIRECTORS SHALL BE COMPOSED OF: ONE (1) CITIZEN APPOINTED BY THE MAYOR OF THE CITY OF MILWAUKEE COMMON COUNCIL; 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 ANNUALL Y AND NOT MORE THAN FIFTEEN (15) ADDITIONAL CITIZENS ELECTED AT-LARGE BY THE BOARD MEMBERS THEN IN OFFICE.
Return Reference	FORM 990, PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AUTHORIZE S, APPROVES OR RATIFIES THE CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT. AN OVES OR RATIFIES SUCH CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT. AN OWES OR RATIFIES SUCH 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 ONCEIPER YEAR.

990 Schedule O, Supplemental Information

Explanation	THE ORGANIZATION ENGAGED AN INDEPENDENT CONTRACTOR TO ESTABLISH COMPARABILITY DATA FOR 201 9. EACH YEAR THAT DATA IS UPDATED USING THE MIDWESTERN CPI. EACH EMPLOYEE RECEIVES A PERFORMANCE RATING. AN INCREASE IS ASSIGNED TO EACH EMPLOYEE BASED HOW CLOSE THEIR CURRENT SALA RY 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 DIRECTO RS.
Return Reference	FORM 990, PART VI, SECTION B, LINE 15

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS	NOT PROCESS As Filed Data -					DLN: 93493318021290	021290
SCHEDULE R	Related Org	ganizations a	anizations and Unrelated Partnerships	Partnershi	SC	OMB No. 1545-0047	-0047
(Form 990)	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	ation answered "Yes' ► Attach to F rs.gov/Form990 for i	" on Form 990, Part orm 990. instructions and the	IV, line 33, 34, 35l latest information	o, 36, or 37.	2019	y Blic
reparation of the freesay internal Revenue Service						Inspection	E
Vame of the organization «ILWAUKEE WORLD FESTIVAL INC					Employer identification number	ation number	
Part I Identification	Identification of Disregarded Entitles. Complete if the		organization answered "Yes" on Form 990, Part IV, line 33.	990, Part IV, line			
Name, address, and EIN	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) MWF LLC 639 E SUMMERFEST PLACE MILWAUKEE, WI 53202 80-0547125		SEE PART VII	WI	7,825,613	33,937 MILW	MILWAUKEE WORLD FESTIVAL INC	1.
							1
							[
						f ,	i
							1
Part II Identification o	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	"Yes" on Form 99(	), Part IV, line 34 bec	ause it had one or mor	φ
Name, address, and	( <b>a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Section (13) controlling (13) cont	Section 512(b) (13) controlled entity?
							<del>                                     </del>
						!	
3 3 3							
or Paperwork Reduction Act	or Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135Y	٨.		Schedule R (Form 990) 2019	2019

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Schedule R (Form 990) 2019

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

(i) Section 512(b) (13) controlled entity?	2019
	066
General managa partne yes   Iine 3	Form
Disproprionate Gode V-UBI Genallocations? amount in box man 20 of Schedule K-1 (Form 1065)  Yes No Form 990, Part IV, link year assets  (g) Share of end-of- where ship assets	Schedule R (Form 990) 2019
isproprtionate an allocations? In Star (g) Share of end-of-year assets	
10	
Share of assets assets  Swered "Yes income	
trom tend, total income red, from der from der 512- 512- Capanization answar.  Type of entity (C corp, S corp, C corp, C corp, S corp, C corp, C corp, C corp, C corp, C corp, C corp, C corp, S corp, C corp,	
Hated, ed. from from 1512- 1512- 17. pe (C. cor or	
ty Predominant income (related, unrelated, excluded from tax under sections 512-514)  Type income (related, excluded from tax under sections 512-514)  Type income (d) Type entity (d) Type entity or or	
Complete during th	
(c) Legal domicile (state or foreign country)  Dr Trust. 1 or trust (foreign try)	
wity demicile (state (ountry)) Legal demicile (state or foreign country)	
Primary Legal Direct Income(related for state country)  Proportion (state controlling income(related for foreign country)  Predominar activity domicile controlling income(related for the organ country)  Predomicile controlling income(related for the organ country)  (c) (c) (state or foreign country)  Predomicile entity (c) (d) (d) Fredominary (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
as a Cor	
Taxable as ations treate (b)	
ganize	
Name, sofores, and Elt of minimary defined in the control of state	
Name, ar relate  Identification of Re  Decause it had one or  (a)  Name, address, and EIN of related organization	
Part XV Ed	

11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the number of more related organizations listed in Parts II-IV?  Identity.  Indication(s)  Indication  Indic	s schedule.  transactions with one or more related organizations listed in Parts II-1V?  a controlled entity.  inf(s).  related organization(s).  ed organization(s).  remation on who must complete this line, including covered relationships and transaction  Transaction  (b)  Transaction  Transaction  Type (a-s)  Type (a-s)	s schedule.  transactions with one or more related organizations listed in Parts II-1V?  a controlled entity.  (s)  related organization(s)  related organization(s)  red organization(s).  Transaction  (b)  Transaction  Transaction  Transaction  Transaction  Transaction  Type (a-s)	Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3  **Lead of the organization special part II. III. or IV of this schedule.**  **Lead of the organization special part III. III. or IV of this schedule.**  **Per of (i) interest, (ii) annulates, (iii) repairlets or (iiv) rent from a controlled entity.**  **Per of (i) interest, (iii) annulates. (iii) repairlets or (iii) repairlets or (iii) repairlets or (iii) repairlets or (iii) repairlets or (iii) repairlets or (iii) repairlets or (iii) repairlets organization(s).  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to or for related organization(s).**  **Per or loan guarantees to organization(s).**  **Per organization(s).**  **P	Page 3		Yes No	_							-							_				+	1	$\dashv$		olved			
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Schedule R (Form 990) 2019

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.

(k) Percentage ownership											]		2019
(j) General or managing partner?	<sup>o</sup> 2												990)
	Yes											:	R (Form
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)										<u></u>			Schedule R (Form 990) 2019
4	No												
(h) Disproprtionate allocations?	Yes		:										
(g) Share of end-of-year assets													
(f) Share of total income													
(e) Are all partners section 501(c)(3) organizations?	N <sub>o</sub>												
	Yes							_					
Predominant income (related, unrelated, excluded from tax under sections 512-	514)												
(c) Legal domicile (state or foreign country)		-							<del>-</del> .				
(b) Primary activity													
(a) Name, address, and EIN of entity												į	
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S.													
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Schedule R (Form 990) 2019
Part VII Supplemental Information

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

Explanation	TO MANAGE AND OPERATE THE BEVERAGE OPERATIONS ON THE PROPERTIES OWNED BY THE MEMBER, EMPLOY SEASONAL CREWS, AND OTHER ACTIVITIES RELATED OR INCIDENTAL THERETO.
Return Reference	PART I, SECTION (B)