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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 244, 162.278, 317. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (D), line 25) 0.0000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,923.2,792. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 246,085.281,109. 19 Revenue less expenses. Subtract line 18 from line 12 1,464958. 20 Total assets (Part X, line 16) 958.651. 21 Total liabilities (Part X, line 26) 0.00000000000000000000000000000000000						
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.0. b Total fundraising expenses (Part IX, column (D), line 25) 0.00.0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,923.2,792. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 246,085.281,109. 19 Revenue less expenses. Subtract line 18 from line 12 1,464.0-958. 20 Total assets (Part X, line 16) 958.0651. 21 Total liabilities (Part X, line 26) 0.00.051. 22 Net assets or fund balances. Subtract line 21 from line 20 958.00.000.051. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date						
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 958. 651. 21 Total liabilities (Part X, line 26) 0. 651. 22 Net assets or fund balances. Subtract line 21 from line 20 958. 0. Part II Signature Block 958. 0. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date					246,085.	281,109.
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date					tomonto ondia the basis of	would do and half of the
Sign Signature of officer Date						knowledge and bellet, it is
	uue,	corre		. Declaration of preparet (other than officer) is based on an information of which prep		
	Sia	.	Signatur	e of officer	Date	
			· ·			

	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	12/11/1	18 self-employed P01246734					
Preparer	Firm's name SIKICH LLP		Fi	rm's EIN 🕨 36-3168081					
Use Only	Firm's address 🕨 13400 BISHOPS LA	NE, SUITE 300		· · · · ·					
	BROOKFIELD, WI 5	3005	P	hone no. (262) 754–9400					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
	record to so the convertion of								

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form	990 (2017) MILWAUKEE BALLET ORCHESTRA INC	39-1835094	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	MILWAUKEE BALLET ORCHESTRA PROVIDES MUSICAL ACCOMPANIMEN	T TO MILWAUK	EE
	BALLET COMPANY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ?	Yes	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
3	If "Yes," describe these changes on Schedule O.		21 NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$) (Rever) (Re	nue\$ 280,	151.)
	MILWAUKEE BALLET ORCHESTRA PROVIDED MUSICAL ACCOMPANIMEN		/
	BALLET COMPANY IN THREE SEPARATE SERIES PRODUCTIONS AND	THE HOLIDAY	
	CLASSIC "THE NUTCRACKER" BEFORE AUDIENCES OF OVER 55,000	PEOPLE.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
4d	Other program services (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 281,109.)	
-10		Form	990 (2017)
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Form 9	an (21	017)

MILWAUKEE BALLET ORCHESTRA INC

Pa	T 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
•	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		--		- 23
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			- 23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
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		
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
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,			
	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G. Part III	19		x

Form 990 (2017)

732003 11-28-17

Form 990 (2				ORCHESTRA	INC
Part IV	Checklist o	of Required Schedu	l les _{(continue}	ed)	

			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
0 -	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 7	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O	50	<u></u>	

Form 990 (2017)

732004 11-28-17

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>		\square
		1.1	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0	•		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	•	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		107			
	filed for the calendar year ending with or within the year covered by this return		107		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					v
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	.)?	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 A			_		v
	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 transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exemption requires a payment in success of $$25$ mode partly as a contribution and partly for goods and as$	ruiana nu	ouidad ta tha navarQ	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b		
D			irad	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70		x
ا م	to file Form 8282?	7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		n	70		X
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the year, pay premiume directly or indirectly on a personal benefit cont			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file E		0 oo roquirod?			
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
0				8		
9	Sponsoring organizations maintaining donor advised funds.					
, a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
a	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 Forn	· · · · ·		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.	<u> </u>				
				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					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
		·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu			14b		
-					000	(0047

MILWAUKEE BALLET ORCHESTRA INC

Form **990** (2017)

39-1835094 Page 5

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Form 990 (2017)

Form 990	(2017)
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MILWAUKEE BALLET ORCHESTRA INC

<u>39-1835094</u> Page 6

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

				Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	ther			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct super				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		x
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		X
6	Did the organization have members or stockholders?		6		X
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o		0		- 23
14			7-		x
	more members of the governing body?		7a		<u>_</u>
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,				v
_	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	-			
	The governing body?		8a	X	
b	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				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	e.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili				
	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 filin		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		120	- 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ			v	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indeper	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	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).				
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 particip				
-	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				
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3) = con(y) = c	ailabl		
10		(c)(3)5 011y) av	anabi	5	
	for public inspection. Indicate how you made these available. Check all that apply.				
40	X Own website Another's website X Upon request Other (explain in Schedule	,	e		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est policy, and	tinanc	al	
	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 reco	ords: 🕨			
	MARY RASK - 414-902-2105				
	504 W NATIONAL AVE, MILWAUKEE, WI 53204-1746				
				990	

Т

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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 (Ď), (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.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual ti	tiona		nploy	st cor yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JUSTIN L. MORTARA	1.00			0	-					
CHAIR & PRESIDENT	1.00	х		х				0.	0.	0.
(2) JAN PIROZZOLO-MELLOWES	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(3) AMY SCHMIDT JONES	1.00									
VICE PRESIDENT & CHAIR - ELECT	1.00	Х		Х				0.	0.	0.
(4) MARK BENSKIN	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(5) SARAH THOMAS PAGELS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) ALIAH BERMAN	1.00								0	0
DIRECTOR	1.00	X						0.	0.	0.
(7) GAIL LIONE	1.00							0	0	0
DIRECTOR (8) MOLLY SCHWEIGER	1.00	Х						0.	0.	0.
(8) MOLLY SCHWEIGER DIRECTOR	1.00	х						0.	0.	0.
(9) NANCY EINHORN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) JANE BELL	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(11) DONNA BAUMGARTNER	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(12) SARAH WRIGHT KIMBALL	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(13) WILLIAM BONIFAS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(14) JOHN RUMPF	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(15) GRISELDA ALDRETE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(16) ANNE MARTINO	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(17) SARAH DAMSGAARD	1.00								•	~
DIRECTOR	1.00	Х						0.	0.	0.
732007 11-28-17				_	-					Form 990 (2017)

7

732007 11-28-17

	<u>1990 (2017)</u> MILWAUKE	E BALLEI	<u>' C</u>	DRC	HE	SI	'RA	. 1	INC	39-18	8350	<u> </u>	P	'age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable	,	E	stimate	ed
		hours per					than o s both		compensation	compensatio			nount	
		week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any	ctor						the	organization	ıs	com	pensa	ation
		hours for	r dire				eq		organization	(W-2/1099-MIS	SC)	fr	om th	e
		related	itee o	trustee			ensat		(W-2/1099-MISC)			org	anizat	tion
		organizations	al trus	nal tr		oyee	e on p					an	d relat	ted
		below	ndividual trustee or director	In stitutio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ions
		line)	lnd	lnst	Offi	Key	Emig	For			$ \longrightarrow $			
	JILL PELISEK	1.00	77						0					0
	CTOR	1.00	Х	<u> </u>					0.		0.			0.
	COLLEEN HENDERSON, CFA	1.00	x						0.		0.			0
	WILLIAM RAASCH, MD	1.00	Δ	-					0.					0.
	CTOR	1.00	x						0.		0.			0.
	LISA PRESTON	1.00	Δ	-					0.					0.
	CTOR	1.00	x						0.		0.			0.
	CHRISTOPHER PIOTROWSKI		Δ	-					0.					0.
	CTOR	1.00	x						0.		0.			0
	JUDSON SNYDER	1.00	Δ	-					0.					0.
	CTOR	1.00	x						0.		0.			0.
	MARY RASK	0.00	~						0.		-••			0.
	INCE DIRECTOR	40.00			x				0.	73,79	an I		4,3	30
	JULIA GLAWE	0.00								75,7.	<u></u>		- ,	52.
	CUTIVE DIRECTOR	40.00			x				0.	128,2	50.	1	4,5	11.
		10000											1/5	<u> </u>
1h	Sub-total			-			-		0.	202,04	40.		8,8	43.
	Total from continuation sheets to Part V								0.	,	0.		- / -	0.
	Total (add lines 1b and 1c)								0.	202,04	• •		8,8	
2	Total number of individuals (including but							o re	-				- / -	
-	compensation from the organization						,				-			0
													Yes	No
3	Did the organization list any former office	r, director, or tru	ustee	e, ke	y en	nplo	vee,	or	highest compensated er	nployee on	[
	line 1a? If "Yes," complete Schedule J for	such individual							•			3		X
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." col	mplete Schedule	e J f	or su	ich i	bers	on .		-			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated inc	lepe	ende	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and busines	s address	N	ONE	3				Description of s	ervices	C	ompe	nsatio	n
								_						
	Total availables of independent accetor store	(in all ratio a la ratio			. مد ا									

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 0

Form 990 (2017)

732008 11-28-17

Form	990 (LET ORCHE	ESTRA INC		39-1835	094 Page 9
Par	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am 0	С	Fundraising events						
ar,	d	Related organizations	1d					
ini,		Government grants (contribut						
r i S	f	All other contributions, gifts, grar						
ļ ģ		similar amounts not included abo						
t p		Noncash contributions included in lines						
ي بو	h	Total. Add lines 1a-1f						
		MIGTONI ACCOMPA		Business Code	200 151	200 1 5 1		
ice		MUSICAL ACCOMPA		711130	280,151.	280,151.		
er v	b							
n S /en	c							
Program Service Revenue	d							
Š	e							
-	f	All other program service reve			280,151.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including			200,131.			
	3	other similar amounts)						
	4	Income from investment of ta						
	5	Royalties		1				
	J		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	c							
		N I I I I I I I I I I						
		Gross amount from sales of	(i) Securities	(ii) Other				
	• •	assets other than inventory		(.,				
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
anı		Gross income from fundraisin including \$	ig events (not					
sver		contributions reported on line						
å		Part IV, line 18	,	.				
Other Revenue	b	Less: direct expenses						
ō		Net income or (loss) from fund		►				
		Gross income from gaming a						
		Part IV, line 19		I				
	b	Less: direct expenses						
		Net income or (loss) from gan						
	10 a	Gross sales of inventory, less	returns	7				
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	es of inventory	🕨				
		Miscellaneous Revenu	le	Business Code				
	11 a			ļļ				
	b							
	с							
	d							
	е	Total. Add lines 11a-11d			000 1-1	000 1 - 1		
	12	Total revenue. See instructions.		🕨	280,151.	280,151.	0.	
732009	9 11-28	-17						Form 990 (201

9

2017.05060 MILWAUKEE BALLET ORCHESTR 41039911

MILWAUKEE BALLET ORCHESTRA INC Part IX Statement of Functional Expenses

-	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	227 616	227 616		
7	Other salaries and wages	237,616.	237,616.		
8	Pension plan accruals and contributions (include	15 711	15 711		
~	section 401(k) and 403(b) employer contributions)	<u>15,711.</u> 2,281.	<u> 15,711.</u> 2,281.		
9	Other employee benefits	2,281.			
0	Payroll taxes	44,/09.	22,709.		
1	Fees for services (non-employees):				
a	Management				
b					
с	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
t	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2,782.	2,782.		
	column (A) amount, list line 11g expenses on Sch 0.)	2,/02.	4,/04.		
2	Advertising and promotion				
3	Office expenses				
4 -	Information technology				
5	Royalties				
6					
7					
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9 0	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS EXPENSE	10.	10.		
a h		T O •	T		
b					
c d	-				
	All other expenses				
	All other expenses	281,109.	281,109.	0.	
5 6	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	201,109.	201,109.	0.	
26	, , , , , , , , , , , , , , , , , , , ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

732010 11-28-17

09230515 765826 4103991.100

Form 990 (2017)

09230515 765826 4103991.100

MILWAUKEE	BALLET	ORCHESTRA	INC
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39-1835094 Page 11

Pai		Balance Sneet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1			958.	1	651.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	, ,			
		trustees, key employees, and highest compensa			_	
	~				5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of section				
ets	_	employees' beneficiary organizations (see instr).		6		
Assets	7	Notes and loans receivable, net			7	
1	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
	_	basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.5.0	15	651
	16	Total assets. Add lines 1 through 15 (must equa	958.	16	651.	
	17	Accounts payable and accrued expenses		17	651.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to current and former	I			
iliti		key employees, highest compensated employees				
Liabilities					22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines			05	
	00	Schedule D	Г — Г	0.	25	651.
	26	Total liabilities. Add lines 17 through 25		0.	26	0.01.
		Organizations that follow SFAS 117 (ASC 958)				
sec	07	complete lines 27 through 29, and lines 33 and		958.	27	0.
lano	27	Unrestricted net assets		550.	21	
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets			20 29	
pu	29				29	
ΓFu		Organizations that do not follow SFAS 117 (As and complete lines 30 through 34.				
s or	20				20	
set	30 21	Capital stock or trust principal, or current funds			30 31	
As	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated inc	E	958.	32	0.
-	33 34	Total net assets or fund balances		958.	33	651.
	34			500.	J4	Form 990 (2017)

Form **990** (2017)

Form 990 (2017) M Part X Balance Sheet

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	1 990 (2017) MILWAUKEE BALLET ORCHESTRA INC	39-183	5094	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
4	Total revenue (must actual Dart)/(III. column (A), line 12)	1	280	11	51
1	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	281		
2		3	201	<u> </u>	58.
3 4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			58.
5		5			
6		6			
7	Investment expenses	7			
8		8			
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10			0.
Pa	rt 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 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	X	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	390 (2017)

Form **990** (2017)

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
	2017
	Open to Public Inspection
Employer	identification number

			ET ORCHESTRA					9-1835094
Part I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.		
The organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative					ii).		
4	A medical research organiz					-	(iii). Enter	the hospital's name,
	city, and state:	·					,	· /
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed bv a ac	vernmental un	it describe	ed in
-	section 170(b)(1)(A)(iv). (0		5		, ,			
6			ental unit described in	section 17	70(b)(1)(A)	(v).		
7	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C	-		onn a gort			general	
8	A community trust describe		1)(A)(vi), (Complete Par	t II)				
9	An agricultural research org				ed in coniu	inction with a l	and-arant	college
J	or university or a non-land-	-					-	-
	university:	grant concyc or agrici			lame, eny	, and state of t	ne concyc	
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supr	oort from o	ontributio	ns membershi	in fees an	d aross receipts from
	activities related to its exen							
	income and unrelated busir							-
	See section 509(a)(2). (Col				ses acqui	red by the orga		
11	An organization organized a	. ,	vely to test for public sat	fotu Soo	section 5(10(2)(4)		
12 X	An organization organized a						ny out the	nurnoses of one or
	more publicly supported or	-	-	-			•	
	lines 12a through 12d that	-						
аX	-	• •					-	aivina
a 🔝	the supported organization		-	• • • •	-			
	organization. You must o			majonty c			3 01 116 30	ipporting
b	Type II. A supporting org	-		ion with it		d organization	(c) by boy	ina
	control or management o	-				•		-
	organization(s). You mus			ame perso	ns that co	ntroi or manay	e ine supp	Joned
c	Type III functionally inte	-		in connoct	ion with		intograto	d with
с							yintegrate	u with,
4	its supported organization						od organi-	ration(a)
d	Type III non-functionally that is not functionally int						-	
	•	°	v	•		•	an allenin	1911955
•	requirement (see instruct Check this box if the orga		-					
e	•					турет, турет	, type iii	
f Entr	functionally integrated, or er the number of supported of				ation.			1
	vide the following information	•	d organization(a)					⊥
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	No	support (see ins	structions)	support (see instructions)
MTT.WA	UKEE BALLET		above (see instructions))	100				
		39-1134735	7		x		0.	0.
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								<u> </u>
Total							0.	0.
	Department Reduction Act N	lation and the last	untions for Form 000 or	000 57				m 000 or 000 EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHESTRA INC Part II

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_		_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	bhere					>
Sec	ction C. Computation of Publi	c Support Per	centage			, ,	
	Public support percentage for 2017 (I	, ,,	•	(77)		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			►∟
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop I	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explain	n in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization o	lualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instructions	s ►
					Sch	edule A (Form 990	or 990-F7) 2017

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHESTRA INC 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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								
7a Amounts included on lines 1, 2, and								
3 received from disgualified 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			<u>.</u>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9 Amounts from line 6								
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.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,		
Section C. Computation of Publi	c Support Per	rcentage						
15 Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, o	column (f))		15	%		
16 Public support percentage from 2016					16	%		
Section D. Computation of Inves	stment Income	e Percentage						
17 Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%		
18 Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%		
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not		
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiza	ation	▶□]		
b 33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and		
line 18 is not more than 33 1/3%, che	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions			
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		15	5					

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Schedule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHESTRA INC

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 (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.)

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х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 Х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

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Yes

1

2

No

Х

Х

16

Schedule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHESTRA INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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 organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	uotiono,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		

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Schedule A (Form 990 or 990-EZ) 2017

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Sche	dule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHES	TRA I	INC	39-1835094 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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		
C	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 MILWAUKEE BALLET ORCHESTRA INC

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion 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	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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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 IV, SECTION A, LINE 1

MILWAUKEE BALLET COMPANY, INC. IS NOT LISTED IN THE GOVERNING DOCUMENTS

AS AN ORGANIZATION THAT MILWAUKEE BALLET ORCHESTRA, INC. SUPPORTS. THE

MILWAUKEE BALLET ORCHESTRA AND MILWAUKEE BALLET COMPANY HAVE HAD A

CONTINUING RELATIONSHIP SINCE THE INCEPTION OF THE MILWAUKEE BALLET

ORCHESTRA. THE MILWAUKEE BALLET ORCHESTRA'S GOVERNING BODY CONSISTS OF

MEMBERS OF MILWAUKEE BALLET COMPANY'S GOVERNING BODY. THE IMPLICIT

INTENT OF THE MILWAUKEE BALLET ORCHESTRA FROM ITS INCEPTION IS TO

SUPPORT MILWAUKEE BALLET COMPANY.

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.



Employer identification number

39-1835094

Name of the organization

MILWAUKEE BALLET ORCHESTRA INC

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year		
1 2	Total number at end of year 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 v	vriting that the assets held in donor advis	sed funds
•	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?		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution 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	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing con	servation easements during the year
-	Amount of our encoding manifesting inconsting hand		
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ing of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170	(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Par		Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2017
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Par	t III Organizations Maintaining C	ollections of Ar	t, His [.]	torical Tre	easures, o	r Other	Simila	r Assets	s (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t are a sig	nificant u	se of its o	ollection it	tems	
	(check all that apply):										
а	Public exhibition	c	1 🗌] Loan or exc	change progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how t	hey further th	he organizatio	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	anization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabili	ty?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	olanati	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	d "Yes" on Fo	orm 990, Part	IV, line 1	0.		-		
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four y	/ears t	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	la, column (a)) held as:						
а	Board designated or quasi-endowment	•	%	3, (-	,,,						
b	Permanent endowment	%	_/*								
	Temporarily restricted endowment										
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administer	red for th	e organiza	ation			
ou	by:						oorganiza			/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		mont								
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or c			t or other		ccumulate	ed	(d) Book	value	
		basis (investr		• •	(other)		preciation	- [1, 2000		
1a	Land		,								
b	Buildings										
	Leasehold improvements										
	Equipment							<u> </u>			
	Other							<u> </u>			
	. Add lines 1a through 1e. (Column (d) must e		X colu	mn (B) line 1		L					0.
		quari onn 330, Fall	<u>, coiu</u>	<u>, init (, inite i</u>	<i>vo.j</i>			Schedule	D (Form	990)	-
								Sonsulle		5501	_0 17

Schedule D (Form 990) 2017	MILWAUKEE	BALLET	ORCHESTRA	INC
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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" on 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule	e D	(Form	990)	2017

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2e d Other (Describe in Part XIII.) 2d 2e a Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1<	Sche	dule D (Form 990) 2017 MILWAUKEE BALLET ORCHESTR	A INC	39-1835094 Page 4
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: 2a a Net unrealized gains (losses) on investments 2b 2c b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 5 7 7 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 1 7 7 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 2 2 2 2	Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per I	Return.
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a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2a c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3	1	Total revenue, gains, and other support per audited financial statements		. 1
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c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 2a 4 Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 2a 4 Amounts included on Form 990, Part IX, line 25; a Donated services in Part XIII.) e Add lines 2a through 2d 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	а	Net unrealized gains (losses) on investments	2a	
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b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Uther (Describe in Part XIII.) a Investment expenses not included on Form 990, Part IVIII, line 7b	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
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b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	2		1 1	
c Other losses 2c 2c d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 2e 3 Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a	а	Donated services and use of facilities		_
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	b	• •		_
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 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	е			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3			3
	4		1 1	
	а			_
	b		4b	
c Add lines 4a and 4b	с			
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5			. 5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MILWAUKEE BALLET COMPANY, INC. AND SUBSIDIARY ARE NONPROFIT CORPORATIONS
AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE)
AND ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME
PURSUANT TO SECTION 501(A) OF THE CODE AS AN ORGANIZATION OTHER THAN A
PRIVATE FOUNDATION. IN ADDITION, MILWAUKEE BALLET COMPANY, INC. AND
SUBSIDIARY QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION
170(B)(1)(A).

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



39-1835094

MILWAUKEE BALLET ORCHESTRA INC

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

THE PREPARED FORM 990 IS REVIEWED AND APPROVED BY THE ORGANIZATION'S

FINANCE COMMITTEE 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

THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY INTEREST STATEMENT.

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 FORM 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.

25

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2017)

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2017.05060 MILWAUKEE BALLET ORCHESTR 41039911

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/		

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number 39 - 1835094

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

Name of the organization

MILWAUKEE BALLET ORCHESTRA INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) i12(b)(13) olled ity?
				501(c)(3))		Yes	No
MILWAUKEE BALLET COMPANY, INC 39-1134735							
504 W. NATIONAL AVE	DANCE PERFORMANCE,						
MILWAUKEE, WI 53204-1746	EDUCATION, AND OUTREACH	WISCONSIN	501(C)(3)	LINE 7	N/A		х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 MILWAUKEE BALLET ORCHESTRA INC

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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.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		Disproportionate Code V-UBI amount in box 20 of Schedule		General or managing partner?		Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
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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	(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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2017 MILWAUKEE BALLET ORCHESTRA INC

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
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?						
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)	1b		X			
с	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X X			
	e Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)	1f		X			
	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		Х			
	Exchange of assets with related organization(s)	1i		Х			
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
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)	11	Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
o	Sharing of paid employees with related organization(s)	10		X			
р	Reimbursement paid to related organization(s) for expenses	1p		X			
q	Reimbursement paid by related organization(s) for expenses	1q		X			
r	Other transfer of cash or property to related organization(s)	1r		Х			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

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Schedule R (Form 990) 2017 MILWAUKEE BALLET ORCHESTRA INC

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2017

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

732165 09-11-17

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

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/efile, click on Charities & Non-Profits, and click on 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.

				Enter filer's identifying number			
Type or print	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or		
print	MILWAUKEE BALLET ORCHESTRA INC				39-1835094		
File by the due date for filing your return. See instructions.	r Number, street, and room or suite no. If a P.O. box, see instructions. 504 W NATIONAL AVE			Social se	Social security number (SSN)		
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)				
Application		Return	Application		Return		
ls For		Code	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	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above) MARY RASK		06	Form 8870			12	
Telepl If the If this box I I re for	equest an automatic 6-month extension of time until	s in the Uni Group Exe and atta JUNI organizatic	Fax No. Fax No. The set of the set of t	f this is fo all memb	r the whole g	roup, check this sion is for.	
	► X tax year beginning AUG 1, 2017 , and ending JUL 31, 2018 .						
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b lft	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
by using EFTPS (Electronic Federal Tax Payment System). See instructions.			ctions.	3c	\$	0.	
instructio				153-EO an			
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2017)	

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