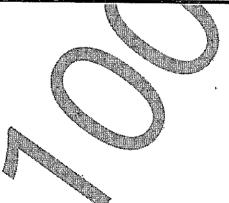
efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493175009051 OMB No. 1545-0047 Form 990 × Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 Name of organization MILWAUKEE WORLD FESTIVAL INC D Employer identification number B Check if applicable: ☐ Address change 39-1049688 ☐ Name change Doing business as ☐ Initial return SUMMERFEST ☐ Final return/terminate E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 639 E SUMMERFEST PLACE ☐ Amended return (414) 273-2680 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53202G Gross receipts \$ 6,195,625 F Name and address of principal officer: H(a) Is this a group return for DON SMILEY □Yes ☑Ng subordinates 639 E SUMMERFEST PLACE Are all subordinates H(b) MILWAUKEE, WI 53202 ■Xes □No included? I Tax-exempt status: ✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list, (see instructions) H(c) Group exemption number > J Website: ► WWW.MILWAUKEEWORLDFESTIVAL.COM est Hiller L Year of formation: 1965 M State of legal domicile: WI K Form of organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 Carrie Summary 1 Briefly describe the organization's mission or most significant activities: Briefly describe the organization's inission of most significant activities:

THE MISSION OF MILWAUKEE WORLD FESTIVAL, INC. IS TO PROMOTE AN UNDERSTANDING OF DIFFERENT ETHNIC CULTURES, THE
HISTORIES AND TRADITIONS OF VARIOUS NATIONALITIES, HARMONY IN THE COMMUNITY, CIVIC PRIDE AND PROVIDE A SHOWCASE FOR
THE PERFORMING ARTS, ACTIVITIES AND RECREATION FOR THE PUBLIC AND EMPLOYMENT OPPORTUNITES FOR THE YOUTH OF THE Activities & Governance MG Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net asse Number of voting members of the governing body (Part VI, line 1a) 23 4 Number of independent voting members of the governing body (Rart VI, line 1b) 23 4 5 Total number of individuals employed in calendar year 2020 (Part V, fine 2a) 153 5 6 Total number of volunteers (estimate if necessary) . 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 7a 249,600 b Net unrelated business taxable income from Form 990-T, line 39 7b 223,546 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 11,557,485 5,197,332 9 Program service revenue (Part VIII, line 2g) . 39,844,672 305,338 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) -17,743 69,885 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,223,825 201,393 5,773,948 12 Total revenue-add lines 8 through 11 (must equal Part VIII) column (A), line 12) 53,608,239 Grants and similar amounts paid (Part X, column (A), lines 1-3.) 0 14 Benefits paid to or for members (PartiX, column (A), lige 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e) 6,167,928 10,465,381 **Expenses** b Total fundralsing expenses (Part (X;;column (D), line 25) ▶501,173 17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-74e) . . . 14,947,238 40,957,711 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,423,092 21,115,166 19 Revenue less expenses Subtract line 18 from line 12 . 2,185,147 -15,341,218 Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 97,325,120 107,459,917 21 Total liabilities (Part X, line 26) . 49,030,622 76,546,001 22 Net assets or fund balances. Subtract line 21 from line 20 30,913,916 48,294,498 Signature Block Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here DON SMILEY PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2021-06-16 P01924323 self-employed Paid Firm's EIN 🟲 39-0758449 Firm's name > WIPFLI LLP Preparer Use Only Firm's address ► 10000 INNOVATION DRIVE SUITE 250 Phone no. (414) 431-9300 MILWAUKEE, WI 532264837 ☑Yes ☐No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) Cat. No. 11282Y

Form	1 990 (2	020)									Page 2
['P	rtill i	Statement	of Program Servi	ce Accomplis	shments						rage Z
			lule O contains a resp	-		III			5 .3	4	V
1	Briefly	describe the or	ganization's mission:		and the chias care			· · ·	<u> </u>	•	<u> </u>
AREA THE UND AND RECE	ATIONA KNOW! MONTHS ERSTAN TRADIT: REATION	AL PURPOSES IN N AS SUMMERF OF MAY THRO DING BY MEMBI IONS OF VARIO I AVAILABLE TO	SE A CIVIC ORGANIZ/ NCLUDING IN FURTHE EST, THE PRODUCTIC UGH OCTOBER OF EA ERS OF THE GENERAL US NATIONALITIES, THE GENERAL PUBLI NT OPPORTUNITIES I	ERANCE THEREC ON OF OTHER EV ICH YEAR, ALL C PUBLIC OF DIF PROVIDING A S IC. PROMOTING	DF, THE PRODUCTION VENTS AND ETHNIC DF THE AFOREMENT FFERENT ETHNIC CUITABLE SHOWCAS RACIAL AND ETHNI RACIAL AND ETHNI	N OF AN ANNUA FESTIVALS DUR CONED ACTIVITI LTURES, EDUCA F FOR THE PERE	L FESTIVAL IN THE ING AN ANNUAL FI ES BEING DIRECTE TING THE GENERA ORMING ARTS OPP	MILWAUH STIVALS D TOWAR L PUBLIC	KEE ME EASON D PROI IN THE	TROP DUR! MOTIN HIST	ING NG AN ORIES
						V)	and the second seconds				
2	the pri If "Yes	or Form 990 or ," describe thes	e new services on Sc	hedule O.			· · · · //		JYes	☑ `r	Vo
J	service		ease conducting, or n	nake significant	changes in how it co	onducts, any pro	gram				
			e changes on Schedu		t i i i i i	🥨 .	•).] • •		□ Үе	s 🗹	No'
4	expens	i putici(3) and	tion's program service 501(c)(4) organizati e, if any, for each pro	ons are required	to report the amou	ree largest prog nt of grants and	ram services, as m allocations to othe	easured bers, the tot	al	nses.	
4a	(Code; See Ado	litional Data) (Expenses \$	515,015	including grants of \$		0) (Revenue \$		6,089)	*
											·····
4b	(Code: See Ado	litional Data) (Expenses \$	131,793	including grants of \$		0) (Revenue \$	*	956)	
4c	(Code: See Ado	litional Data) (Expenses \$	0	including grants of s		0) (Revenue \$		0)	
	(Code:		3 /5		<u> </u>						
	THIS CA	TEGORY REPRESE) (Expenses \$ ENTS SEASONAL OPERAT DME AND EXPENSE.	IS,246,093 ING REVENUES AN	including grants of \$ ND EXPENSES THAT ARE	NOT DIRECTLY A	0) (Revenue \$ TTRIBUTED TO A SPEC	2 IFIC EVENT	40,841 . ADDIT) Tonal	LY, IT
4d	Other		· (Desemble 1: C.1. **	<u> </u>	<u> </u>						
4u	(Expen		s (Describe in Sched								
<u> </u>			15,246,093 incl		and a	0) (Reveni	ıe \$	240,841)		
4e	iotail	orogram servi	ce expenses >	15/892/9	01						
			\						Form	990	(2020)



Par	Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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			
6	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian			
	for amounts not listed in Part X; or provide credit counseling, debt management credit repair or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	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
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	٠		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	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 25	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 "Yess" complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Yes	
1.2a	Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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 NIF. "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on PartiX; column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 9 9	0 (2020)

Pa	Checklist of Required Schedules (continued)		<u> </u>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	*	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 1, 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 1	· 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	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 301.7701-37 If "Yes, complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	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? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		•	
		T	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b. 0		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
			orm 99 1	(2020)

Par	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,3a-	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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
b	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).	¥	9	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:			
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:			
	Gross Income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		:	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
			orm 99	0 (2020)

Cormo	000	(2020)
OUT	770	120201

Page	(

20 11	4 Table 2 Table 2				
Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines 🔽
S	ection	A. Governing Body and Management	<u> </u>	'	
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 23		103	*
	If the body,	are are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
ь		the number of voting members included in line 1a, above, who are independent		7	
2	Did at	ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3	Did th	ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?			No
4		ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization sassets?	5		No
6		ne organization have members or stockholders?	6		No
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	110
Ь	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8	Did th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by Illowing:			
a	The g	overning body?	8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	·9	103	
Se			_		No
	CCIOII	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10=	Did +h	e organization have local chapters, branches, or affiliates?		Yes	No
	If "Yes	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates	10a		No
	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10 b		
	form?	be in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Yes	
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were o	officers, directors, or trustees; and key employees required to disclose annually interests that could give rise to	12b	Yes	
	Did the	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in ule O how this was done	12c	Yes	
13		e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14		
15	Did the	e process for determining compensation of the following persons include a review and approval by independent is, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	Yes	
а		ganization's CEO Executive Director, or top management official	15a	Yes	
	Other	officers or key employees of the organization	15b	Yes	· · · · · · · · · · · · · · · · · · ·
		" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	taxable	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No
b	in Joint	," did the organization follow a written policy or procedure requiring the organization to evaluate its participation to venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?			
			16b		
		C. Disclosure			
1.7	List the	e states with which a copy of this Form 990 is required to be filed▶			
18	Section only) a	WI n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
		wn website Another's website 🗹 Upon request 🗋 Other (explain in Schedule O)			
L9	Describ	be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records:			

Form 990 ((2020)
------------	--------

Dan	_	*
rau	u	•

Form 990 (2020)

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

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

Section A. Of	ficers, Dire	ectors, Trustees	, Key Empi	loyees, and H	ighest Com	pensated Emplőyees

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

LI Check this box if neither the organization	n nor any relate	ed organ	uzatio	on co	omp	ensate	d ar	iy current officer, di	rector, or trustee.	
(A) Name and title	(B) .Average hours per week (list any hours for related organizations below dotted line)	it o b sin is Individual trustee P the or director	ne bo	ox, t n of tor/t	t che inles ficer rust	s pers and a ee)	216,00	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table					2.	433 May				
	***				A					
		*		1	y					
			€	9						
),	Ì							
	7 9									,
)									
	Ì									
	7								,	

P	it.VII. Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and	Higl	hest Compensate	d Employees	(con	tinued)	rage o
	(A) Name and title	(B) Average hours per week (list any hours	Position than of	on (d	(C) o not ox, u in off	t che	eck moss pers	ore son	(D) Reportable compensation from the organization	Reportable Compensation from relate organization	on d	(F Estim amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustes	Officer	Key employee	Highest compensat	Former	(W-2/1099- MISC)	(W-2/1099 MISC)		organizat relai organiz	ted
See	Additional Data Table						<u>\$</u>	A					
								Q V					
							age Tell		With Market				
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	
····						V		11					
•				69	5.00	À	,						
			ill and the second					,	•				
		,				ŀ							
	Sub-Total		<i>y</i>	, · ·		<u>.</u>	R						
	Total from continuation sheets to Pa Total (add lines 1b and 1c) . . .	art VII, Section	A)			À	>		1,889,173		0		861,718
2	Total number of individuals (including of reportable compensation from the	but not limited organization ▶	to thos	e liste	ed ak	ove) who	rece		00,000			
3	Did the organization list any former of line 1a? If "Yes," complete Schedule!	officer, director	or trust	ee, ke	ey en	nplo	yee, c	or hig	ghest compensated	employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organizations individual	the sum of repo	irtablé d	ompe 0? <i>If '</i>	ensai "Yes,	tion " cc	and o	ther e Sc	compensation from hedule J for such	the	3	Yes	No
5	Did any person listed on line 1a receiv services rendered to the organization	e or accrue con	npensat ete Sche	ion fr edule	om a J for	any " <i>su</i> e	unrela ch per	ted son	organization or indiv	vidual for	5	les	No
S	ection B. Independent Contract												140
1	Complete this table for your five higher from the organization. Report compen	isation for the c	d indepe alendar	nden year	t cor endi	ntra ng v	ctors t vith or	hat wit	received more than hin the organization	\$100,000 of co 's tax year.	mpen	sation	
MID (Name a	// (A) nd business addre	ss						Descri PLUMBING S	(B) iption of services		(C Comper	sation
1293	0 W CUSTER AVENUE ER, WI 53007								ruonding 5	EKVICES			400,779
EPPS	TEIN UHEN ARCHITECTS INC								ARCHITECTU	RAL SERVICES			265,433
MILW	CHICAGO AVENUE AUKEE, WI 53202 F ELECTRIC COMPANY INC	·					••••		FLECTORCIAN	LEEDWEE			470 804
PO BO	DX 917 ER, WI 53007								ELECTRICIAN	I SEKVICES			173,790
SELBI	ERT PERKINS DESIGN								DESIGN SER	VICES			160,776
	ULVER ROAD A DEL RAY, CA 90293												
2 7	otal number of independent contractors ompensation from the organization • 4	s (including but	not limi	ted to	o tho	se I	isted a	bov	e) who received mo	re than \$100,00	00 of		

Form 990 (2020)

	Statement of Functional Expenses				Page 10
	Section 501(c)(3) and 501(c)(4) organizations must	complete all column	s. All other organizati	ons must complete c	olumn (A).
_	Check if Schedule O contains a response or note to	any line in this Part IX I		Y	
7b	o 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				
2	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	-	- A		4
4	Benefits paid to or for members		N.	>-47 YA	
	Compensation of current officers, directors, trustees, and key employees	1,374,281	860,987	362,019	151,275
(Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5	4)4		
7	Other salaries and wages	3,985,166	1,925,329	1,791,175	268,662
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	A			
9	Other employee benefits	465,465	289,295	152,935	23,235
10	Payroll taxes	343,016	6,925	306,723	29,368
	Fees for services (non-employees):		VA AV		
	a Management	107. TUN	V. S. J.		
	b Legal	25,039		25,039	
	c Accounting	25,550	Δ	25,550	- han
	d Lobbying	· .	1NF		
	e Professional fundraising services. See Part IV, line 17	\	27		
	f Investment management fees	14,834	7	14,834	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	674,171	591,036	83,135	
	Advertising and promotion	327,202	298,221	9,495	19,486
	Office expenses	144,730	400	144,330	
	Information technology	86,999		86,999	
	Royalties	V.A			
	Occupancy	2,344,154	1,817,037	527,117	
	Travel	7,666		7,666	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	60°			
19	Conferences, conventions, and meetings	3,051	1,422	1,629	
	Interest	997,480	997,480		
	Payments to affiliates				
	Depreciation, depletion, and amortization	9,299,120	8,667,482	631,638	
	Insurance	457,006		457,006	
	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 EQUIPMENT AND SUPPLIES	207,846	150,933	56,913	· ************************************
	b FESTIVAL EXPENSES	202,496	192,893	456	9,147
•	ENTERTAINER AND PRODUCT	24,950	24,950		
•	d staging expenses	675	675		
•	All other expenses	104,269	67,836	36,433	
25	Total functional expenses. Add lines 1 through 24e	21,115,166	15,892,901	4,721,092	501,173
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.			.,	301,173
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	ļ			

Assets or Fund Balances

33

Total liabilities and net assets/fund balances . . .

Form 990 (2020) Page 11 PartiX Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX . (B) End of year (A) Beginning of year Cash-non-interest-bearing . 321,809 61,459 2,993,459 2 Savings and temporary cash investments 4,677,371 2 3 Pledges and grants receivable, net . 1,556,795 1,939,605 2,768,300 2,205,178 4 Accounts receivable, net . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . 4ssets 121,677 8 144,723 Inventories for sale or use . 225,232 210,208 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 82,440,395 86,480,564 98,052,260 Less: accumulated depreciation 10b 10c Investments—publicly traded securities . 11 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets . 1,173,372 1,853,025 15 Other assets. See Part IV, line 11 . 15 97,325,120 107,459,917 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,587,525 1,650,155 17 17 Accounts payable and accrued expenses 18 Grants payable 18 22,146,260 35,590,653 19 19 Deferred revenue . . 15,666,152 15,656,916 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities Loans and other payables to any current or former officer, director, trustee, key 22 employee, creator or founder, substantial contributor, or 35% controlled entity

		or family member of any of these persons		22	
i	23	Secured mortgages and notes-payable to unrelated third parties	930,849	23	13,973,618
	24	Unsecured notes and loans payable to unrelated third parties		24	,
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 24). Complete Part X of Schedule D.	6,699,836	25	9,674,659
	26	Total liabilities, Add lines 17through 25 🎤 .	49,030,622	26	76,546,001
		Organizations that follow FASB ASC 958, check here ▶ ☑ and			
		complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	48,294,498	27	27,972,254
	28	Net assets with donor-restrictions	0	28	2,941,662
		Organizations that do not follow FASB ASC 958, check here > and		·	
	l	complete lines 29 through 33.		~~	
•	29	Capital stock or trust principal, or current funds		29	<u> </u>
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	48,294,498	32	30,913,916

107,459,917

97,325,120

Both consolidated and separate basis

■ Separate basis

Audit Act and OMB Circular A-1332

☑ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight processor selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Form 990 (2020)

No

2c

3а

3b

Yes

Additional Data

Software ID: Software Version:

EIN: 39-1049688

Name: MILWAUKEE WORLD FESTIVAL ING

Form 990 (2020)

Form 990, Part III, Line 4a:

SUMMERFEST IS AN ANNUAL FESTIVAL IN THE MILWAUKEE METROPOLITAN AREA. IT IS THE WORLD'S LARGEST MUSIC FESTIVAL DUE TO COVID-19 PANDEMIC, THE FESTIVAL WAS NOT CONDUCTED IN 2020.



Form 990, Part III, Line 4b:

THIS CATEGORY REPRESENTS ETHNIC AND CULTURAL EVENTS, MUSIC CONCERTS AND OTHER EVENTS INCLUDING WALKS/RUNS FOR CHARITY. DUE TO COVID-19
PANDEMIC, THESE EVENTS WERE NOT CONDUCTED IN 2020.



Form 990, Part III, Line 4c:
THIS CATEGORY REPRESENTS CONSULTING, PRODUCTION, STAFFING AND MANAGEMENT SERVICES PROVIDED TO OTHER ENTITIES PRODUCING EVENTS. DUE TO COVID19 PANDEMIC; THESE SERVICES WERE NOT PROVIDED IN 2020.

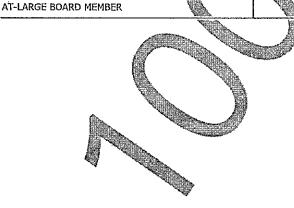


Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

and Independent Contractors			,			,				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both	t chox, u h an or/tr	k ssice Highest compensated	er)	(D) Reportable compensation from the organization (W- 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MATT LEIBHAM CONTROLLER	45.00					á		135,917	0	24,201
GAYE LITTELL DIRECTOR OF NEW BUSINESS DEVELOPMENT	45.00			l di		X		142,565	0	9,869
KEVIN CANADY SENIOR DIRECTOR OF CORPORATE & EVENT SALES	45.00					X	M	135,065	o	0
SCOTT ZIEL ASSOCIATE ENTERTAINMENT DIRECTOR	45.00			A	*******	Ų,		107,178	О	21,178
ROBERT GOSSE DIRECTOR OF DESIGN & CONSTRUCTION	45,00			Ĭ	- valendari	X	7	104,701	O	17,177
ROBERT BABISCH VICE PRESIDENT OF ENTERTAINMENT	45.00	.00	Book.	V	\ \ \	1		187,213	0	21,431
FRANK NICOTERA CAO AND GENERAL COUNSEL	45.00				x			175,910	0	12,538
SUSAN LANDRY VICE PRESIDENT/CFO	45,00	À		ř	x			178,092	0	9,892
SARAH PANCHERI VICE PRESIDENT OF SALES & MARKETING	45.00				x			180,502	0	5,219
DON SMILEY PRESIDENT - NON VOTING	45:00	X		х				542,030	G	740,213

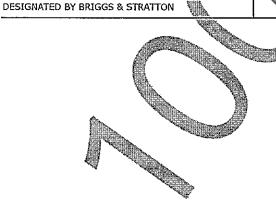
Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

and Independent Contractors			-			-				• • •
(A) Name and Title	(B) Average hours per week (list any hours	pers	n on: on is	e bo both ecto	che x, u n an or/tr	eck mo nless office ustee)	r	from the organization	(E) Reportable compensation from related organizations	(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)	(W-2/1099- MISC)	organization and related organizations
HOWARD SOSOFF CHAIRMAN OF THE BOARD	0.40	х		×					0	0
TED KELLNER FIRST VICE PRESIDENT	0.40	х		X					О	0
MARY ELLEN STANEK SECOND VICE PRESIDENT - NON VOTING	0.40	х		×	Dom		A	0	0	0
HOWARD SCHNOLL SECRETARY - NON VOTING	0.40	X		X				0	0	0
DAN MINAHAN TREASURER - NON VOTING	0.40	K		X.		Á	Þ	o	0	0
JOANNE BISCHMANN AT-LARGE BOARD MEMBER	0.140	X		V	M			0	0	0
DAVID CASPER AT-LARGE BOARD MEMBER	0.40	X	7		*			0	0	0
ALEC FRASER CITIZEN DESIGNEE BY MILWAUKEE COUNTY EXECUTIVE	0.40	×	4	7				0	0	0
AMY GIUFFRE DESIGNATED BY HARLEY-DAVIDSON MOTOR COMPANY, INC.	0.40))						0	0	0
JON HAMMES AT-LARGE BOARD MEMBER	0:40	×						0	0	0



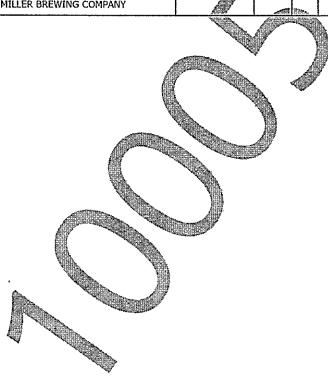
Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

and Independent Contractors		_				_				•
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo boti ecto	t che x, u h an or/tr	eck m nless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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)	(W-2/II099- MISC)	organization and related organizations
CHARLES HARVEY AT-LARGE BOARD MEMBER	0.40	х					ja mari	0	0	O
CRAIG KARMAZIN AT-LARGE BOARD MEMBER	0.40	х		d				0	0	0
MIKE LAUER AT-LARGE BOARD MEMBER	0.40	x)			0	0	٥
DON LAYDEN CITIZEN DESIGNEE BY MAYOR OF MKE	0.40	×		À				0	0	0
MICHAEL MAISTELMAN CITIZEN DESIGNEE BY MILWAUKEE COMMON COUNCIL PRES.	0.40	Q.				A	Þ	0	0	0
TERESA MERCADO UNITED ETHNIC FESTIVALS REP.	0.40	X						0	. 0	0
CORY NETTLES AT-LARGE BOARD MEMBER -	0.40	X						0	· 0	Ö
LUKE OLSON UNITED ETHNIC FESTIVALS REP.	0.40	X	4	Ÿ				0	0	0
PAUL SWEENEY AT-LARGE BOARD MEMBER	0.40							0	0	0
TODD TESKE DESIGNATED BY BRIGGS & STRATTON	0.40	X						0	0	0



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

nd Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					:r	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(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	Formér	(W- 2/1099] MISC)	(W-2/1099- MISC)	organization and related organizations ,
HARRIS TURER NT-LARGE BOARD MEMBER	0.40	х						0	0	O
Greg Wesley T-Large Board Member	0.40	х							0	0
1IKE WHITE AT-LARGE BOARD MEMBER	0.40	х			Marie			0	0	0
EGGY WILLIAMS-SMITH T-LARGE BOARD MEMBER	0.40	X						0	0	0
IM WITKOWIAK DESIGNATED BY UEF COMMITTEE	0.40	×			Tales filt 91 AV	1)	0	o	0
IM WRIGHT DESIGNATED BY MILLER BREWING COMPANY	0.40	X	****		M			0	0	0



DLN: 93493175009051

OMB No. 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Name of the organ

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

		ie organization NORLD FESTIVAL INC	Employer identification number					
	ONEE 1	VO(125 25 27 17 17 17 17 17 17 17		•			39-1049688	
'Pai		Reason for Public					ee instructions. 🦯	<i>y</i>
The o	rganiza	ation is not a private four	idation because	it is: (For lines 1 thro	ugh 12, check or	nly one box.)		
1		A church, convention of	churches, or as	sociation of churches o	described in sect	tion 170(b)(1)	(A)(i): \	
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ).)		
3		A hospital or a cooperati	ive hospital serv	ice organization descr	ibed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operate	ed in conjunction with	a hospital descri	bed in section :	L70(b)(1)(A)(iii). Er	ter the hospital's
5		An organization operate (b)(1)(A)(iv). (Complete	ete Part II.)	_			47	ed in section 170
6		A federal, state, or local	government or	governmental unit de	scribed in sec tio	on_170(b)(1)(#))(v).	
7	V	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	l public described in
8		A community trust desc	ribed in sectio n	170(b)(1)(A)(vi)	(Complete Part I	I.) //		
9		An agricultural research non-land grant college o	organization de of agriculture: Se	scribed in 170(b)(1) se instructions Enter I	(A)(ix) operated the name, city, a	d in conjunction and state of the	with a land-grant collections of the college or university:	ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See section 8	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions a	ភ្ជាំd (2) no more	than 331/3% of its su	pport from gross
11		An organization organize	ed and operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported in lines 12a through 12a	organizations o	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2)). See section 50 9(a	
a		Type I. A supporting or organization(s) the pow- complete Part IV, Sec	er to regularly a	ppoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part IV	porting organiza	ation vested in the san				
С		Type III functionally supported organization(integrated. A s s) (see instructi	supporting organization ons). You must com	n operated in cor plete Part IV, S	nnection with, ar	nd functionally integra nd E.	ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satisf	fy a distribution i	requirement and		
e		Check this box if the orgintegrated, or Type III	janization receiv	ved/a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported		integrated supporting	organization.			
g	Provid	de the following informati	on about the su	pported organization(s).			
	(i) N	lame of supported organization	(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		
		, 1	>					
•								
Tota							144.1	
· Uta			<u></u>					<u> </u>

P	Support Schedule for (Complete only if you ch If the organization failed	ecked the box o	on line 5, 7, or 8	of Part I or if the	he organization	failed to qualify	
S	ection A. Public Support					>	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019//	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	4,263,430	9,779,286	15,161,260	11,557,485	5,197,332	45,958,793
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	4,263,430	9,779,286	15,161,260	11,557,485	5,197,332	45,958,793
5	The portion of total contributions by each person (other than a governmental unit or publicly	-	, , ,				16,938,526
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,930,320
	Public support. Subtract line 5 from line 4.		Wholes.				29,020,26
_ >	ection B. Total Support	ı	r		VIII	1	
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020°	(f) Total
7	Amounts from line 4.	4,263,430		15,161,260	11,557,485	5,197,332	45,958,793
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,872,046	2,167,024	2,252,911	2,139,764	34,353	8,466,09
9	Net income from unrelated business activities, whether or not the business is regularly carried on	811,393	541,218	558,190	539,586	224,546	2,674,93
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	V	Y				
11	Total support. Add lines 7 through		<u> </u>				57,099,824
12	10 Gross receipts from related activities,	etc. (see instruction	onsix		· · · ·	12	163,346,97
13	,	SIA.		l farrusta au Sifela sa			
13	First 5 years. If the Form 990 is for this box and stop here	100000	X7966			,	iization, check
S	ection C. Computation of Publi	c Support Perc	centáge				
14	Public support percentage for 2020 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	50.820 %
	Public support percentage for 2019 So					15	47.780 %
16a	33 1/3% support test—2020. If the	organization did	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
Ŀ	and stop here. The organization qual 33 1/3% support test—2019. If the	ifies as a publicly re organization did	supported organiz I not check a box	ation on line 13 or 16a,	and line 15 is 33 i		,, ▶☑ ck this
	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization meets in Part VI how the organization meets	t— 2020. If the or on meets the "facts the "facts-and-cir	ganization did not s-and-circumstand cumstances" test	check a box on lices" test, check the The organization	ne 13, 16a, or 16b is box and stop h e qualifies as a publ	o, and line 14 ere. Explain licly supported	_
£	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	zation meets the ' on meets the "fact	'facts-and-circums ts-and-circumstan	stances" test, chec ces" test. The orga	k this box and sto anization qualifies	p here. as a publicly	Б
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13, :	16a, 16b, 17a, or	17b, check this bo	x and see	▶ □

J.P	र्वतिक्षेत्रकार 🗸	Support Schedule for (Complete only if you of the organization falls to	hecked the box	on line 10 of Pa	art I or if the or	ganization falled		r Part II. If
Se	ection A. P	ublic Support	quality ander t	ine coolo nocea i	sciotty picase ce	Ampiece r are in	/	x
		lendar year	() 5545	/1. \ D	<i>(</i>)	1 13 and 17		
	(or fiscal y	ear beginning in) 🕨 👚	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grant	s, contributions, and	·					
		p fees received. (Do not						
_		"unusual grants.") .				*		
2		pts from admissions, se sold or services						
		or facilities furnished in						
		that is related to the				1.1		
		n's tax-exempt purpose				Val.	VA	
3		pts from activities that are					海	
		lated trade or business						
_		on 513			Alle	X. Sin		
4		es levied for the				Ĭ	7	
		n's benefit and either paid ded on its behalf						
5		of services or facilities			<u> </u>	Alth Alth		
•		y a governmental unit to			4	7		
		ation without charge			ATTITUDE.	<i>I</i> . 1		
6		lines 1 through 5		A	y va	Ally		
7a	Amounts in	cluded on lines 1, 2, and						
	3 received	from disqualified persons		¥				
b		cluded on lines 2 and 3		4.		•		
		om other than disqualified			1	#V		
		it exceed the greater of			V->4			
	13 for the y	% of the amount on line						
_	Add lines 7				*			
8		port. (Subtract line 7c		#11/15 ¥	4 4			
O	from line 6.							
Se		otal Support	19	į.	AV	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		lendar year		<u></u>	TA 457		<u> </u>	,
		ear beginning in)	(a) 2016	(b) 2017	(ć) 2018	(d) 2019	(e) 2020	(f) Total
9		rom line 6		773				
10a		me from Interest,		May Yau				
		payments received on		Y [1]				
	securities	oans, rents, royalties and		/# ⁴				
		m similar sources	ANY YA					
b		business taxable income	`					
		on 511 taxes) from	V.	\ \ \				
	1975.	acquired after June 30,		Ì				
c		LOa and 10b.	Alba Vuldula					
11		e from unrelated business		5.00°				
		ot included in line 10b.						
		not the business is	V 3.					
	regularly o	arried on.	1					
12	Other Inco	me. Do not include gain or	, <i>M</i>	,				
	loss from t	he sale of capital assets						
	(Explain in	Part VI.).						
13	11, and 12	port. (Add lines 9, 10c;						
14	First 5 ves	nrs. If the Form 990 is for th	iiii. no organization's (iret eerond third	l fourth or fifth b		n F01/a\/2\ aran	!+!
14		V303944	100 FE			•		
		oox and stop here						▶ ⊔
		omputation of Public			<u>.</u>			
15		ort percentage for 2020 (lin					15	
16	Public supp	ort percentage from 2019 S	ichedule A, Part II	I, line 15			16	
Se		omputation of Investi						
17	Investment	income percentage for 202	20 (line 10c. colur	nn (f) divided hy	line 13. column (f	1)	17	
		•				· -	17	
18		income percentage from 2					18	
		pport tests—2020. If the						
1	nore than 33	3 1/3%, check this box and s	stop here. The or	ganization qualifi	es as a publicly su	pported organizal	ion	⊳ □
b	33 1/3% s	support tests-2019. If the	e organization did	not check a box	on line 14 or line 1	9a, and line 16 is	more than 33 1/3	% and line 18 is
		nan 33 1/3%, check this box						
20								
	Filvate (0)	undation. If the organization	n did not check a	DOX ON IME 14, 1	ya, or 190, cneck		instructions	
						acneouii	- wichem Wall Of	

Part IV	Supporting Organization	

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

Se	ction A. All Supporting Organizations		· · · · · · · · · · · · · · · · · · ·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
2-		2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, answer lines 3b and 3c below.	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			***************************************
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	3c		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	,4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv), how the action was accomplished (such as by			
_	amendment to the organizing document).	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part 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).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting			<u> </u>
	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, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a	l	
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	the organization had excess business holdings).	10b		

Pē	ir£ IVs	Supporting Organizations (continued)	*		
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?	ž		
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	ily member of a person described in 11a above?	11b		
C		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
S	VI.	B. Type I Supporting Organizations			
	,CCL1011	b. Type 2 Supporting Organizations		Yes	No
1	appoii descri activit remov	the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly on the organization's directors or trustees at all times during the tax year? If "No," libe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ties. If the organization had more than one supported organization, describe how the powers to appoint and/or we directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.			
_	• •		1		
2	opera carrie	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		
	action	C. Type II Supporting Organizations			
-	ection	c. Type 11 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 (of the organization's supported organization(s)? If "No," describe in Part VI now control or management of the	1		
		rting organization was vested in the same persons that controlled of managed the supported organization(s).			
S	ection	D. All Type III Supporting Organizations			
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		Yes	No
	tax ye Form	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			
	docun	nents in effect on the date of notification, to the extent not previously provided?	1		
2	(s) or	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	voice	ason of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times in the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
-		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)	one).		
_	a 🗇	The organization satisfied the Activities Test. Complete line 2 below.	O113),		
	₽ □	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 lines 2a and 2b below.		Yes	No
	a Dìd su	of the organization sactivities during the tax year directly further the exempt purposes of the			-
	orgai respo	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		<u></u>
	organ <i>organ</i>	le activities described in line 2a 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.			
3		· · · · · · · · · · · · · · · · · · ·	2b		
	a Did th	t of Supported Organizations. Answer lines 3a and 3b below. In organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	За .		
	the su	pported organizations?If "Yes" or "No" provide details in Part VI.			
	b Did th suppo	e organization exercise a substantial degree of direction over the policies, programs and activities of each of its rted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	Dr.		
			Зb		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2	NM7	V.				
3	Other gross income (see Instructions)	3	~ ~					
4	Add lines 1 through 3	4		197				
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7 🔍	1					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount	4	(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a	Average monthly value of securities	la.						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c/	7					
d	Total (add lines 1a, 1b, and 1c)	_1d′						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt usetassets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use, Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6.	Multiply line 5 by 0.035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to the 6)	8						
	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	.2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior-year	5						
6	Distributable Amount. Subtractions 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	ed Type III supporting org	anization (see				

Schedule A (Form 990 or 990-EZ) 2020

Type III Non-Functionally Integrated	Supporting (organizations (40	11011100			
Section D - Distributions				Current Year		
1 Amounts paid to supported organizations to accomplish	<u>a</u>	K				
2 Amounts paid to perform activity that directly furthers e excess of income from activity	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3/			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5			
6 Other distributions (describe in Part VI). See instruction	ns		6	4		
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (pròvide	-8			
9 Distributable amount for 2020 from Section C, line 6		APTIN	9			
10 Line 8 amount divided by Line 9 amount		Ŋ	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii)) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020		
1 Distributable amount for 2020 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2020:		3h.				
a From 2015		7				
b From 2016	7 4 67			<u> </u>		
c From 2017	YANAN Y					
d From 2018						
e From 2019		4,1				
f Total of lines 3a through e	V					
g Applied to underdistributions of prior years	A					
h Applied to 2020 distributable amount	<u> </u>					
i Carryover from 2015 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<u> </u>					
a Applied to underdistributions of prior years						
b Applied to 2020 distributable amount						
c Remainder, Subtract lines 4a and 4b from line 4.						
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and da from line 2. If the amount is greater than zero, explain in Part VI. See instructions.						
6 Remaining underdistributions for 2020. 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 2021. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2016				,		
b Excess from 2017						
c Excess from 2018						
d Excess from 2019						
e Excess from 2020		47.		/		
		Schedu	ne A i	(Form 990 or 990-EZ) (2020)		

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

instructions). **Facts And Circumstances Test** efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493175009051

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

OMB No. 1545-0047

Open to Public

	ne of the organization YAUKEE WORLD FESTIVAL INC		Employer identification number
MITT			39-1049688
Pa	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts.
	Complete If the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2010. 4110.41	
2	Aggregate value of contributions to (during year)		The second
3	Aggregate value of grants from (during year)	/130	
4	Aggregate value at end of year ,	M. T.	W _ 49
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex	ors in writing that the assets held in dono	or advised funds are the
6	Did the organization inform all grantees, donors, and do	onor advisors in writing, that grant funds	can be used only for
	charitable purposes and not for the benefit of the donor private benefit?		ose conferfing impermissible
Pa	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	35/85	
	Preservation of land for public use (e.g., recreatio	n or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the	e form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements .		2b
c	Number of conservation easements on a certified histori	Marian Atlant	2c
d	Number of conservation easements included in collection structure listed in the National Register	T NO	2d
3	Number of conservation easements modified transferre	ed, released, extinguished, or terminated	d by the organization during the
	tax year ►		
4	Number of states where property subject to conservation	on easement is located >	<u>.</u>
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	he periodic monitoring, inspection, hand s?	ling of violations, \(\sum \text{Yes} \text{No} \)
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforci	ng conservation easements during the year
7	Amount of expenses incurred intronitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported on line 2(d)) above satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports constance sheet, and include, it applicable the text of the the organization's accounting for conservation easemer	footnote to the organization's financial	expense statement, and statements that describes
Par	Organizations Maintaining Collections Complete if the organization answered "Ye		Other Similar Assets. •
1a	If the organization elected, as permitted under FASB At historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	SC 958, not to report in its revenue statelic exhibition, education, or research in	
b	If the organization elected, as permitted under FASB At historical treasures, or other similar assets held for put following amounts relating to these items:	SC 958, to report in its revenue stateme blic exhibition, education, or research in	nt and balance sheet works of art, furtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i)Assets included in Form 990, Part X		· · · · · > \$
2	If the organization received or held works of art, histor following amounts required to be reported under FASB		financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		

30,059,003

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

30,059,003

98,052,260

Complete if the organization answered "Yes" on Form (a) Description of security or category (including name of security)	(b) Book value	1	(c) Method	of valuation: ear market valu	•	A
1) Financial derivatives						
3)						
=)						
))						
<u> </u>					- 13	1000
F)					VIA	
5)				·		
1)						
3)					- Call left	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	.	an-		- W		
art VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	990. Part TV. lin	e 11c. See Fo	rm 990. P	art X. line 13.	4/	
(a) Description of investment	330, 1 die 10, mi		ok value	(c) Method of Cost or end-of- valu	valuation: year market	
1)		1				
2)			W			
3)						
4)			NA.			
5)		- Ar	T T	No.		
6)		1		A		
7)	A					
8)			V	N/V	***************************************	
9)	(E)	460		V		
(10)		47				
fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		٧,				
Other Assets. Complete if the organization answered 'Yes' on Form's	990, Part IV, line	11d. See For	n 990, Part	X, line 15.		
(a) Description			<u></u>	(0) 80	ook value	
2)	<u> </u>					
3)			<u>,,</u>		<u>.</u>	
4)						
5)	W.					
6)	1.4					
7)	<u> </u>					
8)						
9)						
10)						
otal. (Column (b) must equal Form 990, Part (5) (B) line 15.)				>		
Part X. Other Liabilities. Complete if the organization answered "Yes" on Form	990, Part IV, line	e 11e or 11f.S	iee Form 9	90, Part X, lin	e 25.	
(a) Description of liability				(b) Book value		
1) Federal Income taxes 2 2) DEFERRED RENT EXPENSE						
2) DEFERRED RENT EXPENSE 3) DEFERRED COMPENSATION OBLIGATION				3,562,042 2,001,774		
4) INTEREST RATE SWAP LIBABILITY				4,110,843		
4) 5)				<u>.</u>		
6)						
7)						
8)						
u/						
٥١			,			
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				9,674,659		

₽a	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	tur n .	
1	Total revenue, gains, and other support per audited financial statements	A	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	1 L		
b	Donated services and use of facilities			
C	Recoveries of prior year grants	7	1	
d	Other (Describe in Part XIII.) 2d			17
e	Add lines 2a through 2d	V.	. 2e	
3	Subtract line 2e from line 1	N_{N}	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Ħ	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		J	
b	Other (Describe in Part XIII.)	<€	-	~
C	Add lines 4a and 4b	\	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
р́аг	Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	eturi	7.
	Complete if the organization answered 'Yes' on Form 990, Part IV line 12a.	<i>"</i>		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е			2e	
3	Subtract line 2e from line 1		3	·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5	
	Supplemental Information			
Pro XI,	ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and , lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	2b; Part ' tion.	V, line	4; Part X, line 2; Part
	Return Reference Explanation			
ee /	Additional Data Table			
			-	
	Win Win			
		4	Sched	lule D (Form 990) 2020

Schedule D (Form 990) 2020	Page 5
	rmation (continued)
Return Reference	Explanation ,

.

,

Additional Data

Software ID:

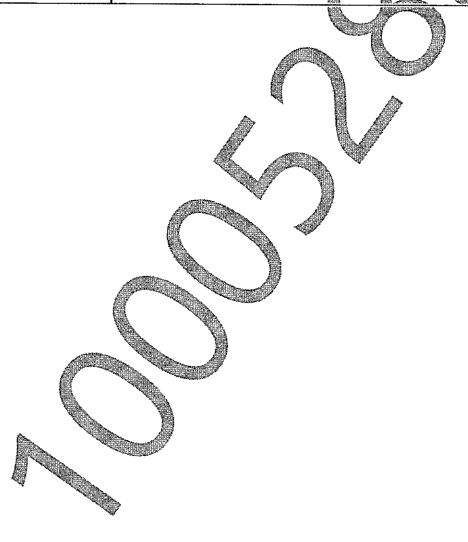
Software Version:

EIN: 39-1049688

Name: MILWAUKEE WORLD FESTIVAL INC

Supplemental Information

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.



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493175009051

Schedule J

(Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest OMB No. 1545-0047

Department of the Treasury

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.

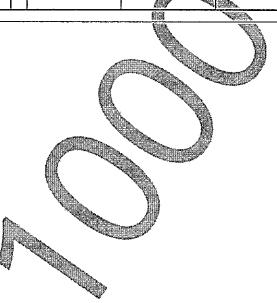
Inspection Internal Revenue Service Name of the organization MILWAUKEE WORLD FESTIVAL INC Employer identification number 39-1049688 **Questions Regarding Compensation** Part I

			Yes	No
1a	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			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy-regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1 b	Yes	-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the Items checked on Line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☐ Written employment contract			
	☑ Independent compensation consultant ☑ ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VIII Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Ńο
C	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.			
.5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
		 .		
	The organization?	5a 5b		No
b	Any related organization?	5D		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.	•		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	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			
	in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	G		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. or 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 astructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Indee, 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 the

lote. The sum of column	s (B)	(i)-(iii) for each listed in	lividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	ia, applicable column (D)	and (E) amounts for tha	t Individual.
(A) Name and Title			(B) Breakdown of W-2 and/or 1099-MISC compens		(C) Retirement and	(D) Nontaxable 🦨	(E) Total of columns	(F) Compensation In
1		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
MATT LEIBHAM ONTROLLER	(i)	135,917	0	0	0	25,423	161,340	0
	(ii)	0	0	0	Ð	0	2 0 Y	0
GAYE LITTELL DIRECTOR OF NEW	(1)	142,565	0	0	0	12,208	154,773	0
IUSINESS DEVELOPMENT	(11)	0	0	0	0		0 💉	0
ROBERT BABISCH TICE PRESIDENT OF NTERTAINMENT	(i)	187,213	0	0	0	24,279	211,492	0
	(ii)	0	0	0	0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	o o
FRANK NICOTERA AO AND GENERAL OUNSEL	(1)	175,910	0	0	0	15,688	191,598	g
OUNSEL	(ii)	0	0	O	0	0	// 0	a
SUSAN LANDRY ICE PRESIDENT/CFO	(i)	178,092	0	0	0	12,763	190,855	0
n 2002	(ii)	0	0	0	0.	0	0	0
SARAH PANCHERI ICE PRESIDENT OF SALES	(i)	180,502	0	0	0 `	7,775	188,277	0
MARKETING	(ii)	0	0	0	0	0 /	0	0
DON SMILEY RESIDENT - NON VOTING	(i)	414,644	109,454	17,932	723,403	26,635	1,292,058	0
	(ii)	0	ů.	0	0	CO	0	0
						Ŋ		
				1/7		ji e	***************************************	
					N A			
XII.				À				
			Á	7				
			4	X BAR	*			
			,comitmus.	\ \\				
			18-41		<i>y</i>			
			tia -	AW A.			Schedule	J (Form 990) 2020
1			C1165	ALC: U.S.				



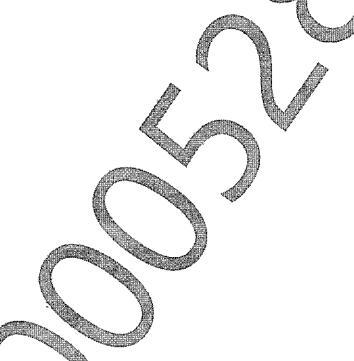
Schedule J (Form 990) 2020

Page 3

Part III 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 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 \$10,265. PART I, LINE 1A

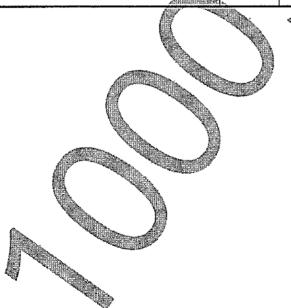
Schedule 3 (Form 990) 2020



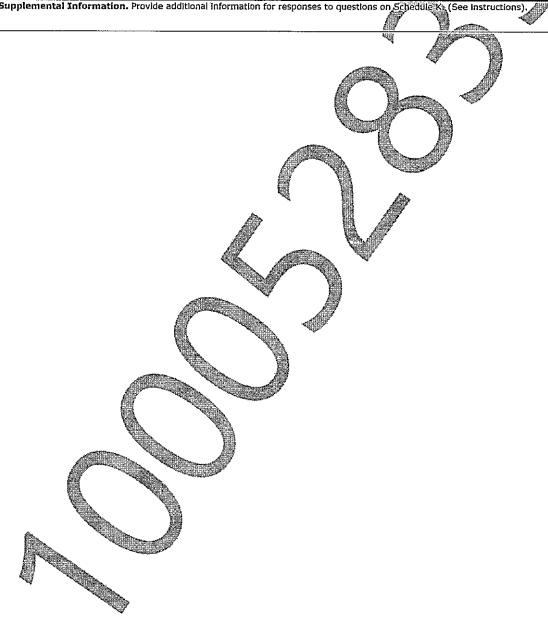
				-										
efile	GRAPHIC print - DO NO	T PROCESS As	Filed Data -								DIN	93493	17500	20051
Note:	To capture the full cont	ent of this docum	ent, picase sele	ct landscape mod	e (11" x 8.	5") whe	n printing.	•			DEIT	. 55455	17500	9031
	edule (4- 15 m 990)	Sur	piemental l	nformation o	n Tax-E	xemp	t Ronds			-	ON	IB Na. 154	5-0047	
(101	111 990)	➤ Complete if the	e organization ans	wered "Yes" to Forr	n 990, Part	VI. line 24	la. Provide de	scriptions,				202	N	
Departn	ment of the Treasury		explanations	, and any additional Attach to Form 99	l informatio	in Part V	Л.		À	L	- (- · /- 7)		'U	
Internal	Revenue Service If the organization	▶Go	to <u>www.lrs.gov/i</u>	orm990 for instruc	lions and th	e latest in	formation.		y			Open to P Inspect	ublic ion	
MILWA	AUKEE WORLD FESTIVAL INC							/W			10-	ion numbe	ir .	
Part	Bond Issues							(<u> </u>	9110496	86			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	nrico	(f) Decelet	ion of purpos			ARD.	1.3.0-	45	
			(0) 000211 11	(m) Date issued	(c) 13306		(1) Descript	ion or horpos		n) netea:		h) On half of		Pool ncing
							A		<u> </u>	Yes N	o Yes	ssuer	V	
	VISCONSIN HEALTH AND	39-1337855		08-01-2019	15,7	13,816 R	EFINANCE RAC	M BONDS			O Fres	No X	Yes	No X
	DUCATIONAL FACILITIES UTHORITY				Í	·) i		`		"		"
F _ 13							47			A L				
Part	Proceeds				Υ			2027		â				
1 .	Amount of bonds retired					Δ		В		∦ C			D	
2	Amount of bonds legally defeat	sed			<u> </u>				A ST					
	Total proceeds of Issue				·	15,713,8			400					
4	Gross proceeds in reserve fund	is			†	20,2,20,10	11	NA.						
5	Capitalized interest from proce	eds			1		-40		-			.	· · · · · · · · · · · · · · · · · · ·	
6	Proceeds in refunding escrows				491	15)713,8	16	A 19						
	Issuance costs from proceeds .				17	Y		117						
	Credit enhancement from proc					lik(
9	Working capital expenditures for	rom proceeds	• • • • •		4.7		4.3							
	Capital expenditures from proc						Table 1							
	Other spent proceeds Other unspent proceeds				r w.		ANY		ļ					
	Year of substantial completion					Vin								
	74-1 Or Substantial Completion		- · · · ·		Yes	No	Yes	No	Yes		No	Yes	·	No
14	Were the bonds issued as part bonds (or, if issued prior to 20	of a current refunding	Issue of tax-exempt	W	X		·	100	,,,,		110	165		
16	Were the bonds issued as part bonds (or, if issued prior to 20	of an advance refundir	a feetin of taxable	<i>A</i> -		AIX							-	
	Has the final allocation of proce				X in the	A 97			-	_	.		+-	
17	Does the organization maintain	adequate hooks and s	ecords to support th	ia final allocationistic	*NAMES:	2	-		<u> </u>				-	
	proceeds?		ecords to sopportu	ie mai allocation of	× ×									
Car	Private Business U	se		NA.CY	Wa				·····					
'					A Yes	A ON	Yes	B No	Yes	С	No I	Yes	D	No No
1 '	Was the organization a partner	in a partnership, or a	member of an LLC,	which owned property		X	162	140	res	-	110	.163	+	
	financed by tax-exempt bonds: Are there any lease arrangeme	?	- 100	<u> </u>	7	^							-	
1	property?		· 1/40.	****		х								
For Pa	perwork Reduction Act Not	ice, see the Instructi	ons for Form 990.	VII)	Ca	. No. 5 01 9	93E				Sched	ule K (Fo	m 990	3) 2020

L	Private Business Use (Continued)										
4 5	150-752				A	I			<u> </u>	+ř	P
			[es	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private bond-financed property?				х			A.			
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fi	nanced property	/?				A	7			
С	Are there any research agreements that may result in private business u property?				×					ļ	 -
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prop	erty?	j				7		(P		
4	Enter the percentage of financed property used in a private business use a section 501(c)(3) organization or a state or local government	. •			0 %	6		**			
5	Enter the percentage of financed property used in a private business use unrelated trade or business activity carried on by your organization, and organization, or a state or local government.	ther section 501	(c)(3) [.]		0 %						·
6	Total of lines 4 and 5			٠	0 %	600.003.0000	Alle	44			
7	Does the bond issue meet the private security or payment test?	•			l x	N/			<u> </u>		
8a	Has there been a sale or disposition of any of the bond-financed property nongovernmental person other than a 501(c)(3) organization since the bissued?	onds were			X.J.		- minde 20 Fileson,	Ŋ			
b	If "Yes" to line Ba, enter the percentage of bond-financed property sold of	or disposed of	•		iii)	1	Min.				
С	and 1.145-2?	to line 8a, was any remedial action taken pursuant to Regulations sections 1.141			***	1.50	M)				
9	Has the organization established written procedures to ensure that all no the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		s of	A E	X		Ŋ				
(Pá	it IV Arbitrage		d	17	i.y		AS				
			A fill		Hillag B	460-542464	1 Jan 1	<u>c</u>		D	
		Yes	No 🦠	A	Yes		Yes	N	О	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x *			No.					
2	If "No" to line 1, did the following apply?		and All Man,			All					
a	Rebate not due yet?	X			Villa line						
b	Exception to rebate?	A	X 🐧	A	4						
C	No repate due?	1.11	X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	***			A						
3	Is the bond issue a variable rate issue?	∡Asx	!		13						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	× ×		V.	11						
ь		BMO HARRIS B	ANK-	V							
c	Term of hedge	() / / 10	60.000000000	9%							
d	Was the hedge superintegrated?	A A	X								
е	Was the hedge terminated?		x /	\top							

Schedule K (Form 990) 2020



'p'i	Arbitrage (Continued)				· · · · · · · · · · · · · · · · · · ·					Page 3	
	- *-	A	<u> </u>		В			<u> </u>	Г	D	-
	<u> </u>	Yes	No	<u> </u>	es	No	Yes	No	Yes	No	
5a	Were gross proceeds Invested in a guaranteed Investment contract (GIC)? →		х								
ь	Name of provider		****				N			•	
c	Term of GIC		***************************************				ANY				
ď	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								A ·		
6	Were any gross proceeds invested beyond an available temporary period?	Ï	Х					W	V.)		
7	Has the organization established written procedures to monitor the requirements of section 148?		х						49		
Pa	rt V. Procedures To Undertake Corrective Action				***************************************	17	VIII)	4	7	······································	
			1		A		В 1	A c		D	
				Yes	No	Yes	No	Yes	No Yes	: No	
	Has the organization established written procedures to ensure that violatic requirements are timely identified and corrected through the voluntary clo if self-remediation is not available under applicable regulations?	ons of federal ta sing agreemen	ax t program		X						



:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493175009051

OMB No. 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	of the organization NUKEE WORLD FESTIVAL INC			t	Empl <u>e</u> 39-104	yer identifica 49688	tion ni	umber	
, Pa	Types of Property				V(5)	4			
4 ° 1 ,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d Method of d noncash contrib	etermi		:s
1	Art—Works of art			W Watthe	7	*			
2	Art—Historical treasures .			Y /5/7\0					
3	Art—Fractional interests			4.7					
4	Books and publications	•		23 / 4					
5	Clothing and household goods		a						
6	Cars and other vehicles		NHV NHV						
7	Boats and planes								
8	Intellectual property			WIX AND					
9	Securities—Publicly traded .			VE ACTOR DE					
10	Securities—Closely held stock		47 \$						
11	Securities—Partnership, LLC, or trust interests		4	A					
12	Securitles—Miscellaneous			13					
13	Qualified conservation contribution—Historic structures		a and	W.					
14	Qualified conservation contribution—Other								
15	Real estate—Residential .	460	The AV		1				
16	Real estate—Commercial	AV	****						
17	Real estate—Other								
18	Collectibles	Ay	N.A.						
19	Food inventory		I. III						
20	Drugs and medical supplies .	ź							
21	Taxidermy	É							
22	Historical artifacts	¥							
23	Scientific specimens 🔌		V						
24	Archeological artifacts	ħ.,							
25	Other ► (EQUIPMENT)	Q11X	47 4	278,085	COST				
26	Other ▶ ()								
27	Other ► ()	4							
28	Other ▶ ()	A							
29	Number of Forms 8283 received by the for which the organization completed.	ne organiza Form 828	ation during the tax year for 3, Part IV, Donee Acknowled	contributions gement	29				0
								Yes	No
30a	During the year, did the organization must hold for at least three years fro	m the date	y contribution any property : e of the initial contribution, a	reported in Part I, lines 1 th and which isn't required to b	rough e used	28, that it I for exempt			
	purposes for the entire holding perio	ar				•	30a		No
b	If "Yes," describe the arrangement in								
31	Does the organization have a gift acc	eptance p	olicy that requires the review	w of any nonstandard contri	bution:	s?	31		No
32a	Does the organization hire or use thi contributions?		or related organizations to s	olicit, process, or sell nonca	sh •		32a		No
b	If "Yes," describe in Part II.								
33	If the organization didn't report an a	mount in c	column (c) for a type of prop	erty for which column (a) is	check	ed,			1
	describe in Part II.			• •		•			1
							ī		L

Page 2

Schedule M (Form 990) (2020)

Part 10 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.

Return Reference Explanation PART I, COLUMN (B):

THE ORGANIZATION TRACKS AND REPORTS THE ACTUAL NUMBER OF CONTRIBUTIONS RECEIVED. Schedule M (Form 990) (2020) efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493175009051

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 www.irs.gov/Form990 for the latest information.

OMB.No. 1545-0047

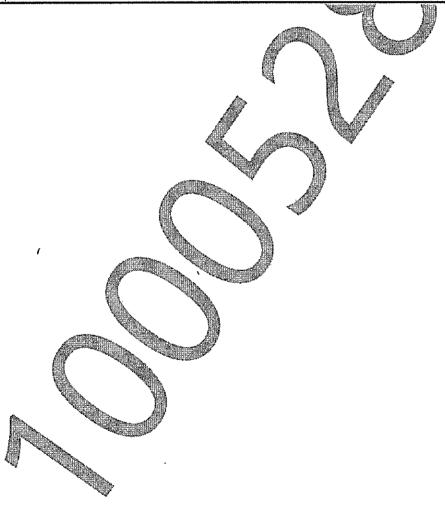
2020

Open to Public Inspection

httmel Betherofgamization MILWAUKEE WORLD FESTIVAL INC Employed identification number

39-1049688

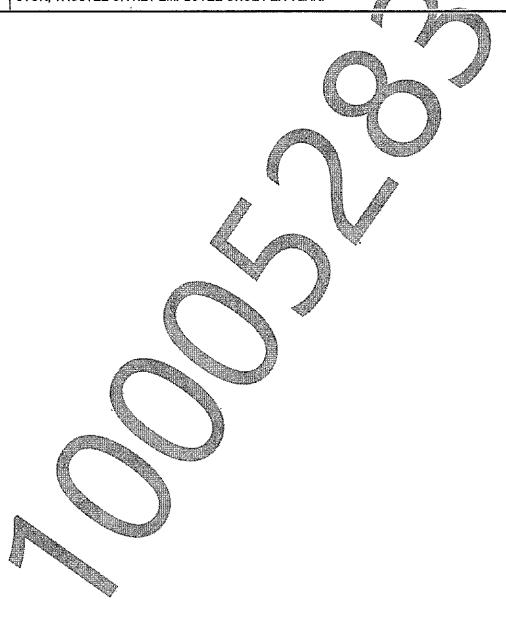
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE VOTING BOARD OF DIRECTORS SHALL BE COMPOSED OF: ONE (1) CITIZEN APPOINTED BY THE MAYOR OF THE CITY OF MILWAUKEE; ONE (1) CITIZEN APPOINTED BY THE PRESIDENT OF THE MILWAUKEE COM MON COUNCIL; ONE (1) CITIZEN APPOINTED BY THE COUNTY EXECUTIVE OF MILWAUKEE COUNTY; THREE (3) BOARD ELECTED REPRESENTATIVES OF UNITED FESTIVALS, INC. OR ITS SUCCESSOR; THREE (3) BO ARD ELECTED REPRESENTATIVES FROM THE SPONSOR OF EACH OF THE THREE (3) LARGE STAGE AREAS, W HICH ON THE EFFECTIVE DATE OF THESE BYLAWS ARE BRIGGS & STRATTON INC. HARLEY-DAVIDSON, IN C., 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.



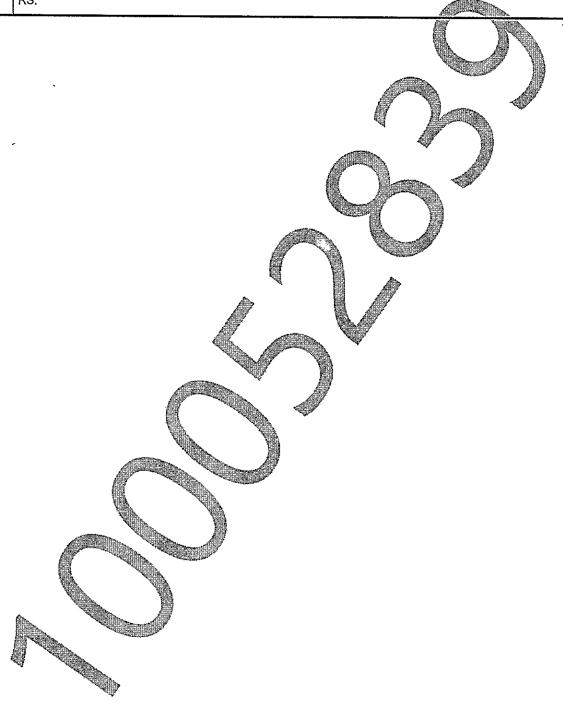
	, by
Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 11B	THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF ITS GOVERNING BODY FOR REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. IT IS ALSO REVIEWED BY THE INDEPENDENT ACCOUNTING FIRM.



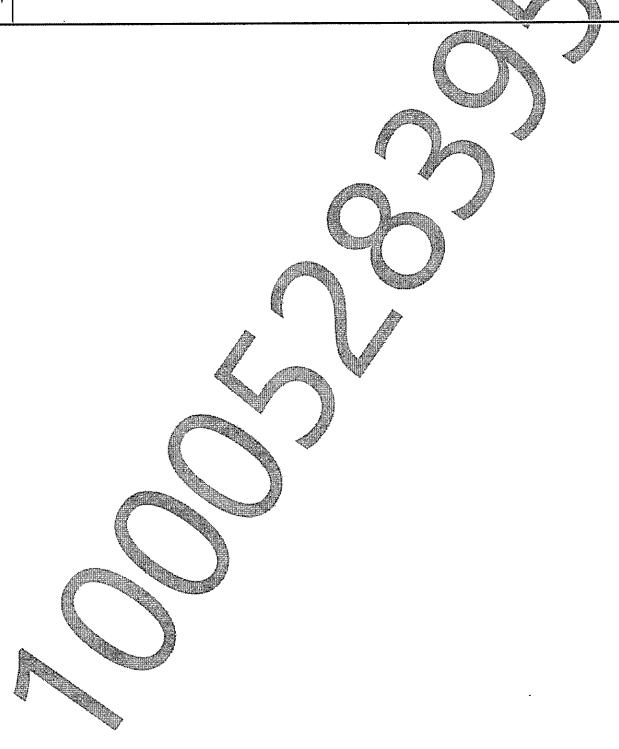
Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	NO CONTRACT, TRANSACTION OR OTHER MATTER BETWEEN THE CORPORATION AND ANY CORPORATION, FIRM , ASSOCIATION, OR ENTITY IN WHICH A DIRECTOR OF THE CORPORATION IS A DIRECTOR, OFFICER, EM PLOYEE, OR HAS A MATERIAL FINANCIAL INTEREST, SHALL BE EITHER VOID OR VOIDABLE BECAUSE OF SUCH RELATIONSHIP OR INTEREST OR BECAUSE SUCH COMMON OR INTERESTED DIRECTOR IS PRESENT AT THE MEETING OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF WHICH AUTHORIZES, APPROVES OR RATIFIES SUCH CONTRACT, TRANSACTION, OR OTHER MATTER, IF (I) THE FACT OF SUCH RELATIONSHIP OR INTEREST IS DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS OR COMMITTEE WHICH AUTHORIZES, APPROVES OR RATIFIES THE CONTRACT, TRANSACTION, OR OTHER MATTER; (II) THE COMMON OR INTERESTED DIRECTOR SHALL NOT VOTE WHEN THE BOARD OF DIRECTORS OR COMMITTEE AUTHORIZES, APPROVES OR RATIFIES SUCH CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT; AND (III) THE CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT; AND (III) THE CONTRACT, TRANSACTION, OR OTHER MATTER BY VOTE OR WRITTEN CONSENT; ON THE ORGANIZATION ISSUES A COPY OF THE POLICY AND A QUESTIONNAIRE TO EACH OFFICER, DIRE CTOR, TRUSTEE OR KEY EMPLOYEE ONCE PER YEAR.



Return Reference	Explanation
SECTION B,	THE ORGANIZATION ENGAGED AN INDEPENDENT CONTRACTOR TO ESTABLISH COMPARABILITY DATA FOR 202 0. EACH YEAR THAT DATA IS UPDATED USING THE MIDWESTERN CPI. EACH EMPLOYEE RECEIVES A PERFO RMANCE RATING. AN INCREASE IS ASSIGNED TO EACH EMPLOYEE BASED HOW CLOSE THEIR GURRENT SALA RY IS TO THE COMPARABILITY DATA AND THEIR PERFORMANCE RATING. THE PERSONNEL COMMITTIES OF T HE BOARD REVIEWS THE RESULTING SALARY AND RECOMMENDS APPROVAL TO THE FULL BOARD OF DIRECTO RS.



Return	Explanation
Reference	4
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493175009051 SCHEDULE R OMB No. 1545-0047 Related Organizations and Unrelated Partnerships (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part 1V, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service
Name of the organization
MILWAUKEE WORLD FESTIVAL INC Employer identification number Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state or foreign country) (f) Direct controlling entity (e) 🎲 nd-of-year assets (1) MWF LLC 639 E SUMMERFEST PLACE MILWAUKEE, WI 53202 80-0547125 SEE PART VII 37,582 MILWAUKEE WORLD FESTIVAL INC Part 11. 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. (a)
Name, address, and EIN of related organization (e)
Public charity status
(if section 501(c)(3)) (f) Direct controlling entity (g) Section 512(b) (13) controlled entity? foreign country) Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

Identification of Related Organizations tree	tions Taxable as a P ated as a partnership	during the ta	x year.		,							*	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant Income(related unrelated, excluded from tax under sections 512-514)		(g) Share of e end-of-year asse(s)		S	(i) Code V-UBI , nount in box 20 of chedule K-1 Form 1065)	General mana partn	er?	(k) ercentage vnership
						ASSESSED OF THE PARTY OF THE PA	L 1880.	V	 				
A A A A A A A A A A A A A A A A A A A						1	1			<u> </u>			
			-					4					
							معوا	134					
·							n x						
Part IV Identification of Related Organiza	tions Taxable as a C	Corporation	or Trus	st. Complete	e if the organ	ization an	swered "Yes	s" on Fo	rm 99	0, Part IV	, line	34	
because it had one or more related or	ganizations treated as	a corporation	on or tru	ist during ti	ie tax year.	<u> </u>				a			
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state cor	(c) egal micile or foreign intry)	Direct	(d)) controlling Ty entity (Co	(e) pe of entity orp, S corp, or trust)	(f) Share of total income	Share o	g) of end-of ear sets	- Perce owne	h) ntage ership	Sect (13)	(I) ion 512(b) controlled entity?
						<i>)</i>							
*		A				al Property and the second							
		N. C.			A								
		7											
										chedule R			

Schedule R (Form 990) 2020						Page 3
Partive Transactions With Related Organizations. Complete if th	e organization a	nswered "Yes'	on Form 990, Pa	rt IV, line 34, 35b	, or 36.	7 age 5
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this sche	dule.	7,1,1		Mr		Yes No
1 During the tax year, did the organization engage in any of the following trans-						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont					· · · · ·	1a
b Gift, grant, or capital contribution to related organization(s)		• • • •		/ 7		1b
d Loans or loan guarantees to or for related organization(s)						1d
a Loans or loan guarantees by related organization(s)						1e
f Dividends from related organization(s)					✓) j j	1f
g Sale of assets to related organization(s)						1g
h Purchase of assets from related organization(s)				· · · · · •	$\lambda \cdot \diamondsuit'$	1h
i Exchange of assets with related organization(s)			*GX	ト・・ <i>別</i>)	Và.	1i
j Lease of facilities, equipment, or other assets to related organization(s) .			• • • • • • • • • • • • • • • • • • • •			1j
k Lease of facilities, equipment, or other assets from related organization(s)			/:		. // .	ik
1 Performance of services or membership or fundralsing solicitations for relate				· · · ·	(1!
m Performance of services or membership or fundraising solicitations by relate	d organization(s)		· (4 · · ·));		*	1m
n Sharing of facilities, equipment, malling lists, or other assets with related on Sharing of paid employees with related organization(s)			71 · · · <i>2</i> 5			1n 10
one of para employees with related organization(s)			4	• • • • • • • • • • • • • • • • • • • •	• • • •	
p Reimbursement paid to related organization(s) for expenses		. /				1p
q Relmbursement paid by related organization(s) for expenses		· [] · ·		-4.J		19
r Other transfer of cash or property to related organization(s)		· ALDIN	$\P \cdot / \cdot \cdot \cdot \setminus \mathbb{N}$			1r
 other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information. 			Ell		· · · · · · · ·	1s
	on on wild filese co	in place this line		elationships and trai	isactivit tillesijojus,	
(a) Name of related organization			Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involved
	~				<u>'</u>	•
	\wedge	M	17			•
	7	VA.	7			
<u> </u>		N. W				
X	247					
	XV.	[1]	1	1	Schedule R	(Form 990) 2020

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	E .	(a) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	ite	(i) Code V-UBI amount in box 20 of Schedule K-U (Form 1065))	(i) General managin partner	or Pe	(k) ercentag ewnershi
			514)	Yes	No		and the second	Yes 💝	No		Yes	No	
A MATERIAL PROPERTY OF THE PRO										44			
						(~			
. A. d. Hayla, Paper									ij				
					B		a	A	1				
					Q	Ĵ		y.					****
wanta and a second a second and						4	ant we						
*****								7		· · · · · ·			
					Į. i		() P					 	
•	,					J.							
				À	ESS.		<u>F </u>						
				To a									
			14										
	-	<u> </u>							-				
The state of the s		<u> </u>			*				-				
				300					-			-	
		*		4.6			<u> </u>		1		e R (For	- 000)	. 20

Part VII Supplemental Information

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

Return Reference Explanation

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

