** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning $AUG 1, 2019$ and	ending J	<u>UL 31, 2020</u>						
В	Check if applicable	C Name of organization		D Employer identific	cation number					
	Addres	MILWAUKEE BALLET COMPANY, INC.								
	Name change	Doing business as		39-11347	35					
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 128 N JACKSON ST.	Room/suite	E Telephone number 414-643-7677						
	termin- ated			G Gross receipts \$ 7,094,749.						
Г	Ameno			H(a) Is this a group re						
	Application			for subordinates						
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ricluded? Yes No					
Τ.	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	list. (see instructions)					
J	Websit	e: ▶ WWW.MILWAUKEEBALLET.ORG		H(c) Group exemptio	n number 🕨					
K	Form of	organization: X Corporation	L Year	of formation: 1970 N	■ State of legal domicile: WI					
Pa	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: ${ t INSP}$	IRING	PERFORMANCE	, COMMUNITY					
Governance		ENGAGEMENT, EDUCATION & TRAINING.								
rna	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.					
ove Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	26					
		Number of independent voting members of the governing body (Part VI, line 1b)			26					
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	177					
/itie	6	Total number of volunteers (estimate if necessary)		6	290					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			4,099.					
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	2,822.					
				Prior Year	Current Year					
ø	8	Contributions and grants (Part VIII, line 1h)		10,122,275.	4,296,402.					
Revenue	9	Program service revenue (Part VIII, line 2g)		3,876,841.	2,650,360.					
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,862.	5,679.					
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		34,522.	12,836.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,038,500.	6,965,277.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		292,446.	197,813.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,871,090.	4,033,100.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		108,648.	0.					
ē	b	Total fundraising expenses (Part IX, column (D), line 25)								
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,841,873.	2,999,851.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,114,057.	7,230,764.					
	1	Revenue less expenses. Subtract line 18 from line 12		6,924,443.	-265,487.					
Assets or			Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		25,661,891.	24,713,474.					
ASS	21	Total liabilities (Part X, line 26)		8,143,282.	7,416,968.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		17,518,609.	17,296,506.					
P	art II	Signature Block								
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Hei	re	AMY SCHMIDT JONES, BOARD CHAIR & PRESI	DENT							
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN					
Pai	d	JAMES B. BOUTELLE, CPA JAMES B. BOUTELI	E, CO	6/11/21 self-employ						
Pre	parer	Firm's name SIKICH LLP		Firm's EIN ▶	36-3168081					
Use	Only	Firm's address 13400 BISHOPS LANE, SUITE 300								
		BROOKFIELD, WI 53005		Phone no. (2	62)754-9400					
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form **990** (2019)

Form 990 (2019) MILWAUKEE BALLET COMPANY, INC. Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Form 990 (2019) MILWAUKEE BALLET COMPANY, INC.

Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A). In 27 if Yes, *complete Schedule (, Part) and N 2 Did the organization answer Yes to Part VII, Section A, Inis 3.4, or for a shoot compensation of the organization's current and former officers, directors, frustees, eye employees, and highest compensated employees? If Yes, *complete Schedule J. Part VII was to Part VII, Section A, Inis 3.4, or for a shoot compensated employees? If Yes, *complete Schedule J. Part VII was 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 sead after Docember 31, 2002? If Yes, *complete Schedule VII Yes, *complete Sched	ı aı	Officerist of Required Scriedules (continued)		T	
Part IX. column (Al, line 27, if "hes," completes Schedule Parts I and III 22	00	Did the constitution was those \$65,000 of constant and the constitution to the first individual and		Yes	No
23 De 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, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Do the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of this year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yos," to time 25a 25 Do the organization minister and restrict which is the property period exception? 26 Do the organization minister and escribe account of the than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26 Do the organization and as an in on behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27 Do the organization and as an in on behalf of issuer for bonds outstanding at any time during the year? 28 Section 50(15), 501(16)4, and 501(129) organizations. Did for eginalization gain an excess benefit transaction with a disquilified person during the year? If "Yes," complete Schedule L. Part I . 28 Section 50(15), 501(16)4, and 501(129) organizations. Did for eginalization gain an excess benefit transaction with a disquilified person of the organization and that the transaction has not been reported on any of the organization sport for men 90 or 900-E27 If "Yes," complete Schedule L. Part II . 28 Do the organization export 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 91 a 595 controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . 28 Was the organization provide a grant or other assistance to any current or former difficer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"	22		00	v	
and former officers, directors, fusteen, key employees, and highest compensated employees? If "Yes," compete Schedule (I. II" No.") go to fine 25a 24a Diff the organization metal any proceeds of tax-exempt bonds beyond a temporary period exception? 25b bid the organization metal any proceeds of tax-exempt bonds beyond a temporary period exception? 26b bid the organization metal any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization metal any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization metal any proceeds of tax-exempt bonds beyond a temporary period exception? 26d Did the organization metal any exception of tax-exempt bonds beyond a temporary period exception? 26d Did the organization metal any exception of tax-exempt bonds outstanding at any time during the year? 26d Did the organization available of the period p	00		22	_ A	\vdash
Schedule / White 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrivo account other than a refunding secret was any time during the year to defease any tax-exempt bonds? d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization are at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I gets between the temporary period and that the transaction has not been reported on any of the organization spring Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I gets between the part of the assistance of the organization period on the part of the assistance of the part of the part of the assistance of the part of the organization period of the part of the assistance to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II gets by A family period to the part of the assistance to any current or forms officier, director, trustee, key employee, creator or founder, substantial contributor or any of these persons? If "Yes," complete Schedule L, Part II gets by A family member of any individual described in the following parties of schedule L, Part II gets by A family member of any individu	23				
24a Did the organization have a fax-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," arrower lines 24b through 24d and complete Schedule K. If "No.", or low five 5a			23	x	
sated 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrive vaccount other than a refunding escrive at any time during the year? 24d 25a Section 50(16), 8 D01(64), and 501(6/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 17 (*Yes," complete Schedule L, Part I 25b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? 17 (*Yes," complete Schedule L, Part I 25b Is the organization awave that it engaged in an excess benefit transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former orfficer, 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 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27d Did the organization report any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 28b X 29c X 29c Did the organization expert year to a business transaction with one of the following parties (see Schedule L, Part IV 28c X 29c Did the organization relevé to or more individuals and/or organizations described in lines 28a or 28b or 10 29c X 29c Did the organization relevé to or more individuals and/or organizat	24a				
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b Did the organization miest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d			24a		Х
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any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)3, 501(c)4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule I., Part I 25a X 25a X 25a					
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I	d		24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
Schedule L, Part I 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was the organization and pray to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization and described in line 28a? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c 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 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exe	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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, frustee, 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		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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controlled entity or family member of any of these persons? "Yes," complete Schedule L, Part 26	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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) ethereof or family member of any of these persons? if "ves," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					l
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? // "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // if "Yes," complete Schedule L, Part IV 28a X 28b X			26		<u>X</u>
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Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No Yes No 1a	Га				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 89 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Grieck if Scriedule O contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	۔ د	Enter the number reported in Day 2 of Form 1000 Enter 0 if not analyze his	3 9	Yes	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?			\dashv		
	C		10		
	932004			990	(2019)

Form 990 (2019) MILWAUKEE BALLET COMPANY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	2a	177			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
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 Advanced in the Financi	ccour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		77	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		X
	to file Form 8282?	1	I I	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contral if the organization received a contribution of qualified intellectual property, did the organization file Fo		90 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization me ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	١	1			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	44		v
14a				14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul to the expenient to the page than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			ıo		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	. 111001	1101	10		
	ii 100, Complete i Oriii 4720, Comedule O.				200	

Form **990** (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 26			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	-25	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARY RASK - 414-902-2105			
	128 N. JACKSON ST., MILWAUKEE, WI 53202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	Position lo not check more than one lox, unless person is both an lifter and a director/trustee)				n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL PINK	40.00							101 450		10.000
ARTISTIC DIRECTOR	1.00					X		191,473.	0.	18,909.
(2) ANNE METCALFE	40.00			37				00 270	0	627
MANAGING DIRECTOR	1.00		Н	X				98,372.	0.	637.
(3) MARY RASK FINANCE DIRECTOR	1.00			Х				76,412.	0.	4,817.
(4) AMY SCHMIDT JONES	1.00			Λ				70,412.	0.	4,01/.
CHAIR & PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) JAN PIROZZOLO-MELLOWES	1.00	21						0.	.	•
VICE CHAIR & CHAIR-ELECT	1.00	х		Х				0.	0.	0.
(6) CHRISTOPHER PIOTROWSKI	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(7) NEIL RIEGELMAN	1.00							-	-	-
SECRETARY (BEG MAR. 2020)	1.00	Х		Х				0.	0.	0.
(8) TAI PAULS	1.00									
SECRETARY (THRU MAR. 2020)	1.00	Х		X				0.	0.	0.
(9) JUSTIN MORTARA	1.00									
IMMEDIATE PAST PRESIDENT	1.00	Х						0.	0.	0.
(10) JENNIFER ABELE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) DONNA BAUMGARTNER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) JANE BELL	1.00									_
DIRECTOR	1.00	Х						0.	0.	0.
(13) ALIAH BERMAN	1.00									
DIRECTOR (THRU JAN. 2020)	1.00	Х						0.	0.	0.
(14) WILLIAM BONIFAS	1.00	,,							_	_
DIRECTOR (15) GUEDAN GARDON	1.00	Х	$\vdash \vdash$					0.	0.	0.
(15) CHERYL CARRON	$\begin{array}{r r} 1.00 \\ \hline 1.00 \end{array}$	v						0.	0.	_
DIRECTOR (16) MARY CHUY	1.00	Λ.	$\vdash\vdash$					0.	0.	0.
DIRECTOR	1.00	v						0.	0.	0.
(17) SARAH DAMSGAARD	1.00	^	Н					0.	0.	· ·
DIRECTOR		Х						0.	0.	0.
	1 1.00	77	ш			l	l	0.	J •	Form 990 (2010)

Form **990** (2019)

(A) Name and title	(B) Average								(D) (E) Reportable Reportable			(F) Estimated amount of		
	week (list any hours for related organizations below line)	tee or director	nustitutional trustee			or/trus	stee		compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	s	com fr org and	other opensarom the anizate d relate	ation le tion ted
(18) MICHAEL DEMICHELE	1.00								•					_
DIRECTOR (10) NAMEY FIRMORY	1.00	Х				-		\dashv	0.		0.			0.
(19) NANCY EINHORN DIRECTOR	1.00	Х							0.		0.			0.
(20) COLLEEN HENDERSON	1.00	Λ				1		\dashv	0.		 			<u> </u>
DIRECTOR	1.00	Х							0.		0.			0.
(21) SARAH WRIGHT KIMBALL	1.00							1	•		<u> </u>			••
DIRECTOR	1.00	х							0.		0.			0.
(22) GAIL LIONE	1.00							1			-			
DIRECTOR (THRU NOV. 2019)	1.00	Х							0.		0.			0.
(23) MIA LOMBARDI	1.00													
DIRECTOR	1.00	Х							0.		0.			0.
(24) SUZANNE MARTENS	1.00													
DIRECTOR	1.00	Х							0.		0.			0.
(25) ANNE MARTINO	1.00													
DIRECTOR (THRU APR 2020)	1.00	Х						\dashv	0.		0.			0.
(26) KELLY NOYES	1.00	37							0					^
DIRECTOR	1.00	X				<u> </u>	Ļ	\dashv	0. 366,257.		0.		4,3	0.
1b Subtotal								•	0.		0.		¥,3	0.
c Total from continuation sheets to Part VI									366,257.		0.	2	4,3	
d Total (add lines 1b and 1c)								roc		000 of reportable			-, -	05.
compensation from the organization	or invited to the	030	11310	u ac	JOVC	<i>>)</i>	10 1	100	cived more than \$100,	ooo or reportable				1
components non-the organization													Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, o	r hi	igh	nest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual											3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	anc	to t	the	er compensation from the	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	J fo	r such individual			4	X	
5 Did any person listed on line 1a receive or a	accrue compen	sati	on fr	rom	any	unr	ela	ate	d organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or st	ıch <u>ı</u>	pers	on						5		X
Section B. Independent Contractors						4 -		41-	- L	100 000 - f				
1 Complete this table for your five highest co the organization. Report compensation for											ensat	ion tro	mc	
(A)	irie caleridar ye	ear e	riuii	ig w	ILIT	OI W	ILIII	Τ	(B)	ear.		(0	<u></u>	
Name and business	address	NO	ONE	3					Description of s	ervices	С	ompe		n
								T						
								+						
								+						
								\dagger						
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ste	d a	above) who received mo	ore than				
\$100,000 of compensation from the organi					_)								
SEE PART VII, SECTION	I A CONT	IN	UΑ	ΤI	ON	S	H	ΕI	ETS			Form	990 (2019)

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Form 990 MILWAUKE	E BALLET	¹ C	OM	ΙPΑ	NY	,	IN	iC.	39-113	4735		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the		
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization		
	related organizations	ustee	trust		99	ubeus				and related organizations		
	below	dual tr	tiona	١.	n ploy	stcor	_			Organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(27) SARAH THOMAS PAGELS	1.00		 	<u> </u>		_	_					
DIRECTOR	1.00	х						0.	0.	0.		
(28) JILL PELISEK	1.00											
DIRECTOR	1.00	Х						0.	0.	0.		
(29) WILLIAM RAASCH	1.00											
DIRECTOR	1.00	Х						0.	0.	0.		
(30) JOHN RUMPF	1.00									_		
DIRECTOR	1.00	Х						0.	0.	0.		
(31) MOLLY SCHWEIGER	1.00	3,7								0		
DIRECTOR (32) DENISE THOMAS	1.00	Х						0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(33) LINDA WADE	1.00	25						•	•	•		
DIRECTOR	1.00	х						0.	0.	0.		
		ļ										
Total to Part VII, Section A, line 1c												

Form 990 (2019) MILWAUK
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Dart VIII			
		Check if Schedule O Contains a response of	Tiole to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
र र	1 a	a Federated campaigns 1a 8	387,644.				
an	ŀ	b Membership dues 1b	-				
ទីខ		_	517,012.				
ts, Ar	(•	717,012.	-			
Contributions, Gifts, Grants and Other Similar Amounts	(d Related organizations 1d	66 251				
in,	6	e Government grants (contributions) 1e	66,351.				
į	f	f All other contributions, gifts, grants, and					
the		similar amounts not included above $\frac{1}{1}$ 1f 2, 8	325,395.				
ÖĘ		g Noncash contributions included in lines 1a-1f					
Š	·	n Total. Add lines 1a-1f		4,296,402.			
0 10		i -	Business Code	1,230,1020			
		<u> </u>		1 220 200	1 220 200		
ce	2 8	TICKETS/SUBSCRIPTIONS		1,320,288.			
ēΞ	k	SCHOOL TUITION		1,190,688.			
S Z	(RENTAL AND OTHER REVEN	900099	125,367.	121,268.	4,099.	
am	(d OUTREACH PROGRAMS	611610	14,017.	14,017.		
ğ	•	9					
Program Service Revenue	•	All other program service revenue					
		g Total. Add lines 2a-2f		2,650,360.			
				2,030,300.			
	3	Investment income (including dividends, interest		2 570			0 570
		other similar amounts)		2,579.			2,579.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		· · · · · · · · · · · · · · · · · · ·					
		. ,					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	12,600.				
	k	b Less: cost or other basis					
e		and sales expenses 7b	9,500.				
en		Gain or (loss) 7c	3,100.				
Revenue		d Net gain or (loss)		3,100.			3,100.
¥		a Gross income from fundraising events (not		7 - 7 - 7			7 = 7 7
Other	0 0						
0							
		contributions reported on line 1c). See	F 4 F 0 0				
			54,799.				
	k	b Less: direct expenses8b	66,093.				
	(Net income or (loss) from fundraising events)	-11,294.			-11,294.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		, , , , ,					
	10 a	a Gross sales of inventory, less returns	70 000				
			78,009.				
	k	b Less: cost of goods sold 10b	53,879.				
	(Net income or (loss) from sales of inventory	>	24,130.	24,130.		
			Business Code				
sn	11 a	a -					
ec Tue							
llar	,						<u> </u>
Miscellaneous Revenue	· '	S					
Σ	(d All other revenue					
	•	e Total. Add lines 11a-11d		6 065 055	0 600 001	4 000	
	12	Total revenue. See instructions	<u></u>	6,965,277.	2,670,391.	4,099.	-5,615.

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total oxportoss	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	107 012	107 012		
_	individuals. See Part IV, line 22	197,813.	197,813.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	427,007.	388,875.	18,355.	19,777
6	Compensation not included above to disqualified	±27,007 .	300,073.	10,333.	10,111
U	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	3,193,181.	2,885,384.	148,159.	159,638
	Pension plan accruals and contributions (include	-,===,===			
-	section 401(k) and 403(b) employer contributions	72,605.	72,605.		
9	Other employee benefits	105,737.	96,083.	4,647.	5,007
	Payroll taxes	234,570.	212,442.	10,651.	5,007 11,477
1	Fees for services (nonemployees):	•	,	•	•
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	53,090.	7,914.	43,461. 3,528.	1,715
2	Advertising and promotion	462,070.	456,637.	3,528.	1,715 1,905 16,919
3	Office expenses	156,709.	78,274.	61,516.	16,919
4	Information technology				
5	Royalties	25,882.	25,882.		
6	Occupancy	657,895.	581,859.	48,272.	27,764
7	Travel	46,108.	44,012.	1,753.	343
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	105 000		105 000	
0	Interest	196,888.		196,888.	
1	Payments to affiliates	642 425	602 222	11 500	2 22
2	Depreciation, depletion, and amortization	643,425.	623,030.	11,508.	8,88
3	Insurance	46,571.	2,276.	44,295.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) CONTRACTED SERVICES	467,577.	370,401.	69,591.	27,585
a b	CREDIT CARD CHARGES	100,442.	88,625.	00,001.	11,81
C	COSTUMES AND SHOES	49,245.	49,245.		
d	BAD DEBT EXPENSE	38,962.	,	38,962.	
	All other expenses	54,987.	31,918.	12,802.	10,26
5	Total functional expenses. Add lines 1 through 24e	7,230,764.	6,213,275.	714,388.	303,10
<u></u> 6	Joint costs. Complete this line only if the organization	., _ 5 5 , , 5 1 6	-,,,-	, 5000	200,200
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	543,126.	1	938,204.		
	2	Savings and temporary cash investments			986,529.	2	1,859,237.
	3	Pledges and grants receivable, net			5,166,126.	3	3,233,468.
	4	Accounts receivable, net			28,055.	4	18,695.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describe		6			
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			71,118.	8	91,939.
As	9	B			178,012.	9	78,633.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,552,689.			
	b	Less: accumulated depreciation	10b	3,684,940.	18,100,869.	10c	17,867,749.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			588,056.	15	625,549.
	16	Total assets. Add lines 1 through 15 (must eq			25,661,891.	16	24,713,474.
	17	Accounts payable and accrued expenses			1,785,397.	17	361,069.
	18	Grants payable		18			
	19	Deferred revenue			553,961.	19	414,942.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
	23	Secured mortgages and notes payable to unre	lated thir	d parties	9,578.	23	6,243.
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	5 504 046		6 604 844
		of Schedule D			5,794,346.		6,634,714.
	26	Total liabilities. Add lines 17 through 25			8,143,282.	26	7,416,968.
"		Organizations that follow FASB ASC 958, ch	neck here	• ▶ 🗶			
ĕ		and complete lines 27, 28, 32, and 33.			10 006 144		10 200 016
<u>aa</u>	27	Net assets without donor restrictions			10,986,144.	27	12,308,916.
Ä	28	Net assets with donor restrictions			6,532,465.	28	4,987,590.
Ĕ		Organizations that do not follow FASB ASC	958, che	eck here L			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund			29		
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			17 510 600	31	17 006 506
Š	32	Total net assets or fund balances			17,518,609.	32	17,296,506.
	33	Total liabilities and net assets/fund balances			25,661,891.	33	24,713,474.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 17</u>	,51	8,6	<u>09.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4	3,3	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	, 29	6,5	06.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		[
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b		
				Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** MILWAUKEE BALLET COMPANY, 39-1134735 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2360025.	4342465.	9045425.	10122275.	4296402.	30166592.
2	Tax revenues levied for the organ-						
	ization'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	2360025.	4342465.	9045425.	10122275.	4296402.	30166592.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5377557.
6	Public support. Subtract line 5 from line 4.						24789035.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2360025.	4342465.	9045425.	10122275.		30166592.
8	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	734.	2,620.	6,941.	4,862.	2,579.	17,736.
9	Net income from unrelated business	, , , ,		0,011			
9	activities, whether or not the						
	business is regularly carried on					4,099.	4,099.
10	Other income. Do not include gain					2,0331	2,0330
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,811.	53,270.	41,743.			105,824.
11	Total support. Add lines 7 through 10	10,011	3372701	11//15			30294251.
12	Gross receipts from related activities,	etc (see instruction	nne)				,272,517.
13	First five years. If the Form 990 is for	•	,				727273174
.0	organization, check this box and stop	•			•	. , . ,	
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6. column (f) di	vided by line 11, co	olumn (f))		14	81.83 %
15	Public support percentage from 2018					15	80.88 %
16a						ore, check this bo	
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X							
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•		• •		
18	· ·			•	,		s ▶□
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- 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.
- 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3	•			
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion 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		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
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-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	TV │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI 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.)					
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:					
FUNDRAISING & GAMING INCOME					
2015 AMOUNT: \$ 10,811.					
2016 AMOUNT: \$ 53,270.					
2017 AMOUNT: \$ 41,743.					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

39-1134735 MILWAUKEE BALLET COMPANY, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

MILWAUKEE BALLET COMPANY, INC.

39-1134735

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 887,644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>110,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 330,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 94,044.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MILWAUKEE BALLET COMPANY, INC.

39-1134735

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** MILWAUKEE BALLET COMPANY, 39-1134735 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

MILWAUKEE BALLET COMPANY, INC. **Employer identification number** 39-1134735

Pa			imilar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts		
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds		
Ū	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No		
Pai						
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area		
	Protection of natural habitat		Preservation of a c	ertified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax		
	year ▶					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year		
						
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year		
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	• •				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the		
Dai	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.		
			nue statement and h	palanaa ahaat warka		
ıa	If the organization elected, as permitted under FASB ASC 958	•				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
D		· ·				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:			• \$		
	(i) Revenue included on Form 990, Part VIII, line 1			. .		
2		neuroe or other similar as				
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide		
_	the following amounts required to be reported under FASB AS	~		•		
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡		

Schedule D (Form 990) 2019

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	t III Organizations Maintaining C	ollections of Art			ther S	imilar Ass	ets (contin	
3	Using the organization's acquisition, accession						•	<u>luea)</u>
3	collection items (check all that apply):	on, and other records	s, check any of the i	ollowing that ma	ike sigi ii	ilcarit use or	113	
_								
	a Public exhibition d Loan or exchange program							
	b Scholarly research e Other							
С								
4								
5								
Day	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Pai			te if the organizatio	n answered "Yes	s" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia							
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					
							Amoun	<u>t</u>
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete it	f the organization ans	swered "Yes" on Fo	rm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack (e) Four	r years back
1a	Beginning of year balance	588,056.	589,348.	559,5		514,8		520,811.
b	Contributions							
c	Net investment earnings, gains, and losses	43,384.	16,380.	41,0	44.	55,6	93.	4,682.
d	Grants or scholarships	5,891.	17,672.	11,2		10,9		10,643.
e	Other expenditures for facilities	, -	,	,				
C								
	and programs							
f	Administrative expenses	625,549.	588,056.	589,3	10	559,5	51	514,850.
g	End of year balance	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,	=0.	337,3	31.	314,030.
2	Provide the estimated percentage of the curr	ent year end balance) neid as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 60.12	%						
С	Term endowment ► 39.88							
	The percentages on lines 2a, 2b, and 2c should be contagined as the contagined and the contagined are contagined as the contagined a	uld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	d administered t	for the o	rganization	ſ	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	ırt X, line	10.		
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) Accu	mulated	(d) Boo	k value
	basis (investment) basis (other) depreciation							
1a	Land		2,65	9,226.			2,65	9,226.
b	Buildings			5,110.	35	7,265.	13.46	7,845.
c	Leasehold improvements			4,208.	6	$\frac{4,554.}{4}$		9,654.
d	Equipment					$\frac{2,331}{3,121}$.		0,445.
	Other			0,579.	<u> </u>	-,		0,579.
	. Add lines 1a through 1e. (Column (d) must ee					>		7,749.
- Juan	ir / GG III GG TA HII GUGH TE. [CONTINI (A) MUST E	uuai FUIIII 990. Pält 7	v. colullil (B). IIIIE 1(10.1			, ,	. ,

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	MILLWAC
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	114. 3351 3111 335, 1 4117, 1110 13.	(b) Book value
(1)	r r		()
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		
Complete if the organization answered "Yes" o	n Form 900 Part IV line	11e or 11f See Form 990 Part Y line 25	
(a) Description of liability	111 01111 000, 1 art 14, 11110	110 01 111. 000 1 0111 330, 1 att X, iiiic 23.	(b) Book value
(1) Federal income taxes			(S) DOON VAIGO
(2) LINE OF CREDIT - CONSTRUCT	TON		5,899,714.
	T OT/		735,000.
1-7			133,000.
<u>(4)</u> (5)			
(J)			

(6)(7) (8) (9) 6,634,714. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Par	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1.	2.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial S	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		<u> </u>	
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:	1 . 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	<u> 18.)</u>	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2;	Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, , , , ,	,
		•		
PAF	RT V, LINE 4:			
THE	E INCOME FROM THE ENDOWMENT ASSETS CAN	BE USED TO SUP	PORT MILWAUKE	Ξ
BAI	LLET COMPANY'S GENERAL ACTIVITIES AND E	PROVIDE SCHOLAR	SHIPS.	
PAF	RT X, LINE 2:			
MII	LWAUKEE BALLET COMPANY, INC. AND SUBSII	DIARY ARE NONPR	OFIT CORPORAT:	IONS
				_
<u>AS</u>	DESCRIBED IN SECTION 501(C)(3) OF THE	INTERNAL REVEN	UE CODE (THE (CODE)
<u>AS</u>	OTHER THAN A PRIVATE FOUNDATION AND AF	RE EXEMPT FROM	FEDERAL AND S'	PATE
			- \	
INC	COME TAXES ON RELATED INCOME PURSUANT T	TO SECTION 501(A). IN ADDITION	ON,
 -				
MTT	INVITED BYLLDA COMPANY THE YMD CHECT	1 T A D V A A A A A A A A A A A A A A A A A	ハレ ጥ갑다 ("갑자면 Tጥ ?	^ DT TO

CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A).

Schedule D (Form 990) 2019	MILWAUKEE	BALLET	COMPANY,	INC.	39-1134735	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)				
	<u> (oonimasa</u>					

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

MILWAITKEE BALLET COMPANY INC 39-113/735

	Complete if the companies in a service			- Farma 000 David IV /	39-1134	
required to complete this part	Complete if the organization answe	erea "Y	es" or	1 Form 990, Part IV, I	ine 17. Form 990-EZ	Tilers are not
1 Indicate whether the organization rais		g activ	ities. (Check all that apply.		
a Mail solicitations		-		overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa				-	Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agreer	ments under which th	ne fundraiser is to be)
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	<u>I</u>	1				
Total			<u> </u>			
3 List all states in which the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GALA NUT TEA col. (c)) (event type) (event type) (total number) 556,483. 15,328. 571,811. 1 Gross receipts 507,732. 9,280. 517,012. 2 Less: Contributions 48,751. 6,048. 54,799. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 53,451. 6,075. 6,567. 66,093. 7 Food and beverages 8 Entertainment Other direct expenses 66,093. **10** Direct expense summary. Add lines 4 through 9 in column (d) -11,29411 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 MILWAUKEE BALLET COMPANY, INC. 39-	1134735	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	the the hame and address of the person who prepares the organization's garning/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
•	Too, onto hame and address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
16	Carring manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manufakan dekilongan		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	MILWAUKEE	${ t BALLET}$	COMPANY,	INC.	39-1134735	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)	-			
		(Continued)	<u>'</u>				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2019 Open to Public

Inspection

Schedule I (Form 990) (2019)

OMB No. 1545-0047

Employer identification number Name of the organization 39-1134735 MILWAUKEE BALLET COMPANY, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL AID FOR STUDENTS ATTENDING MILWAUKEE					
ALLET SCHOOL	81	117,038.	0.		
ILWAUKEE BALLET II STIPENDS FOR LIVING EXPENSES	20	80 _. 775 .	0.		
		,			
Part IV Supplemental Information. Provide the information red	<u> </u>	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
ILWAUKEE BALLET SCHOOL & ACADEMY	PROVIDES	TUITION FO	RGIVENESS	BASED ON	
INANCIAL NEED TO UP TO 81 STUDENT	S PER YEA	R. MILWAU	KEE BALLET	SCHOOL &	
ACADEMY MONITORS THE FINANCIAL AID	IT PROVI	DES THROUG	H ENROLLME	NT AND	
ATTENDANCE RECORDS.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

MILWAUKEE BALLET COMPANY, INC.

 $Employer\ identification\ number\\ 39-1134735$

			Yes	No
1 a	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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-22	
3	5 1 1 1 1 1 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
,	Regulations section 53.4958-6(c)?	9		
		_		

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W-2 and/or 1099-MISC compensa		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) MICHAEL PINK	(i)	191,473.	0.	0.	0.	18,909.	210,382.	0.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 7:
THE ORGANIZATION PAID CHOREOGRAPHIC ROYALTIES TO MICHAEL PINK.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MILWAUKEE BALLET COMPANY, INC.

Employer identification number 39-1134735

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS AND OFFICERS ANNUALLY COMPLETE AND SIGN A CONFLICT OF

INTEREST STATEMENT. THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY

THE FINANCE DIRECTORS AND THE FINANCE COMMITTEE. THE SIGNED STATEMENTS ARE

KEPT AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. ANY PERSON WITH A

CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S

DELIBERATIONS AND DECISIONS IN THE TRANSACTION. THE DIRECTORS AND OFFICERS

ALSO CONDUCT PERIODIC REVIEWS OF INTEREST AND TRANSACTIONS TO ENSURE THE

ORGANIZATION DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS EXEMPT

STATUS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION DECISIONS FOR THE TWO TOP MANAGEMENT POSITIONS AT THE

ORGANIZATION, WHICH REPORT TO THE BOARD OF DIRECTORS, ARE MADE BY THE

BOARD'S EXECUTIVE COMMITTEE. THE PROCESS FOR SETTING COMPENSATION INCLUDES

THE ANALYSIS OF AVAILABLE MARKET INFORMATION ON COMPENSATION FOR SIMILAR

POSITIONS AT COMPARABLE PERFORMING ARTS ORGANIZATIONS; THE

AVAILABILITY/RARITY/VALUE OF THE TALENT IN THE MARKET; THE SCOPE,

RESPONSIBILITIES, AND LEVEL OF THE ROLE; JOB PERFORMANCE (WITH INCUMBENTS);

AND CURRENT BUDGET PARAMETERS. FOR THE TOP ARTISTIC ROLE (THE ARTISTIC

DIRECTOR), THE BOARD UTILIZES A MULTI-YEAR EMPLOYMENT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

MILWAUKEE BALLET COMPANY, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

39-1134735

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
MILWAUKEE BALLET ORCHESTRA, INC 39-1835094, 128 N. JACKSON ST., MILWAUKEE,	MUSICAL ACCOMPANIMENT TO MILWAUKEE BALLET COMPANY,				MILWAUKEE BALLET		
WI 53202	INC.	WISCONSIN	501(C)(3)	LINE 12A, I	COMPANY, INC.	X	
							<u> </u>
			1	1	1	1	

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Ocade V-UBI amount in box 20 of Schedule K-1 (Form 1065) Of seneral or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary activit
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
Performance of services or membership or fundraising solicitations for related organization(s)							X
m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who mus						
	· · · · · · · · · · · · · · · · · · ·	(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1) I	MILWAUKEE BALLET ORCHESTRA, INC.	М	197,823.	ACTUAL COST			
2)							
2)							
3)							
<u> </u>							
4)							
-,							
5)							
6)							
	3 00 10 10			Schedule F	R (Forn	n 990	2019

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R (Form 990) 2019

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 39-1134735 MILWAUKEE BALLET COMPANY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 128 N JACKSON ST. return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 53202 MILWAUKEE, WI Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARY RASK The books are in the care of ► 128 N. JACKSON ST. - MILWAUKEE, WI 53202 Telephone No. ► 414-902-2105 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until JUNE 15, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ____, and ending JUL 31, 2020 ► X tax year beginning AUG 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

923841 12-30-19

instructions

LHA

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)