# \*\*PUBLIC INSPECTION COPY\*\*

Form **990** 

Return of Organization Exempt From Income Tax

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

| Depar<br>nterna  | Open to Public<br>Inspection                             |   |                                      |                             |  |  |  |  |  |  |  |
|--|--|---|--------------------------------------|-----------------------------|--|--|--|--|--|--|--|
|  |  |   | g AUG 31, 2024                       |                             |  |  |  |  |  |  |  |
|  | heck if  | C Name of organization  | D Employer identific                 | eation number               |  |  |  |  |  |  |  |
|  | Addre  | MILWAUKEE SYMPHONY ORCHESTRA, INC.  |                                      |                             |  |  |  |  |  |  |  |
|  | ∫chang<br>Name   |   | 39-602343                            | 36                          |  |  |  |  |  |  |  |
|  | Jchang<br>∫Initial                                       |   |                                      |                             |  |  |  |  |  |  |  |
|  | _return<br>]Final  | Number and street (or P.O. box if mail is not delivered to street address)  212 W WISCONSIN AVE   | suite E Telephone number $414-291-6$ |                             |  |  |  |  |  |  |  |
|  | Jreturn,<br>termin<br>ated                               | 20,471,741.   |                                      |                             |  |  |  |  |  |  |  |
|  | 7Amen  |   |                                      |                             |  |  |  |  |  |  |  |
|  | Ireturn MILIWAUKEE, WI 33203 H(a) is this a group return |   |                                      |                             |  |  |  |  |  |  |  |
| Application pending P Name and address of principal officer: MARK NIEHAUS for subordinates?  SAME AS C ABOVE H(b) Are all subordinates included? |  |   |                                      |                             |  |  |  |  |  |  |  |
| ΙT   | ax-ex  | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or  | 1                                    | cluded?YesNo                |  |  |  |  |  |  |  |
|  | /ebsi  |   | H(c) Group exemption                 |                             |  |  |  |  |  |  |  |
|  |  |   | Year of formation: 1958 N            |                             |  |  |  |  |  |  |  |
|  | rt I   | Summary   | Tour of formation,                   | . Otato or rogal dominono,  |  |  |  |  |  |  |  |
|  | 1  | Briefly describe the organization's mission or most significant activities: PRESENT   | PERFORMANCES 7                       | HAT                         |  |  |  |  |  |  |  |
| Activities & Governance  |  | CULTIVATE AN APPRECIATION FOR THE ART OF MUS  |                                      |                             |  |  |  |  |  |  |  |
| ıa   | 2  | Check this box if the organization discontinued its operations or disposed of r   | more than 25% of its net ass         | ets.                        |  |  |  |  |  |  |  |
| ĕ  | 3  | Number of voting members of the governing body (Part VI, line 1a)   | 3                                    | 31                          |  |  |  |  |  |  |  |
| ၓၟ   | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | 4                                    | 29                          |  |  |  |  |  |  |  |
| တ္ခ  | 5  | Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | 5                                    | 363                         |  |  |  |  |  |  |  |
| Ĭŧ   | 6  | Total number of volunteers (estimate if necessary)  | 6                                    | 350                         |  |  |  |  |  |  |  |
| Ė  |  |   | 7a                                   | 0.                          |  |  |  |  |  |  |  |
|  | b  | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                                      | 0.                          |  |  |  |  |  |  |  |
|  |  |   | Prior Year                           | Current Year                |  |  |  |  |  |  |  |
| اه   | 8  | Contributions and grants (Part VIII, line 1h)   | 13,380,852.                          | 14,262,888.                 |  |  |  |  |  |  |  |
| Revenue  | 9  | Program service revenue (Part VIII, line 2g)  | 4,919,489.                           | 6,056,230.                  |  |  |  |  |  |  |  |
| ě  |  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 29,207.                              | 55,168.                     |  |  |  |  |  |  |  |
| "  | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 134,596.                             | -3,357.                     |  |  |  |  |  |  |  |
| _  | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 18,464,144.                          | 20,370,929.                 |  |  |  |  |  |  |  |
|  |  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                                   | 0.                          |  |  |  |  |  |  |  |
|  |  | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                                   | 0.                          |  |  |  |  |  |  |  |
| è  | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 13,724,094.                          | 14,376,541.                 |  |  |  |  |  |  |  |
| eus  | 16a  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,384,188. | 137,912.                             | 58,964.                     |  |  |  |  |  |  |  |
| Expenses   | b  | Total fundraising expenses (Part IX, column (D), line 25)   | 9,399,183.                           | 9,211,963.                  |  |  |  |  |  |  |  |
| "ا   |  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 23,261,189.                          | 23,647,468.                 |  |  |  |  |  |  |  |
|  |  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | -4,797,045.                          | -3,276,539.                 |  |  |  |  |  |  |  |
| - X  |  | Revenue less expenses. Subtract line 18 from line 12  | Beginning of Current Year            | End of Year                 |  |  |  |  |  |  |  |
| Net Assets or und Balances   | 20   | Total assets (Part X, line 16)  | 124,197,590.                         | 128,508,605.                |  |  |  |  |  |  |  |
| Asse<br>Balc   | 21   |   | 7,378,432.                           | 6,788,170.                  |  |  |  |  |  |  |  |
| Eet<br>Eet   | 22   | Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20   | 116,819,158.                         | 121,720,435.                |  |  |  |  |  |  |  |
| —ш   | rt II  | Signature Block   | 110/013/1200                         |                             |  |  |  |  |  |  |  |
|  |  | alties of perjury, I declare that I have examined this return, including accompanying schedules and st  | atements, and to the best of my      | knowledge and belief, it is |  |  |  |  |  |  |  |
|  | •  | ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre   | •                                    | ,                           |  |  |  |  |  |  |  |
|  |  |   |                                      |                             |  |  |  |  |  |  |  |
| Sign   | 1  | Signature of officer  | Date                                 |                             |  |  |  |  |  |  |  |
| Here   |  | MARK NIEHAUS, PRESIDENT   |                                      |                             |  |  |  |  |  |  |  |
| _  |  | 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   | 05/20/25 self-employe                |                             |  |  |  |  |  |  |  |
| rep  | arer   | Firm's name SIKICH LLC  |                                      | 6-3168081                   |  |  |  |  |  |  |  |
| Jse (  | Only   | Firm's address 17335 GOLF PARKWAY, SUITE 500  |                                      |                             |  |  |  |  |  |  |  |

Phone no. (262)754-9400

May the IRS discuss this return with the preparer shown above? See instructions

BROOKFIELD, WI 53045

| Par | t III Statement of Program Service Accomplishments  |              |
|-----|---|--------------|
|     | Check if Schedule O contains a response or note to any line in this Part III  | X            |
| 1   | Briefly describe the organization's mission:  THE MILWAUKEE SYMPHONY ORCHESTRA, INC. ("MSO") REACHES OUT TO DIVERSE   |              |
|     | AUDIENCES THROUGH CONCERT PERFORMANCES AND NATIONALLY RECOGNIZED  |              |
|     | EDUCATION AND OUTREACH PROGRAMS. ALL PROGRAMS ARE GUIDED BY THE MSO   |              |
|     | FAMILY SHARED VISION WHICH STATES THAT THE MSO EXISTS FOR THREE   |              |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the  |              |
| 2   |   | ] No         |
|     | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.   | JIVO         |
| 3   | ·   | ] No         |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  | JIVO         |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  |              |
| -   | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  |              |
|     | revenue, if any, for each program service reported.   |              |
| 4a  | (Code: ) (Expenses \$ 17,501,765. including grants of \$ ) (Revenue \$ 5,727,013  | 3.           |
|     | THE MILWAUKEE SYMPHONY ORCHESTRA, LED BY MUSIC DIRECTOR KEN-DAVID   |              |
|     | MASUR, IS AMONG THE FINEST ORCHESTRAS IN THE NATION AND THE LARGEST   |              |
|     | CULTURAL INSTITUTION IN WISCONSIN. SINCE ITS INCEPTION IN 1959, THE MSC   | <u></u>      |
|     | HAS FOUND INNOVATIVE WAYS TO GIVE MUSIC A HOME IN THE REGION, DEVELOP   |              |
|     | MUSIC APPRECIATION AND TALENT AMONG AREA YOUTH, AND RAISE THE NATIONAL  |              |
|     | REPUTATION OF MILWAUKEE.  |              |
|     |   |              |
|     | THE MSO'S FULL-TIME PROFESSIONAL MUSICIANS PERFORM OVER 135 CLASSICS,   |              |
|     | POPS, FAMILY, EDUCATION, AND COMMUNITY CONCERTS EACH SEASON IN VENUES   |              |
|     | THROUGHOUT THE STATE. A PIONEER AMONG AMERICAN ORCHESTRAS, THE MSO HAS  |              |
|     | PERFORMED WORLD AND AMERICAN PREMIERES OF WORKS BY JOHN ADAMS, ROBERTO  |              |
|     | SIERRA, PHILIP GLASS, GEOFFREY GORDON, MARC NEIKRUG, CAMILLE PPIN,  |              |
| 4b  | (Code:) (Expenses \$494,990. including grants of \$) (Revenue \$329,217   | <u>/ •</u> ) |
|     | THE MSO'S STANDARD OF EXCELLENCE EXTENDS BEYOND THE CONCERT HALL AND  |              |
|     | INTO THE COMMUNITY, REACHING MORE THAN 30,000 CHILDREN AND THEIR  |              |
|     | FAMILIES THROUGH ITS ARTS IN COMMUNITY EDUCATION (ACE) PROGRAM, YOUTH   |              |
|     | AND TEEN CONCERTS, FAMILY SERIES, AND MEET THE MUSIC PRE-CONCERT TALKS.   |              |
|     | CELEBRATING ITS 35TH YEAR, THE NATIONALLY RECOGNIZED ACE PROGRAM  |              |
|     | INTEGRATES ARTS EDUCATION ACROSS ALL SUBJECTS AND DISCIPLINES, PROVIDING OPPORTUNITIES FOR STUDENTS WHEN BUDGET CUTS MAY ELIMINATE  |              |
|     | ARTS PROGRAMMING. THE PROGRAM PROVIDES LESSON PLANS AND SUPPORTING  |              |
|     | MATERIALS, CLASSROOM VISITS FROM MSO MUSICIAN ENSEMBLES AND ARTISTS   |              |
|     | FROM LOCAL ORGANIZATIONS, AND AN MSO CONCERT TAILORED TO EACH GRADE   |              |
|     | LEVEL. THIS SEASON, MORE THAN 5,900 STUDENTS AND 500 TEACHERS AND   |              |
|     | FACULTY ARE EXPECTED TO PARTICIPATE IN ACE BOTH IN PERSON AND IN A  |              |
| 4c  | (Code:) (Expenses \$ including grants of \$) (Revenue \$  |              |
|     | / (asset) |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
|     |   |              |
| 4d  | Other program services (Describe on Schedule O.)  |              |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )   |              |
| 4e  | Total program service expenses 17,996,755.  |              |

# Part IV | Checklist of Required Schedules

|     |  |               | Yes | No   |
|-----|--|---------------|-----|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |               |     |  |
|     | If "Yes," complete Schedule A  | 1             | Х   |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2             | X   |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            |               |     |  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3             |     | 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               |               |     |  |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5             |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  | <u> </u>      |     |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6             |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  | Ť             |     |  |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7             |     | X  |
|     | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | <b>-</b>      |     | 1  |
| 8   | , ,  |               |     | 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?                  |               |     |  |
|     | If "Yes," complete Schedule D, Part IV   | 9_            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                               |               |     |  |
|     | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10            | 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           | X   |  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete                        |               |     |  |
|     | Schedule D, Parts XI and XII   | 12a           |     | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  |               |     |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b           | Х   |  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13            |     | х  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a           |     | Х  |
| 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                   | _ <del></del> |     |  |
| 10  | 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,                    | 10            |     | <del>  ^`</del>                                  |
| "   |  | 47            | Х   |  |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17            | 21  | $\vdash$   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               | 40            | Х   |  |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18            |     |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     | ا مد ا        |     | <sub>V</sub>                                     |
|     | complete Schedule G, Part III  | 19            |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a           |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                               | 20b           |     | <del>                                     </del> |
| 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  |

| Pa  | rt IV Checklist of Required Schedules (continued)  | 430     | <u> </u>     | age 4  |
|-----|--|---------|--------------|--|
|     |  |         | Yes          | No   |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |         |              | X  |
| 23  | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   | 22      |              | <u> </u>   |
| 23  | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |         |              |  |
|     | Schedule J   | 23      | Х            |  |
| 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     |              | Х  |
| 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     |              | <u> </u>   |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d     |              | <u> </u>   |
| 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 or 22, for receivables from or payables to any current  |         |              |  |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |         |              | X  |
| 07  | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26      |              |  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |         |              |  |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27      |              | x  |
| 28  | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,  | 21      |              |  |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions):  |         |              |  |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |         |              |  |
| -   | "Yes," complete Schedule L, Part IV  | 28a     |              | x  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b     |              | Х  |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>  |         |              |  |
|     | "Yes," complete Schedule L, Part IV  | 28c     |              | Х  |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  | 29      | Х            |  |
| 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  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31      |              | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |         |              |  |
|     | Schedule N, Part II  | 32      |              | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |         |              | l  |
|     | 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  |         | 37           |  |
|     | Part V, line 1   | 34      | X            | -  |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a     | Х            | <del>                                     </del> |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 051     |              | x  |
| 00  | 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?   | 36      |              | X  |
| 37  | If "Yes," complete Schedule R, Part V, line 2  | 30      |              | 1  |
| 31  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37      |              | X  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   | "       |              | <del></del>                                      |
| 50  | Note: All Form 990 filers are required to complete Schedule O  | 38      | х            |  |
| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance   | , 50    | <del>-</del> |  |
|     | Check if Schedule O contains a response or note to any line in this Part V   | <u></u> |              |  |
|     |  |         | Yes          | No   |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 158  |         |              |  |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  |         |              |  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |         |              |  |
|     | (gambling) winnings to prize winners?  | 1c      |              |  |

Form 990 (2023) MILWAUKEE SYMPHONY ORCHESTRA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  |                    |                        |          | Yes | No       |  |  |  |  |
|------------|--|--------------------|------------------------|----------|-----|----------|--|--|--|--|
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                    |                        |          |     |          |  |  |  |  |
|            | filed for the calendar year ending with or within the year covered by this return  | 2a                 | 363                    |          |     |          |  |  |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax retur                          | ns?                |                        | 2b       | Х   |          |  |  |  |  |
|            | 5.11   |                    |                        | За       |     | Х        |  |  |  |  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule                            | Ο.                 |                        | 3b       |     |          |  |  |  |  |
|            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a            |                    |                        |          |     |          |  |  |  |  |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                     |                    |                        |          |     |          |  |  |  |  |
| 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                                 | ccour              | ts (FBAR).             |          |     |          |  |  |  |  |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                |                    |                        | 5a       |     | X        |  |  |  |  |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction                      | ction?             |                        | 5b       |     | X        |  |  |  |  |
| С          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                    |                        | 5c       |     |          |  |  |  |  |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                               | e orga             | nization solicit       |          |     |          |  |  |  |  |
|            | any contributions that were not tax deductible as charitable contributions?  |                    |                        | 6a       |     | X        |  |  |  |  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contribution                           | ions o             | gifts                  |          |     |          |  |  |  |  |
|            | were not tax deductible?   |                    |                        | 6b       |     |          |  |  |  |  |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |                    |                        |          |     |          |  |  |  |  |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser                  | vices <sub> </sub> | provided to the payor? | 7a       | X   |          |  |  |  |  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                      |                    |                        | 7b       | X   |          |  |  |  |  |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                             | as req             | uired                  |          |     |          |  |  |  |  |
|            | to file Form 8282?   |                    |                        | 7c       |     | <u> </u> |  |  |  |  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                 |                        |          |     |          |  |  |  |  |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                             |                    | t?                     | 7e       |     | _X_      |  |  |  |  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri                            |                    |                        | 7f<br>7g |     | X        |  |  |  |  |
| _          | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |                    |                        |          |     |          |  |  |  |  |
| _          | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |                    |                        |          |     |          |  |  |  |  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | by th              | e                      |          |     |          |  |  |  |  |
| _          |  |                    |                        | 8        |     |          |  |  |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.  |                    |                        | 0-       |     |          |  |  |  |  |
|            | Did the sponsoring organization make any taxable distributions under section 4966?   |                    |                        | 9a       |     |          |  |  |  |  |
|            | ,  |                    |                        | 9b       |     |          |  |  |  |  |
| 10         | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12                     | 10a                | 1                      |          |     |          |  |  |  |  |
|            | Open and the first standard on Four COO. But VIII. For 40. for modelly one of other for III.   | 10a                |                        |          |     |          |  |  |  |  |
| 11         | Section 501(c)(12) organizations. Enter:   | [100               | 1                      |          |     |          |  |  |  |  |
|            | Gross income from members or shareholders  | 11a                | 1                      |          |     |          |  |  |  |  |
|            | Gross income from other sources. (Do not net amounts due or paid to other sources against  | 110                |                        |          |     |          |  |  |  |  |
| b          | amounts due or received from them.)  | 11b                |                        |          |     |          |  |  |  |  |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                                 |                    | ?                      | 12a      |     |          |  |  |  |  |
|            | 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.   |                    | '                      |          |     |          |  |  |  |  |
|            | Is the organization licensed to issue qualified health plans in more than one state?   |                    |                        | 13a      |     |          |  |  |  |  |
|            | Note: See the instructions for additional information the organization must report on Schedule O.                                    |                    |                        |          |     |          |  |  |  |  |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the                                     |                    |                        |          |     |          |  |  |  |  |
|            | organization is licensed to issue qualified health plans   | 13b                |                        |          |     |          |  |  |  |  |
| С          | Enter the amount of reserves on hand   | 13c                |                        |          |     |          |  |  |  |  |
|            |  |                    |                        | 14a      |     | Х        |  |  |  |  |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu                                | le O               |                        | 14b      |     |          |  |  |  |  |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                                 |                    |                        |          |     |          |  |  |  |  |
|            | excess parachute payment(s) during the year?   |                    |                        | 15       |     | X        |  |  |  |  |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.   |                    |                        |          |     |          |  |  |  |  |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment                              | t incoi            | ne?                    | 16       |     | X        |  |  |  |  |
|            | If "Yes," complete Form 4720, Schedule O.  |                    |                        |          |     |          |  |  |  |  |
| 17         | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac                                | tivitie            | s                      |          |     |          |  |  |  |  |
|            | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |                    |                        | 17       |     |          |  |  |  |  |
|            | If "Yes," complete Form 6069.  |                    |                        |          |     |          |  |  |  |  |

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Form **990** (2023)

5

MILWAUKEE SYMPHONY ORCHESTRA, INC. 39-6023436 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 31 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 29 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

Did the organization become aware during the year of a significant diversion of the organization's assets?

| 6   | Did the organization have members or stockholders?  | 6   |     | X  |
|-----|---|-----|-----|----|
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |     |     |    |
|     | more members of the governing body?   | 7a  | X   |    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |     |     |    |
|     | 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 following:   |     |     |    |
| а   | The governing body?   | 8a  | Х   |    |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b  | Х   |    |
| 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 on Schedule O   | 9   |     | X  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |     |     |    |
|     |   |     | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a |     | X  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |     |     |    |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a | Х   |    |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |     |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | Х   |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X   |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |     |     |    |
|     | on 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  | X   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |     |     |    |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official  | 15a | X   |    |
| b   | Other officers or key employees of the organization   | 15b | X   |    |
|     | If "Yes" to line 15a or 15b, describe the process on 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 |     | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |     |     |    |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |     |     |    |
|     | exempt status with respect to such arrangements?  | 16b |     |    |
| Sec | tion C. Disclosure  |     |     |    |

| 17 List the states with which a copy of this | Form 990 is required to be filed $$ $$ $$ $$ $$ $$ $$ |
|--|---|
|--|---|

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Upon request X Own website Another's website 

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

THOMAS LINDOW - 414-291-6010

212 W WISCONSIN AVE, MILWAUKEE WI 53203

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

| (A) Name and title                              | (B) Average hours per week   | box                            | not cl                | ss per  | ition<br>more<br>rson is | than os both                 | n an   | (D)  Reportable compensation from                   | (E)  Reportable compensation from related     | (F) Estimated amount of other  |
|---|--|--------------------------------|-----------------------|---------|--------------------------|------------------------------|--------|---|---|--|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee             | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) MARK NIEHAUS PRESIDENT & EXECUTIVE DIRECTOR | 40.00  | х                              |                       | Х       |                          |                              |        | 368,285.  | 0.  | 16,231.  |
| (2) KEN-DAVID MASUR                             | 40.00  | Λ                              |                       | Λ       |                          |                              |        | 300,203.  | 0.  | 10,231.  |
| MUSIC DIRECTOR                                  | 40.00  | х                              |                       |         |                          |                              |        | 316,999.  | 0.  | 9,743.   |
| (3) TOM LINDOW                                  | 40.00  |                                |                       |         |                          |                              |        | 320,3331  |   | 377231   |
| VP AND CHIEF FINANCIAL OFFICER                  |  |                                |                       | х       |                          |                              |        | 165,276.  | 0.  | 6,815.   |
| (4) BRET DORHOUT                                | 40.00  |                                |                       |         |                          |                              |        | •   |   | ,  |
| VP ARTISTIC PLANNING                            |  |                                |                       |         |                          | Х                            |        | 135,252.  | 0.  | 5,791.   |
| (5) ILANA SETAPEN                               | 40.00  |                                |                       |         |                          |                              |        |   |   |  |
| MUSICIAN  |  |                                |                       |         |                          | Х                            |        | 137,320.  | 0.  | 1,733.   |
| (6) MONICA KRISTINE MEYER BEALE                 | 40.00  |                                |                       |         |                          |                              |        |   |   |  |
| VP OF ADVANCEMENT                               |  |                                |                       |         |                          | X                            |        | 130,374.  | 0.  | 5,042.   |
| (7) SUSAN BABINI                                | 40.00  |                                |                       |         |                          |                              |        |   |   |  |
| MUSICIAN  |  |                                |                       |         |                          | X                            |        | 102,480.  | 0.  | 23,969.  |
| (8) MATTHEW ANNIN                               | 40.00  |                                |                       |         |                          |                              |        |   |   |  |
| MUSICIAN  | 10.00  |                                |                       |         |                          | X                            |        | 103,814.  | 0.  | 14,340.  |
| (9) SUSAN MARTIN                                | 10.00  | .,                             |                       | 7.7     |                          |                              |        |   |   | 0  |
| BOARD CHAIRMAN                                  | 10 00  | Х                              |                       | Х       |                          |                              |        | 0.  | 0.  | 0.   |
| (10) ANDY NUNEMAKER                             | 10.00  | <b>.</b> ,                     |                       | 37      |                          |                              |        |   | 0   | 0  |
| IMMEDIATE PAST CHAIR                            | F 00   | Х                              |                       | Х       |                          |                              |        | 0.  | 0.  | 0.   |
| (11) PATRICK MURPHY TREASURER                   | 5.00   | Х                              |                       | х       |                          |                              |        | 0.  | 0.  | 0.   |
| (12) ALYCE COYNE KATAYAMA                       | 5.00   | ^                              |                       | Δ       |                          |                              |        | 0.  | 0.  | <u> </u>   |
| BOARD SECRETARY                                 | 3.00   | х                              |                       | Х       |                          |                              |        | 0.  | 0.  | 0.   |
| (13) KATE BREWER                                | 1.00   |                                |                       |         |                          |                              |        | •   | •   |  |
| BOARD DIRECTOR                                  |  | х                              |                       |         |                          |                              |        | 0.  | 0.  | 0.   |
| (14) JEFF COSTAKOS                              | 1.00   |                                |                       |         |                          |                              |        |   |   |  |
| BOARD DIRECTOR                                  |  | Х                              |                       |         |                          |                              |        | 0.  | 0.  | 0.   |
| (15) JENNIFER DIRKS                             | 1.00   |                                |                       |         |                          |                              |        |   |   |  |
| BOARD DIRECTOR                                  |  | Х                              |                       |         |                          | L                            |        | 0.  | 0.  | 0.   |
| (16) DOUGLAS HAGERMAN                           | 1.00   |                                |                       |         |                          |                              |        |   |   |  |
| BOARD DIRECTOR                                  |  | Х                              |                       |         |                          |                              |        | 0.  | 0.  | 0.   |
| (17) STEVE HANCOCK                              | 1.00   |                                |                       |         |                          |                              |        |   |   |  |
| BOARD DIRECTOR                                  |  | Х                              |                       |         |                          |                              |        | 0.  | 0.  | 990 (2022)   |

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| Part VIII Section A Officers Directors Trustees Key Employees and Highest Compensated Employees (configuration) |                        |                                |                             |         |   |                              |        |                        |                                  |                       |  |
|---|------------------------|--------------------------------|-----------------------------|---------|---|------------------------------|--------|------------------------|----------------------------------|-----------------------|--|
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Continued)          |                        |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| (A)   | <b>(C)</b><br>Position |                                |                             |         |   | (D)                          | (E)    | (F)                    |                                  |                       |  |
| Name and title  | Average                |                                | (do not check more than one |         |   | than o                       |        | Reportable             | Reportable                       | Estimated             |  |
|   | hours per<br>week      |                                |                             |         | nless person is both an and a director/trustee) |                              |        | compensation           | compensation                     | amount of             |  |
|   | (list any              |                                |                             |         |   | 1                            | 100,   | from                   | from related                     | other                 |  |
|   | hours for              | irecto                         |                             |         |   |                              |        | the organization       | organizations<br>(W-2/1099-MISC/ | compensation from the |  |
|   | related                | or d                           | tee                         |         |   | sated                        |        | (W-2/1099-MISC/        | 1099-NEC)                        | organization          |  |
|   | organizations          | ruste                          | trus                        |         | ee<br>ee  | npeu                         |        | 1099-NEC)              | 1099-14EC)                       | and related           |  |
|   | below                  | dual t                         | tiona                       |         | oldr  | st cor                       | _      | 100011120)             |                                  | organizations         |  |
|   | line)                  | Individual trustee or director | Institutional trustee       | Officer | Key employee                                    | Highest compensated employee | Former |                        |                                  | organization o        |  |
| (18) CHARLOTTE HAYSLETT   | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (19) ERIC HOBBS   | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (20) PETER MAHLER   | 5.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (21) MARK METZENDORF  | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (22) ROBERT MONNAT  | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (23) CHRISTIAN MITCHELL   | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (24) MAURA PACKHAM  | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (25) LESLIE PLAMANN   | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| (26) MICHAEL J SCHMITZ  | 1.00                   |                                |                             |         |   |                              |        |                        |                                  |                       |  |
| BOARD DIRECTOR  |                        | Х                              |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| 1b Subtotal   |                        |                                |                             |         |   |                              |        | 1,459,800.             | 0.                               | 83,664.               |  |
| c Total from continuation sheets to Part VI   |                        |                                |                             |         |   |                              |        | 0.                     | 0.                               | 0.                    |  |
| d Total (add lines 1b and 1c)   |                        |                                |                             |         |   |                              |        | 1,459,800.             | 0.                               | 83,664.               |  |
| 2 Total number of individuals (including but n  | at limited to th       |                                | lioto                       | doh     |   | طيدا                         | 0 10   | soived more than \$100 | 000 of roportable                |                       |  |

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

| (A)   | (B)                             | (C)          |
|---|---------------------------------|--------------|
| Name and business address   | Description of services         | Compensation |
| CD SMITH CONSTRUCTION   |                                 |              |
| 125 S WACKER DR STE 600, CHICAGO, IL 60606  | WATER REMEDIATION               | 630,355.     |
| PER MAR SECURITY & RESEARCH CO, 3800 E  | SECURITY OFFICER                |              |
| LAKE CTR STE 200, QUINCY, IL 62305-5839   | SERVICES                        | 295,413.     |
| INTERSTATE PARKING OF WISC LLC, 275 W   |                                 |              |
| WISCONSIN AVE STE 140, MILWAUKEE, WI 53203  | PARKING                         | 278,953.     |
| PSAB ENTERPRISES, INC, 13040 W LISBON RD  |                                 |              |
| STE 900, BROOKFIELD, WI 53005-2515  | CLEANING SERVICES               | 261,467.     |
| LEVY RESTAURANT EVENTS, 980 N MICHIGAN AVE  |                                 |              |
| STE 400,, CHICAGO, IL 60611   | RESTAURANT SERVICES             | 251,924.     |
| 2 Total number of independent contractors (including but not limited to those liste | d above) who received more than |              |
| \$100,000 of compensation from the organization 19                                  |                                 |              |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

|   | EE SYMPHO         | NY                             | . C                   | RC      | HE           | ST                           | RA     | , INC.                                   | 39-602                           | 3436                  |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|----------------------------------|-----------------------|
| Part VII   Section A. Officers, Directors, 1              | Гrustees, Key Er  | nplo                           | yee                   | s, a    | nd F         | lighe                        | est (  | Compensated Employe                      | ees (continued)                  |                       |
| (A)   |                   |                                |                       | C)      |              |                              | (D)    | (E)                                      | (F)                              |                       |
| Name and title  | (B)<br>Average    |                                |                       |         | ition        |                              |        | Reportable                               | Reportable                       | Estimated             |
|   | hours             | (c                             | heck                  | c all   | that         | app                          | ly)    | compensation                             | compensation                     | amount of             |
|   | per               |                                |                       |         |              |                              |        | from                                     | from related                     | other                 |
|   | week<br>(list any | or                             |                       |         |              | oloyee                       |        | the organization                         | organizations<br>(W-2/1099-MISC) | compensation from the |
|   | hours for         | direct                         |                       |         |              | d em                         |        | (W-2/1099-MISC)                          | (***2/1099-101130)               | organization          |
|   | related           | tee or                         | stee                  |         |              | ensate                       |        | (** = / ******************************** |                                  | and related           |
|   | organizations     | Itrus                          | nal tru               |         | loyee        | ed mo:                       |        |  |                                  | organizations         |
|   | below             | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |                                  |                       |
|   | line)             | Pul                            | ısı                   | 0#      | Ke)          | Hig                          | For    |  |                                  |                       |
| (27) CRAIG SCHMUTZER                                      | 1.00              | 1                              |                       |         |              |                              |        | _  | _                                |                       |
| BOARD DIRECTOR  |                   | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (28) JAY SCHWISTER  | 1.00              | 1                              |                       |         |              |                              |        | _  | _                                |                       |
| BOARD DIRECTOR  |                   | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (29) DALE SMITH   | 1.00              | 1                              |                       |         |              |                              |        | _  | _                                | _                     |
| BOARD DIRECTOR  |                   | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (30) GREGORY SMITH  | 5.00              | l                              |                       |         |              |                              |        | _  | _                                | _                     |
| BOARD DIRECTOR  |                   | Х                              |                       |         | _            |                              |        | 0.                                       | 0.                               | 0.                    |
| (31) HARUKI TOYAMA  | 1.00              | <u></u>                        |                       |         |              |                              |        |  | _                                |                       |
| BOARD DIRECTOR  |                   | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (32) HERB ZIEN  | 5.00              |                                |                       |         |              |                              |        |  |                                  |                       |
| BOARD DIRECTOR  | 1 00              | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (33) PAM STAMPEN  | 1.00              | ٠,,                            |                       |         |              |                              |        |  |                                  |                       |
| BOARD DIRECTOR  | 1 00              | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (34) SACHIN CHHEDA  | 1.00              | ٠,,                            |                       |         |              |                              |        |  | _                                |                       |
| COUNTY APPOINTED DIRECTOR                                 | 1 00              | Х                              |                       |         | <u> </u>     |                              |        | 0.                                       | 0.                               | 0.                    |
| (35) PEGGE SYTKOWSKI                                      | 1.00              | .,                             |                       |         |              |                              |        |  | 0.                               |                       |
| COUNTY APPOINTED DIRECTOR  (36) THEODORE PERLICK MOLINARI | 1.00              | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| CITY APPOINTED DIRECTOR                                   | 1.00              | х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (37) FIESHA LYNN BELL                                     | 1.00              | Α                              |                       |         |              |                              |        | 0.                                       | 0.                               | · ·                   |
| CITY APPOINTED DIRECTOR                                   | 1.00              | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| (38) GARREN RANDOLPH                                      | 1.00              |                                |                       |         |              |                              |        |  | 0.                               |                       |
| CITY APPOINTED DIRECTOR                                   | 1.00              | Х                              |                       |         |              |                              |        | 0.                                       | 0.                               | 0.                    |
| CITI INTOINING BIRDOIGN                                   |                   | 25                             |                       |         |              |                              |        |  | 0.                               | •                     |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   | 1                              |                       |         |              |                              |        |  |                                  |                       |
|   | •                 |                                |                       |         |              |                              |        |  |                                  |                       |
| Total to Part VII, Section A, line 1c                     |                   |                                |                       |         |              |                              |        |  |                                  |                       |
|   |                   |                                |                       |         |              |                              |        |  |                                  |                       |

# Form 990 (2023) MILWAUK Part VIII Statement of Revenue

|  |    | Check if Schedule O contains a response of                   | r note to any lin                     | e in this Part VIII |                   |                  |                    |
|--|----|--|---------------------------------------|---------------------|-------------------|------------------|--------------------|
|  |    | Officer if Schedule O contains a response of                 | in Hote to arry iii i                 | (A)                 | (B)               | (C)              | (D)                |
|  |    |  |                                       | Total revenue       | Related or exempt | Unrelated        | Revenue excluded   |
|  |    |  |                                       |                     | function revenue  | business revenue | from tax under     |
|  |    |  |                                       |                     |                   |                  | sections 512 - 514 |
| nts<br>tts   | 1  | a Federated campaigns1a                                      | 1,349,635.                            |                     |                   |                  |                    |
| ir a   |    | b Membership dues 1b   |                                       |                     |                   |                  |                    |
| s, G   |    | c Fundraising events1c                                       | 439,000.                              |                     |                   |                  |                    |
| ar,  |    | d Related organizations 1d                                   | 1,281,393.                            |                     |                   |                  |                    |
| Contributions, Gifts, Grants and Other Similar Amounts |    | e Government grants (contributions) 1e                       | 56,398.                               |                     |                   |                  |                    |
| Sign   |    | f All other contributions, gifts, grants, and                |                                       |                     |                   |                  |                    |
| bel  |    | similar amounts not included above 1f                        | 11,136,462.                           |                     |                   |                  |                    |
| ള  |    | g Noncash contributions included in lines 1a-1f              | 2,012,870.                            |                     |                   |                  |                    |
| Sor  |    | h Total. Add lines 1a-1f                                     |                                       | 14,262,888.         |                   |                  |                    |
| <u> </u>   |    | Totali / Ida ii ii da ii | Business Code                         | , ,                 |                   |                  |                    |
| _  | 2  | a TICKET SALES   | 711190                                | 4,966,020.          | 4,966,020.        |                  |                    |
| ice  | _  |  | 711190                                | 1,090,210.          | 1,090,210.        |                  |                    |
| er<br>ne   |    |  | 711170                                | 1,050,210.          | 1,050,210.        |                  |                    |
| n S  |    | c  |                                       |                     |                   |                  |                    |
| Jrar<br>Se   |    | d  |                                       |                     |                   |                  |                    |
| Program Service<br>Revenue                             |    | e  |                                       |                     |                   |                  |                    |
| Δ.   |    | f All other program service revenue                          |                                       |                     |                   |                  |                    |
|  |    | g Total. Add lines 2a-2f                                     |                                       | 6,056,230.          |                   |                  |                    |
|  | 3  | ,  |                                       |                     |                   |                  |                    |
|  |    | other similar amounts)                                       |                                       | 43,732.             |                   |                  | 43,732.            |
|  | 4  | Income from investment of tax-exempt bond pr                 | oceeds                                |                     |                   |                  |                    |
|  | 5  | Royalties  |                                       |                     |                   |                  |                    |
|  |    | (i) Real   | (ii) Personal                         |                     |                   |                  |                    |
|  | 6  | a Gross rents 6a   |                                       |                     |                   |                  |                    |
|  |    | b Less: rental expenses 6b                                   |                                       |                     |                   |                  |                    |
|  |    | c Rental income or (loss) 6c                                 |                                       |                     |                   |                  |                    |
|  |    | d Net rental income or (loss)                                |                                       |                     |                   |                  |                    |
|  |    | a Gross amount from sales of (i) Securities                  | (ii) Other                            |                     |                   |                  |                    |
|  |    | assets other than inventory 7a                               | 11,436.                               |                     |                   |                  |                    |
|  |    | b Less: cost or other basis                                  | , -                                   |                     |                   |                  |                    |
| Φ  |    | and sales expenses   | 0.                                    |                     |                   |                  |                    |
| nu   |    | c Gain or (loss) 7c  | 11,436.                               |                     |                   |                  |                    |
| Revenue  |    |  | · · · · · · · · · · · · · · · · · · · | 11,436.             |                   |                  | 11,436.            |
| ت<br>R   |    | d Net gain or (loss)   |                                       | 11,430.             |                   |                  | 11,430.            |
| ther   | 8  | a Gross income from fundraising events (not                  |                                       |                     |                   |                  |                    |
| ŏ  |    | including \$ 439,000. of                                     |                                       |                     |                   |                  |                    |
|  |    | contributions reported on line 1c). See                      | 05 455                                |                     |                   |                  |                    |
|  |    | Part IV, line 188a   | 97,455.                               |                     |                   |                  |                    |
|  |    | b Less: direct expenses8b                                    | 100,812.                              |                     |                   |                  |                    |
|  |    | ` '  |                                       | -3,357.             |                   |                  | -3,357.            |
|  | 9  | a Gross income from gaming activities. See                   |                                       |                     |                   |                  |                    |
|  |    | Part IV, line 199a   |                                       |                     |                   |                  |                    |
|  |    | b Less: direct expenses9b                                    |                                       |                     |                   |                  |                    |
|  |    | c Net income or (loss) from gaming activities                |                                       |                     |                   |                  |                    |
|  | 10 | a Gross sales of inventory, less returns                     |                                       |                     |                   |                  |                    |
|  |    | and allowances 10a   |                                       |                     |                   |                  |                    |
|  |    | b Less: cost of goods sold 10b                               |                                       |                     |                   |                  |                    |
|  |    | c Net income or (loss) from sales of inventory               |                                       |                     |                   |                  |                    |
|  |    |  | Business Code                         |                     |                   |                  |                    |
| snc  | 11 | a  |                                       |                     |                   |                  |                    |
| ne<br>Jue  | -  | b  |                                       |                     |                   |                  |                    |
| ella   |    | c  |                                       |                     |                   |                  |                    |
| Miscellaneous<br>Revenue                               |    | d All other revenue  |                                       |                     |                   |                  |                    |
| Σ  |    | e Total. Add lines 11a-11d                                   |                                       |                     |                   |                  |                    |
|  | 12 | Total revenue. See instructions                              |                                       | 20,370,929.         | 6,056,230.        | 0.               | 51,811.            |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 945,242. 745,883. 199,359. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,899,166. 9,105,393. 257,300. 536,473. Other salaries and wages 7 Pension plan accruals and contributions (include 769,591. 669,570. 51,783. 48,238. section 401(k) and 403(b) employer contributions) 1,977,209. 171,537. 1,675,250. 130,422. Other employee benefits 9 785,333. 671,504. 58,986. 54,843. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying 58,964. 58,964. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 2,225,159. 1,808,537. 267,570. 149,052. column (A), amount, list line 11g expenses on Sch O.)  $1,022,\overline{992}$ 956,829. 56,045. 10,118. Advertising and promotion 12 185,246. 110,410. 28,727. 46,109. 13 Office expenses Information technology 14 15 Royalties 4,239,866. 1,782,879. 2,456,631. 356. 16 Occupancy 26,625. 20,926. 5,116. 583. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 26,694. 65,923. 14,233. 24,996. Conferences, conventions, and meetings 19 53,673. 53,673. 20 Payments to affiliates 21 138,500. 138,500. Depreciation, depletion, and amortization 22 102,233. 50,838. 51,395. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 919,575. 911,392. 0. 8,183. PRODUCTION COSTS BANK FEES 113,327. 1,093. 112,234. 111,122. 75,947. 3,555. 31,620. MISCELLANEOUS 4,408. 3,205. 500. 703. d SUBSCRIBER EVENT CATERI 3,314. 249. 3.065. e All other expenses 23,647,468. 17,996,755. 4,266,525. 1,384,188. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

| Pai                         | IL A     | Balance Sheet  |  |                       |   |            |                           |
|-----------------------------|----------|--|--|-----------------------|---|------------|---------------------------|
|                             |          | Check if Schedule O contains a response or note  | e to an  | y line in this Part X |   |            |                           |
|                             |          |  |  |                       | <b>(A)</b><br>Beginning of year         |            | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing  |  |                       | 1,855,205.                              | 1          | 1,250,722.                |
|                             | 2        | Savings and temporary cash investments   |  |                       |   | 2          |                           |
|                             | 3        | ,  |  | 6,570,324.            | 3                                       | 4,927,101. |                           |
|                             | 4        | Accounts receivable, net   |  |                       | 199,905.                                | 4          | 216,757.                  |
|                             | 5        | Loans and other receivables from any current or  |  |                       |   |            |                           |
|                             |          | trustee, key employee, creator or founder, subst   |  |                       |   |            |                           |
|                             |          | controlled entity or family member of any of thes  | e perso  | ons                   |   | 5          |                           |
|                             | 6        | Loans and other receivables from other disqualif   | ied per  | sons (as defined      |   |            |                           |
| ş                           |          | under section 4958(f)(1)), and persons described   | nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B) |                       |   | 6          |                           |
|                             | 7        | Notes and loans receivable, net  |  |                       |   | 7          |                           |
| Assets                      | 8        | Inventories for sale or use  |  |                       |   | 8          |                           |
| Ä                           | 9        | Prepaid expenses and deferred charges  |  |                       | 652,430.                                | 9          | 538,117.                  |
|                             | 10a      | Land, buildings, and equipment: cost or other  |  |                       |   |            |                           |
|                             |          | basis. Complete Part VI of Schedule D  |  | 1,424,570.            |   |            |                           |
|                             | b        | Less: accumulated depreciation   |  | 1,014,411.            | 425,175.                                | 10c        | 410,159.                  |
|                             | 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  |  |                       | 111 4 404 551                           | 14         | 101 165 510               |
|                             | 15       | Other assets. See Part IV, line 11   |  |                       | 114,494,551.                            | 15         | 121,165,749.              |
|                             | 16       | Total assets. Add lines 1 through 15 (must equa  |  |                       | 124,197,590.                            | 16         | 128,508,605.              |
|                             | 17       | Accounts payable and accrued expenses  | 1,804,815.   | 17                    | 1,743,327.                              |            |                           |
|                             | 18       | Grants payable   |  |                       | 2 400 514                               | 18         | 2 044 024                 |
|                             | 19       | Deferred revenue   |  |                       | 2,490,514.                              | 19         | 2,844,834.                |
|                             | 20       | Tax-exempt bond liabilities  |  |                       |   | 20         |                           |
|                             | 21       | Escrow or custodial account liability. Complete F  |  |                       |   | 21         |                           |
| es                          | 22       | Loans and other payables to any current or form  |  |                       |   |            |                           |
| Liabilities                 |          | trustee, key employee, creator or founder, subst   |  |                       |   | -00        |                           |
| Liak                        |          | controlled entity or family member of any of thes  |  |                       | 570,200.                                | 22         | 1,350,000.                |
| _                           | 23       | Secured mortgages and notes payable to unrela  |  |                       | 370,200.                                | 23         | 1,330,000.                |
|                             | 24<br>25 | Unsecured notes and loans payable to unrelated<br>Other liabilities (including federal income tax, pay |  |                       |   | 24         |                           |
|                             | 25       | parties, and other liabilities not included on lines   |  |                       |   |            |                           |
|                             |          | of Schedule D  | 17-24)   | . Complete Part X     | 2,512,903.                              | 25         | 850,009.                  |
|                             | 26       | Total liabilities. Add lines 17 through 25   |  |                       | 7,378,432.                              | 26         | 6,788,170.                |
|                             | 20       | Organizations that follow FASB ASC 958, che  |  |                       | 7,370,1321                              | 20         | 0770071700                |
| es                          |          | and complete lines 27, 28, 32, and 33.   | on more  |                       |   |            |                           |
| ü                           | 27       |  |  |                       | 83,434,088.                             | 27         | 82,809,984.               |
| 3ale                        | 28       | Net assets with donor restrictions   |  |                       | 33,385,070.                             | 28         | 38,910,451.               |
| ρ                           |          | Organizations that do not follow FASB ASC 9  |  |                       | , |            | , , , , ,                 |
| Fur                         |          | and complete lines 29 through 33.  | , cc   |                       |   |            |                           |
| ō                           | 29       | Capital stock or trust principal, or current funds   |  |                       |   | 29         |                           |
| ets                         | 30       | Paid-in or capital surplus, or land, building, or eq   |  |                       |   | 30         |                           |
| Ass                         | 31       | Retained earnings, endowment, accumulated inc  |  |                       |   | 31         |                           |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances  |  |                       | 116,819,158.                            | 32         | 121,720,435.              |
|                             | 1        | Total liabilities and net assets/fund balances   |  |                       | 124,197,590.                            | 33         | 128,508,605.              |

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

MILWAUKEE SYMPHONY ORCHESTRA, 39-6023436 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

| Sec  | ction A. Public Support                      | 71                          | 1                      | ,                     |                            |                     |                 |
|------|--|-----------------------------|------------------------|-----------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2019                    | <b>(b)</b> 2020        | (c) 2021              | (d) 2022                   | (e) 2023            | (f) Total       |
|      | Gifts, grants, contributions, and            | ,                           | . ,                    | ` '                   | . ,                        |                     |                 |
|      | membership fees received. (Do not            |                             |                        |                       |                            |                     |                 |
|      | include any "unusual grants.")               | 31335867.                   | 27846660.              | 22154056.             | 13380852.                  | 14262888.           | 108980323       |
| 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                 | 31335867.                   | 27846660.              | 22154056.             | 13380852.                  | 14262888.           | 108980323       |
| 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)                                   |                             |                        |                       |                            |                     | 18366400.       |
| 6    | Public support. Subtract line 5 from line 4. |                             |                        |                       |                            |                     | 90613923.       |
|      | ction B. Total Support                       |                             |                        |                       |                            |                     |                 |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2019                    | <b>(b)</b> 2020        | (c) 2021              | (d) 2022                   | (e) 2023            | (f) Total       |
| 7    | Amounts from line 4                          | 31335867.                   | 27846660.              | 22154056.             | 13380852.                  | 14262888.           | 108980323       |
| 8    | Gross income from interest,                  |                             |                        |                       |                            |                     |                 |
|      | dividends, payments received on              |                             |                        |                       |                            |                     |                 |
|      | securities loans, rents, royalties,          |                             |                        |                       |                            |                     |                 |
|      | and income from similar sources              | 248,468.                    | 235,485.               | 249,660.              | 32,777.                    | 43,732.             | 810,122.        |
| 9    | Net income from unrelated business           |                             |                        |                       |                            |                     |                 |
|      | activities, whether or not the               |                             |                        |                       |                            |                     |                 |
|      | business is regularly carried on             | 3,397.                      |                        |                       | 134,596.                   |                     | 137,993.        |
| 10   | Other income. Do not include gain            |                             |                        |                       |                            |                     |                 |
|      | or loss from the sale of capital             |                             |                        |                       |                            |                     |                 |
|      | assets (Explain in Part VI.)                 |                             | 4000000.               |                       |                            |                     | 4000000.        |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                             |                        |                       |                            |                     | 113928438       |
| 12   | Gross receipts from related activities       | , etc. (see instruction     | ons)                   |                       |                            | 12 20               | ,092,052.       |
| 13   | First 5 years. If the Form 990 is for the    | he organization's fi        | rst, second, third,    | fourth, or fifth tax  | year as a section 5        | 01(c)(3)            |                 |
|      | organization, check this box and sto         | p here                      |                        |                       |                            |                     |                 |
| Sec  | ction C. Computation of Publ                 | ic Support Per              | centage                |                       |                            |                     |                 |
| 14   | Public support percentage for 2023 (         | line 6, column (f), d       | livided by line 11,    | column (f))           |                            | 14                  | 79.54 %         |
| 15   | Public support percentage from 2022          | 2 Schedule A, Part          | II, line 14            |                       |                            | 15                  | 83.25 %         |
| 16a  | 33 1/3% support test - 2023. If the          | organization did no         | ot check the box o     | n line 13, and line   | 14 is 33 1/3% or m         | ore, check this bo  |                 |
|      | stop here. The organization qualifies        | as a publicly supp          | orted organization     | ı                     |                            |                     | X               |
| b    | 33 1/3% support test - 2022. If the          | organization did no         | ot check a box on      | line 13 or 16a, and   | line 15 is 33 1/3%         | or more, check th   | is box          |
|      | and stop here. The organization qua          | lifies as a publicly s      | supported organization | ation                 |                            |                     |                 |
| 17a  | 10% -facts-and-circumstances test            | <b>t - 2023.</b> 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 fact       | ts-and-circumstanc          | es test, check this    | box and stop he       | <b>re.</b> Explain in Part | VI how the organiz  | zation          |
|      | meets the facts-and-circumstances to         | est. The organization       | on qualifies as a pu   | ıblicly supported o   | rganization                |                     |                 |
| b    | 10% -facts-and-circumstances test            | t - 2022. If the org        | anization did not      | check a box on line   | e 13, 16a, 16b, or 1       | 17a, and line 15 is | 10% or          |
|      | more, and if the organization meets t        | he facts-and-circun         | nstances test, che     | ck this box and s     | <b>top here.</b> Explain i | n Part VI how the   |                 |
|      | organization meets the facts-and-circ        | umstances test. Th          | ne organization qu     | alifies as a publicly | supported organiz          | zation              |                 |
| 18   | Private foundation. If the organization      | on did not check a          | box on line 13, 16     | a, 16b, 17a, or 17b   | o, check this box a        | nd see instructions | s               |
|      |  |                             |                        |                       |                            | Schedule A          | (Form 990) 2023 |

#### 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.)

| Sec  | ction A. Public Support  |                             |                       |                                       |                     |                      |           |
|------|--|-----------------------------|-----------------------|---------------------------------------|---------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                              | (d) 2022            | (e) 2023             | (f) Total |
| 1    | Gifts, grants, contributions, and  |                             |                       |                                       |                     |                      |           |
|      | membership fees received. (Do not  | ļ                           |                       |                                       |                     |                      |           |
|      | 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               | ļ                           |                       |                                       |                     |                      |           |
|      | 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   |                             |                       |                                       |                     |                      |           |
| 78   | Amounts included on lines 1, 2, and  |                             |                       |                                       |                     |                      |           |
|      | 3 received from disqualified persons   |                             |                       |                                       |                     |                      |           |
| k    | Amounts included on lines 2 and 3 received from other than disqualified persons that |                             |                       |                                       |                     |                      |           |
|      | exceed the greater of \$5,000 or 1% of the   |                             |                       |                                       |                     |                      |           |
|      | amount on line 13 for the year   |                             |                       |                                       |                     |                      |           |
|      | Add lines 7a and 7b  |                             |                       |                                       |                     |                      |           |
| 8    | Public support. (Subtract line 7c from line 6.)                                      |                             |                       |                                       |                     |                      |           |
|      | ction B. Total Support   |                             |                       |                                       |                     |                      |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2019                    | <b>(b)</b> 2020       | (c) 2021                              | (d) 2022            | (e) 2023             | (f) Total |
|      | Amounts from line 6 Gross income from interest,                                      |                             |                       |                                       |                     |                      |           |
| IUa  | dividends, payments received on  |                             |                       |                                       |                     |                      |           |
|      | securities loans, rents, royalties,  |                             |                       |                                       |                     |                      |           |
|      | and income from similar sources Unrelated business taxable income                    |                             |                       |                                       |                     |                      |           |
|      | (less section 511 taxes) from businesses   |                             |                       |                                       |                     |                      |           |
|      | acquired ofter June 20, 1075   |                             |                       |                                       |                     |                      |           |
| ,    | Add lines 10a and 10b  |                             |                       |                                       |                     |                      |           |
|      | Net income from unrelated business   |                             |                       |                                       |                     |                      |           |
|      | activities not included on 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   |                             |                       |                                       |                     |                      |           |
| 13   | assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)         |                             |                       |                                       |                     |                      |           |
|      | First 5 years. If the Form 990 is for the  | ne organization's fir       | rst. second. third. 1 | ourth, or fifth tax                   | vear as a section 5 | 01(c)(3) organizatio | on.       |
|      | check this box and stop here   |                             |                       | · · · · · · · · · · · · · · · · · · · |                     |                      |           |
| Se   | ction C. Computation of Publi  | c Support Per               | centage               |                                       |                     |                      |           |
| 15   | Public support percentage for 2023 (I  | ine 8, column (f), d        | ivided by line 13, o  | column (f))                           |                     | 15                   | %         |
|      | Public support percentage from 2022  |                             |                       |                                       |                     | 16                   | %         |
| Se   | ction D. Computation of Inves  | tment Income                | Percentage            |                                       |                     |                      |           |
| 17   | Investment income percentage for 20  | <b>)23</b> (line 10c, colur | nn (f), divided by li | ne 13, column (f))                    |                     | 17                   | %         |
|      | Investment income percentage from  |                             |                       |                                       |                     | 18                   | %         |
| 19a  | 33 1/3% support tests - 2023. If the   | organization did n          | ot check the box o    | on line 14, and line                  | 15 is more than 3   | 3 1/3%, and line 1   | 7 is not  |
|      | more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The    | organization qualit   | fies as a publicly s                  | upported organiza   | tion                 |           |
| b    | 33 1/3% support tests - 2022. If the   | organization did n          | ot check a box on     | line 14 or line 19a                   | , and line 16 is mo | re than 33 1/3%, a   | nd        |
|      | line 18 is not more than 33 1/3%, che  |                             |                       |                                       |                     |                      |           |
| 20   | Private foundation. If the organization  | n did not check a           | box on line 14, 19a   | a, or 19b, check th                   | is box and see ins  | tructions            |           |

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|             | Yes    | No   |
|-------------|--------|------|
|             |        |      |
| 1           |        |      |
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| 2           |        |      |
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| 3b          |        |      |
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| 4a          |        |      |
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| 4c          |        |      |
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| 5a          |        |      |
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| 5b<br>5c    |        |      |
| 30          |        |      |
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| 9b          |        |      |
| 9с          |        |      |
|             |        |      |
|             |        |      |
| 10a         |        |      |
| 10b         |        |      |
| ule A (Forn | n 990) | 2023 |

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| Par    | TIV Supporting Organizations (continued)   |            |            |     |
|--------|--|------------|------------|-----|
|        |  |            | Yes        | No  |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |            |            |     |
| а      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |            |            |     |
|        | 11c below, the governing body of a supported organization?   | 11a        |            |     |
| b      | A family member of a person described on line 11a above?   | 11b        |            |     |
| С      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |            |            |     |
|        | detail in Part VI.   | 11c        |            |     |
| Sec    | tion B. Type I Supporting Organizations  |            |            |     |
|        |  |            | Yes        | No  |
| 1      | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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          |            |     |
| 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,  |            |            |     |
| 0      | supervised, or controlled the supporting organization.   | 2          |            |     |
| Sec    | tion C. Type II Supporting Organizations   |            |            |     |
|        | ſ  |            | Yes        | No  |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |            |            |     |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI 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 on line 2, above, 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<br>a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.  |            |            |     |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.  | . د المرسل | اء         |     |
|        | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.  | truction   | S).<br>Yes | No  |
| 2      |  |            | 168        | INO |
| 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  | 20         |            |     |
| L      | that these activities constituted substantially all of its activities.   | 2a         |            |     |
| b      | Did the activities described on line 2a, above, 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   | ΛL         |            |     |
| •      | these activities but for the organization's involvement.   | 2b         |            |     |
| 3      | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the experienting base the power to require the power to releast a majority of the officers directors or  |            |            |     |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  | 0-         |            |     |
|        | trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>   | 3a         |            |     |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 01-        |            |     |
|        | of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard  | 3b         |            |     |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | Schedule A (Form 990) 2023

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ing Organi      | zations                    | <u></u>                        |
|------|--|-----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N  | lov. 20, 1970 ( explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   |                 | ·                          |                                |
| Sect | ion A - Adjusted Net Income  |                 | (A) Prior Year             | (B) Current Year<br>(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<br>(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):            |                 |                            |                                |
| a    | Average monthly value of securities  | 1a              |                            |                                |
| b    | Average monthly cash balances  | 1b              |                            |                                |
| с    | Fair market value of other non-exempt-use assets                             | 1c              |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d              |                            |                                |
| е    | Discount claimed for blockage or other factors                               |                 |                            |                                |
|      | (explain in detail in Part VI):  |                 |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                 | 2               |                            |                                |
| 3    | Subtract line 2 from line 1d.  | 3               |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,  |                 |                            |                                |
|      | see instructions).   | 4               |                            |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)             | 5               |                            |                                |
| _6   | Multiply line 5 by 0.035.  | 6               |                            |                                |
| _7_  | Recoveries of prior-year distributions                                       | 7               |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to 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 0.85 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-function | ally integrated | d Type III supporting orga | nization (see                  |

Schedule A (Form 990) 2023

instructions).

|       |   | CHONY ORCHESTRA               |  | 39-6023436 Page 7                         |
|-------|---|-------------------------------|--|---|
| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | inizations (continued)                 | 1   |
| Secti | on D - Distributions  |                               |  | Current Year                              |
| _1_   | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  | 1                                      |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |   |
|       | organizations, in excess of income from activity                |                               | 2                                      |   |
| _3_   | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                                      |   |
| _4_   | Amounts paid to acquire exempt-use assets                       |                               | 4                                      |   |
| _5_   | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     | 5                                      |   |
| _6_   | Other distributions (describe in Part VI). See instructions.    |                               | 6                                      |   |
| _7_   | Total annual distributions. Add lines 1 through 6.              |                               | 7                                      |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |  |   |
|       | (provide details in Part VI). See instructions.                 |                               | 8                                      |   |
| 9     | Distributable amount for 2023 from Section C, line 6            |                               | 9                                      |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               | 10                                     |   |
| Secti | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
| 1     | Distributable amount for 2023 from Section C, line 6            |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2023 (reason-    |                               |  |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2023                 |                               |  |   |
|       | From 2018   |                               |  |   |
|       | From 2019   |                               |  |   |
|       | From 2020   |                               |  |   |
| d     | From 2021   |                               |  |   |
|       | From 2022   |                               |  |   |
|       | Total of lines 3a through 3e                                    |                               |  |   |
|       | Applied to underdistributions of prior years                    |                               |  |   |
|       | Applied to 2023 distributable amount                            |                               |  |   |
|       | Carryover from 2018 not applied (see instructions)              |                               |  |   |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |  |   |
| 4     | Distributions for 2023 from Section D,                          |                               |  |   |
|       | line 7: \$  |                               |  |   |
| a     | Applied to underdistributions of prior years                    |                               |  |   |
|       | Applied to 2023 distributable amount                            |                               |  |   |
| С     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |  |   |
|       | Remaining underdistributions for years prior to 2023, if        |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.         |                               |  |   |
| 6     | Remaining underdistributions for 2023. Subtract lines 3h        |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |  |   |
|       | Part VI. See instructions.                                      |                               |  |   |
| 7     | Excess distributions carryover to 2024. Add lines 3j            |                               |  |   |

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

### SCHEDULE C (Form 990)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of orga | nization                   | ions. Complete Part III.   |                        | F   | mployer identification number |
|--------------|----------------------------|--|------------------------|---|-------------------------------|
|              |                            | EE SYMPHONY ORCH   | ESTRA INC.             | -   | 39-6023436                    |
| Part I-A     | Complete if the org        | anization is exempt und  | ler section 501(c)     | or is a section 527   |                               |
| 2 Political  | campaign activity expendit | ation's direct and indirect polition<br>ures<br>gn activities        |                        |   | \$                            |
| Part I-B     | Complete if the org        | anization is exempt und  | ler section 501(c)(    | 3).   |                               |
| 1 Enter the  | amount of any excise tax   | incurred by the organization und                                     | der section 4955       | -   | \$                            |
| 2 Enter the  | e amount of any excise tax | incurred by organization manag                                       | ers under section 4955 |   | \$                            |
|              |                            | n 4955 tax, did it file Form 4720                                    |                        |   |                               |
| 4a Was a co  | orrection made?            |  |                        |   | Yes No                        |
| b If "Yes,"  | describe in Part IV.       |  |                        |   |                               |
|              |                            | anization is exempt und  |                        | -   |                               |
|              |                            | by the filing organization for se                                    |                        |   | \$                            |
|              | • •                        | ization's funds contributed to of                                    | •                      |   |                               |
|              |                            |  |                        |   | \$                            |
|              |                            | . Add lines 1 and 2. Enter here a                                    |                        |   | _                             |
|              |                            |  |                        |   |                               |
|              |                            | 1120-POL for this year?  |                        |   |                               |
|              |                            | nployer identification number (E<br>ion listed, enter the amount pai |                        |   |                               |
| •            |                            | emptly and directly delivered to                                     | 0 0                    |   | ·                             |
|              | •                          | additional space is needed, pro                                      |                        |   | 3 3                           |
|              | (a) Name                   | (b) Address  | (c) EIN                | (d) Amount paid fro<br>filing organization's<br>funds. If none, enter | contributions received and    |
|              |                            |  |                        |   |                               |
|              |                            |  |                        |   |                               |
|              |                            |  |                        |   |                               |
|              |                            |  |                        |   |                               |
|              |                            |  |                        |   |                               |
|              |                            |  |                        |   |                               |

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

Schedule C (Form 990) 2023

|               | C (Form 990) 2023   | MILWAUKEE S                                 | YMPHONY ORC   | HESTRA, INC.            | . 39-6                                 | 023436 Page 2                      |
|---------------|---|---|---|-------------------------|--|------------------------------------|
| Part II-      |   | anization is exen                           | npt under section   | 501(c)(3) and file      | ed Form 5768 (ele                      | ction under                        |
|               | section 501(h)).  |   |   |                         |  |                                    |
| A Check       | if the filing organiza  | tion belongs to an affil                    | liated group (and list in   | Part IV each affiliated | group member's name                    | e, address, EIN,                   |
|               | expenses, and shar  | e of excess lobbying e                      | expenditures).  |                         |  |                                    |
| B Check       | if the filing organiza  | tion checked box A ar                       | nd "limited control" pro  | visions apply.          |  |                                    |
|               |   | ts on Lobbying Exper<br>ditures" means amou | nditures<br>nts paid or incurred.)  |                         | (a) Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Tota       | al lobbying expenditures to influ   | uence public opinion (g                     | grassroots lobbying)  |                         |  |                                    |
| <b>b</b> Tota | al lobbying expenditures to influ   | uence a legislative bod                     | ly (direct lobbying)  |                         |  |                                    |
| <b>c</b> Tota | al lobbying expenditures (add li  | nes 1a and 1b)                              |   |                         |  |                                    |
| <b>d</b> Oth  | er exempt purpose expenditure   | es  |   |                         | 20,822,389.                            |                                    |
| e Tota        | al exempt purpose expenditure   | s (add lines 1c and 1d)                     | )   |                         | 20,822,389.                            |                                    |
| f_Lob         | bying nontaxable amount. Ente   | er the amount from the                      | following table in both   | n columns.              | 1,000,000.                             |                                    |
| If the        | If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: |   |   |                         |  |                                    |
| not           | over \$500,000,   | 20% of t                                    | the amount on line 1e.  |                         |  |                                    |
| ove           | \$500,000 but not over \$1,000  | ,000, \$100,00                              | 00 plus 15% of the exc  | ess over \$500,000.     |  |                                    |
| ove           | \$1,000,000 but not over \$1,50   | 00,000, \$175,00                            | 00 plus 10% of the exc  | ess over \$1,000,000.   |  |                                    |
| ove           | 1,500,000 but not over \$17,1   | 000,000, \$225,00                           | 00 plus 5% of the exces   | ss over \$1,500,000.    |  |                                    |
| ove           | r \$17,000,000,   | \$1,000,0                                   | 000.  |                         |  |                                    |
| <b>g</b> Gras | ssroots nontaxable amount (en   | ter 25% of line 1f)                         |   |                         | 250,000.                               |                                    |
| <b>h</b> Sub  | tract line 1g from line 1a. If zer  | o or less, enter -0-                        |   |                         | 0.                                     |                                    |
| i Sub         | tract line 1f from line 1c. If zero   | or less, enter -0-                          |   |                         | 0.                                     |                                    |
| j If th       | ere is an amount other than ze  | ro on either line 1h or l                   | line 1i, did the organiza   | tion file Form 4720     | _                                      |                                    |
| repo          | orting section 4911 tax for this  | year?                                       |   |                         |  | Yes No                             |
|               | (Some organizations t   | nat made a section 50                       | eraging Period Under<br>01(h) election do not l<br>ate instructions for lir | nave to complete all o  | of the five columns be                 | low.                               |
|               |   | Lobbying Exper                              | nditures During 4-Yea   | r Averaging Period      |  |                                    |
| (or           | Calendar year<br>fiscal year beginning in)  | <b>(a)</b> 2020                             | <b>(b)</b> 2021   | (c) 2022                | ( <b>d)</b> 2023                       | (e) Total                          |
| 2a Lob        | bying nontaxable amount   | 581,229.                                    | 967,658.  | 1,000,000.              | 1,000,000.                             | 3,548,887.                         |
|               | bying ceiling amount<br>9% of line 2a, column(e))                                   |   |   |                         |  | 5,323,331.                         |

653.

653.

241,915.

20,000.

250,000.

1,017.

1,017.

145,307.

1,670. Schedule C (Form 990) 2023

250,000.

21,670.

887,222.

1,330,833.

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| To reach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes? | Yes                      | No                | A ma        |       |
|--|--------------------------|-------------------|-------------|-------|
| local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?   |                          |                   | Aille       | ount  |
| or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  |                          |                   |             |       |
| a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?  |                          |                   |             |       |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?   |                          |                   |             |       |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?   |                          |                   |             |       |
| d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  |                          |                   |             |       |
| e Publications, or published or broadcast statements?  |                          |                   |             |       |
|  |                          |                   |             |       |
| f Grants to other organizations for lobbying purposes?   |                          |                   |             |       |
| · · · · · · · · · · · · · · · · · · ·  |                          |                   |             |       |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |                          |                   |             |       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                          |                   |             |       |
| i Other activities?  |                          |                   |             |       |
| j Total. Add lines 1c through 1i   |                          |                   |             |       |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?   |                          |                   |             |       |
| b If "Yes," enter the amount of any tax incurred under section 4912  |                          |                   | -           |       |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                          |                   |             |       |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | 501(2)(4                 | <br>5) or sec     | ction       |       |
| 501(c)(6).   | 301(0)(                  | <i>5)</i> , 01 3e |             |       |
|  |                          |                   | Yes         | No    |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                          | 1                 |             |       |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                          | 2                 |             |       |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section   |                          |                   |             |       |
|  |                          | ` '               | III-A. line | 3. is |
| answered "Yes."  |                          | 1                 | III-A, line | 3, is |
| answered "Yes."  |                          | 1                 | III-A, line | 3, is |
| answered "Yes."  1 Dues, assessments and similar amounts from members  |                          | 1                 | III-A, line | 3, is |
| answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  | al                       |                   | III-A, line | 3, is |
| answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  | al                       | 2a                | III-A, line | 3, is |
| answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  | al                       | 2a                | III-A, line | 3, is |
| answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  | al                       | 2a 2b 2c          | III-A, line | 3, is |
| answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total   | al                       | 2a 2b 2c          | III-A, line | 3, is |
| answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | al<br>                   | 2a 2b 2c          | III-A, line | 3, is |
| answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditures next year?  | al<br>ss<br>ss<br>itical | 2a 2b 2c 3        | III-A, line | 3, is |
| answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.   | al<br>ss<br>ss<br>itical | 2a 2b 2c 3        | III-A, line | 3, is |

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MILWAUKEE SYMPHONY ORCHESTRA, INC. **Employer identification number** 39-6023436

| Pai | Organizations Maintaining Donor Advised<br>organization answered "Yes" on Form 990, Part IV, line |                               | milar Funds or Ad         | counts. Complete if the         |
|-----|---|-------------------------------|---------------------------|---------------------------------|
|     |   | (a) Donor advised             | funds                     | (b) Funds and other accounts    |
| 1   | Total number at end of year   |                               |                           |                                 |
| 2   | Aggregate value of contributions to (during year)   |                               |                           |                                 |
| 3   | Aggregate value of grants from (during year)  |                               |                           |                                 |
| 4   | Aggregate value at end of year  |                               |                           |                                 |
| 5   | Did the organization inform all donors and donor advisors in w                                    | riting that the assets held   | d in donor advised fund   | ds                              |
|     | are the organization's property, subject to the organization's e                                  | exclusive legal control?      |                           | Yes No                          |
| 6   | Did the organization inform all grantees, donors, and donor ad                                    |                               |                           |                                 |
|     | for charitable purposes and not for the benefit of the donor or                                   | donor advisor, or for any     | other purpose conferr     | ring                            |
|     | impermissible private benefit?  |                               |                           | Yes No                          |
| Pai | T II Conservation Easements. Complete if the organization   | anization answered "Yes       | on Form 990, Part IV      | , line 7.                       |
| 1   | Purpose(s) of conservation easements held by the organization                                     |                               |                           |                                 |
|     | Preservation of land for public use (for example, recreati  | ion or education)             | Preservation of a histo   | orically important land area    |
|     | Protection of natural habitat   |                               | Preservation of a cert    | ified historic structure        |
|     | Preservation of open space  |                               |                           |                                 |
| 2   | Complete lines 2a through 2d if the organization held a qualifie                                  | ed conservation contribu      | tion in the form of a co  | nservation 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   |   |                               |                           | 2b                              |
| С   | Number of conservation easements on a certified historic structure.                               |                               |                           | 2c                              |
| d   | Number of conservation easements included on line 2c acquir                                       | ed after July 25, 2006, a     | nd not                    |                                 |
|     | on a historic structure listed in the National Register   | •                             |                           | 2d                              |
| 3   | Number of conservation easements modified, transferred, rele                                      |                               |                           | ization during the tax          |
|     | year  |                               |                           |                                 |
| 4   | Number of states where property subject to conservation ease                                      | ement is located              |                           |                                 |
| 5   | Does the organization have a written policy regarding the period                                  | odic monitoring, inspection   | on, handling of           |                                 |
|     | violations, and enforcement of the conservation easements it l                                    | holds?                        |                           | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                    | nandling of violations, and   | d enforcing conservation  | on easements during the year    |
|     |   |                               |                           |                                 |
| 7   | Amount of expenses incurred in monitoring, inspecting, handli                                     | ing of violations, and enfo   | orcing conservation ea    | sements during the year         |
|     |   |                               |                           |                                 |
| 8   | Does each conservation easement reported on line 2d above s                                       | satisfy the requirements      | of section 170(h)(4)(B)(i | )                               |
|     | and section 170(h)(4)(B)(ii)?   |                               |                           | Yes No                          |
| 9   | In Part XIII, describe how the organization reports conservation                                  |                               |                           |                                 |
|     | balance sheet, and include, if applicable, the text of the footnot                                | ote to the organization's f   | financial statements the  | at describes the                |
|     | organization's accounting for conservation easements.   |                               |                           |                                 |
| Pai | t III Organizations Maintaining Collections of  | Art, Historical Trea          | sures, or Other S         | Similar Assets.                 |
|     | Complete if the organization answered "Yes" on Form 9   | 990, Part IV, line 8.         |                           |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 958                                      | 3, not to report in its rever | nue statement and bala    | ance sheet works                |
|     | of art, historical treasures, or other similar assets held for publ                               | ic exhibition, education,     | or research in furtherar  | nce of public                   |
|     | service, provide in Part XIII the text of the footnote to its finance                             | cial statements that desc     | ribes these items.        |                                 |
| b   | If the organization elected, as permitted under FASB ASC 958                                      | 3, to report in its revenue   | statement and balance     | e sheet works of                |
|     | art, historical treasures, or other similar assets held for public                                | exhibition, education, or     | research in furtherance   | e of public service,            |
|     | provide the following amounts relating to these items.  |                               |                           |                                 |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |                               |                           | \$                              |
|     | (m)   |                               |                           | •                               |
| 2   | If the organization received or held works of art, historical trea-                               | sures, or other similar as    | sets for financial gain,  | provide                         |
|     | the following amounts required to be reported under FASB AS                                       |                               |                           |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1   |                               |                           | \$                              |
|     | Assets included in Form 990, Part X   |                               |                           |                                 |
|     | For Paperwork Reduction Act Notice, see the Instructions  |                               |                           | Schedule D (Form 990) 2023      |

332051 09-28-23

# Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings                                    |                                      |                                 |                              |                |
| c Leasehold improvements                              |                                      | 18,518.                         | 10,185.                      | 8,333.         |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      | 1,406,052.                      | 1,004,226.                   | 401,826.       |
| Total. Add lines 1a through 1e. (Column (d) must equa |                                      | Oc. column (B))                 |                              | 410,159.       |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 MILWAUKEE SY Part VII Investments - Other Securities         | MPHONY ORCHE              |  | 9-6023436 Page 3        |
|---|---------------------------|--|-------------------------|
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.      |                         |
| (a) Description of security or category (including name of security)                    | (b) Book value            | (c) Method of valuation: Cost or e       | nd-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, line 12, col. (B))                        |                           |  |                         |
| Part VIII Investments - Program Related.  | - F 000 D-+ IV I'         | 44 - O Farm 200 Bart V Fac 40            |                         |
| Complete if the organization answered "Yes" o  (a) Description of investment            | (b) Book value            | (c) Method of valuation: Cost or el      | ad of year market value |
|   | (b) book value            | (c) Method of Valuation. Cost of el      | id-or-year market value |
| (1)   |                           |  |                         |
| (2)   |                           |  |                         |
| (3)   |                           |  |                         |
| (4)   |                           |  |                         |
| (5)<br>(6)  |                           |  |                         |
| (7)   |                           |  |                         |
| (8)   |                           |  |                         |
| (9)   |                           |  |                         |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))                        |                           |  |                         |
| Part IX Other Assets  |                           |  |                         |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.      |                         |
| (a) D   | escription                |  | (b) Book value          |
| (1) BENEFICIAL INTEREST HELD I  | N TRUSTS                  |  | 32,889,714.             |
| (2) INVESTMENT IN TNSH  |                           |  | 88,276,035.             |
| (3)   |                           |  |                         |
| (4)   |                           |  |                         |
| (5)   |                           |  |                         |
| (6)   |                           |  |                         |
| (7)   |                           |  |                         |
| (8)   |                           |  |                         |
| (9)   |                           |  |                         |
| Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities | <u>(B))</u>               |  | 121,165,749.            |
| Complete if the organization answered "Yes" o   | n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 5.                      |
| 1. (a) Description of liability   |                           |  | (b) Book value          |
| (1) Federal income taxes  |                           |  |                         |
| (2) LIABILITY FOR PENSION BENE  | FITS                      |  | 850,009.                |
| (3)   |                           |  |                         |

1. (a) Description of Hability

(1) Federal income taxes

(2) LIABILITY FOR PENSION BENEFITS

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

850,009.

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

Schedule D (Form 990) 2023

| Complete if the organization answered. "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per suidide dinancial statements  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (possed) on investments  Executives of facilities  2 Donated services and use of facilities  C Recoveries of prior year grants  2 do Other (Describe in Part XIII)  Add lines 2a through 2d  3 Subtract line Segment on Included on Form 990, Part VIII, line 12; but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1:  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and closes per united thinnancial statements  Complete if the organization answered. "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and closes per united thinnancial statements  2 Amounts included on line 1 but not on Form 990, Part IV, line 12b.  2 Donated services and uses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IV, line 25:  3 Donated services and uses per audited financial statements  2 Donated services and uses per audited financial statements  2 Donated services and uses per audited financial statements  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IV, line 25:  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IV, line 25:  2 Donated services and use of facilities  b Prior year adjustments  2 Donated services and use of facilities  b Prior year adjustments  2 Donated services and use of facilities  b Prior year adjustments  5 Donated services and use of facilities  b Prior year adjustments  5 Donated services and use of facilities  b Prior year adjustments  5 Donated services and use of facilities  b Prior year adjustments  5 Donated services and use of facilities  b Prior year adjustments  5 Donated services and use  |          | t XI Reconciliation of Revenue per Audited Financial Statemen                       | ents With Rev       | venue per Return          | rage                |
|--|----------|---|---------------------|---------------------------|---------------------|
| 2 Amounts included on line 1 but not on Form 900, Part VIII, line 12: a Net unrealized gains (Disses) on investments b Donated services and use of facilities c Riscoveries of prior year grants d Other (Describe in Part XIII) a Add lines 2 at through 2d 3 Subtract line segeness on the included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) b Cliner (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 900, Part I, line 12)  Fart XIII   Revocation in Part XIII   c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 900, Part I, line 12)  Fart XIII   Revocation in line 1 but not on Form 990, Part IX, line 2a.  1 Total expenses and closses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 3 Subtractine receptions in Part XIII) 4 Amounts included on Form 990, Part IX, line 25: b Prior year adjustments 2  |          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a          | a.                  |                           |                     |
| a Net unrealized gains (Josses) on investments both contents earliered and use of facilities concentrations of the contents of prior year grants contents of the content | 1        | Total revenue, gains, and other support per audited financial statements            |                     | 1                         |                     |
| b Donated services and use of facilities 2c Recoveries of prior year grants 2c 2c 2c 2d 2c 2c 2d 2d 2d 2d 2c 2d   | 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                 |                     |                           |                     |
| c Recoveries of priory year grants d Other (Describer in Part XIII) e Add lines & a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 b Other (Describer in Part XIII) c Add lines & and 4b 5 Total revenue. Add lines & and 4e. To Provide the describitions of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part I, line 12: 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Describes in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information 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, line 2d and 4b, Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.   | а        | Net unrealized gains (losses) on investments  | 2a                  |                           |                     |
| c Recoveries of priory year grants d Other (Describer in Part XIII) e Add lines & a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 b Other (Describer in Part XIII) c Add lines & and 4b 5 Total revenue. Add lines & and 4e. To Provide the describitions of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part I, line 12: 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Describes in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information 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, line 2d and 4b, Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.   | b        | Donated services and use of facilities  |                     |                           |                     |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part Line 12) 5   Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered 'Yes' on Form 990, Part Line 12). 1 Total expenses and losses 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 IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (Phis must equal Form 990, Part I, line 18)  Part XIII Supplemental Information  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. Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.  | С        |   |                     |                           |                     |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total reverue. Add lines 3 and 4e. This must acoust Form 990, Part Line 12.  Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part I, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not no 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 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25. but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4e. (This must secula Form 990, Part I, line 13) Form 4 Subplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part II, 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 XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.   | d        |   |                     |                           |                     |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Teat revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" 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 2 b c Other (Describe in Part XIII.) 2 cd d Other (Describe in Part XIII.) 2 d 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 IVI, line 7b b Other (Describe in Part XIII.) 4 b 1 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 7 Part XIII (Supplemental Information  Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART XI, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.  | е        | Add lines 2a through 2d   |                     | 2e                        |                     |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 390, Part I, line 12.) 5 Teat revenue Add lines 3 and 4c. (This must equal Form 390, Part I, line 12.) 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 2 D   | 3        | Subtract line 2e from line 1  |                     | 3                         |                     |
| b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Farm 990, Part I, line 12).  Compete 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 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25; but not on line 1:  a Investment expenses on thickled on Form 990, Part IV, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18)  Fart XIII Supplemental Information  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501 (C) (3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE.   | 4        |   |                     |                           |                     |
| c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 390, Part I, line 12)  Feart 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 IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII) Add lines 2a through 2d 2 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IV, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4e. (This must equal Form 390, Part IV, line 18)  Fart XIII Supplemental Information  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 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 V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.   | а        | Investment expenses not included on Form 990, Part VIII, line 7b                    | 4a                  |                           |                     |
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| Part XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  | С        | Add lines 4a and 4b   |                     | 4c                        |                     |
| 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 2 Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Fart XIII Supplemental Information  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. Also complete this part to provide any additional information.  PART V, LINE 4:  TO PROVIDE OPERATING SUPPORT TO THE MILWAUKEE SYMPHONY ORCHESTRA, INC.  PART X, LINE 2:  THE ORCHESTRA IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3)  OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.   |          | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)     |                     | 5                         | _                   |
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| OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,  | PAI      | RT X, LINE 2:   |                     |                           |                     |
| OF THE INTERNAL REVENUE CODE AS OTHER THAN A PRIVATE FOUNDATION AND IS  EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO  SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,  |          |   |                     | «                         | E04 (@) (0)         |
| EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,   | THE      | E ORCHESTRA IS A NONPROFIT CORPORATION AS   | DESCRIBED           | IN SECTION                | 501(C)(3)           |
| EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,   | Ο.Π.     | MILE TAMEDALL DEVENUE CODE AC OMILED MILAN A  |                     | HOUNDAMION :              | AND TO              |
| SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,  | OF.      | THE INTERNAL REVENUE CODE AS OTHER THAN A   | PRIVATE             | FOUNDATION A              | AND IS              |
| SECTION 501(A) OF THE CODE.  THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,  | ועה      | MDM EDOM EEDEDAI AND CMAME INCOME MAYEC O   | N DELYMER           | TNCOME DID                | חוו שוו מווי        |
| THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,   | EXI      | MPT FROM FEDERAL AND STATE INCOME TAXES O   | N KELATEL           | INCOME PUR                | SUANT TO            |
| THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS,   | SEC      | TON 501(A) OF THE CODE  |                     |                           |                     |
|  | סבוכ     | CITON SUI(N) OI IND CODD:   |                     |                           |                     |
|  |          |   |                     |                           |                     |
|  |          |   |                     |                           |                     |
| AND THERE HAVE BEEN NO DECODDED INCEPTATIONS DECODDED IN 2024  | THE      | E ORGANIZATION EVALUATES ITS UNCERTAIN TAX  | POSITION            | IS ON AN ANNU             | JAL BASIS,          |
|  | 7, T.T.T | O WREDE RIVE DEEN NO DECODDED INCEDENTAL WA   | v bogimio           | MG DECODDED               | TN 2024             |

AND 2023. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 39-6023436 MILWAUKEE SYMPHONY ORCHESTRA Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations е Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) THE PHONATHON, LLC - 455 NW Yes No 35TH ST, STE 104, BOCA RATON Х TELEFUNDING 89,903 58,964 0. 89 903 58 964 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. WI

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

|                 |      | of fundraising event contributions and gro                         |                                       |  |                       | s greater than \$5,000.                          |
|-----------------|------|--|---------------------------------------|--|-----------------------|--|
|                 |      |  | (a) Event #1                          | <b>(b)</b> Event #2                              | (c) Other events NONE | (d) Total events (add col. (a) through           |
|                 |      |  | GALA                                  | , , , ,  |                       | col. <b>(c)</b> )                                |
| Φ               |      |  | (event type)                          | (event type)                                     | (total number)        |  |
| Revenue         | 1    | Gross receipts   | 536,455.                              |  |                       | 536,455.   |
|                 | 2    | Less: Contributions  | 439,000.                              |  |                       | 439,000.   |
|                 | 3    | Gross income (line 1 minus line 2)                                 | 97,455.                               |  |                       | 97,455.  |
|                 | 4    | Cash prizes  |                                       |  |                       |  |
| S               | 5    | Noncash prizes   |                                       |  |                       |  |
| Direct Expenses | 6    | Rent/facility costs  |                                       |  |                       |  |
| irect E         | 7    | Food and beverages   | 95,060.                               |  |                       | 95,060.  |
|                 | 8    | Entertainment  | 2,395.                                |  |                       | 2,395.   |
|                 |      | Other direct expenses  | 2,395.<br>3,357.                      |  |                       | 2,395.<br>3,357.                                 |
|                 |      | Direct expense summary. Add lines 4 through                        | 9 in column (d)                       |  |                       | 100,812.   |
|                 |      | Net income summary. Subtract line 10 from lin                      | ne 3, column (d)                      |  |                       | -3,357.  |
| Pa              | rt I |  | nswered "Yes" on Form                 | 990, Part IV, line 19, or i                      | reported more than    |  |
|                 |      | \$15,000 on Form 990-EZ, line 6a.                                  |                                       | 6 ) D II . I                                     |                       | I  |
| Revenue         |      |  | (a) Bingo                             | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming      | (d) Total gaming (add col. (a) through col. (c)) |
| Re              | 1    | Gross revenue  |                                       |  |                       |  |
| ses             | 2    | Cash prizes  |                                       |  |                       |  |
| Direct Expenses | 3    | Noncash prizes   |                                       |  |                       |  |
| Direct          | 4    | Rent/facility costs  |                                       |  |                       |  |
|                 | 5    | Other direct expenses  |                                       |  |                       |  |
|                 |      |  | Yes %                                 | Yes %  | Yes %                 |  |
|                 | 6    | Volunteer labor  | No No                                 | No No  | No No                 |  |
|                 | 7    | Direct expense summary. Add lines 2 through                        | 5 in column (d)                       |  |                       |  |
|                 |      | Not gaming income cumman, Subtract line 7                          | from line 1 column (d)                |  |                       |  |
|                 | 8    | Net gaming income summary. Subtract line 7                         | from line 1, column (a)               |  |                       |  |
| 9               | En   | ter the state(s) in which the organization condu                   | cts gaming activities:                |  |                       |  |
|                 |      | the organization licensed to conduct gaming ac                     |                                       |  |                       | Yes No   |
|                 |      | No," explain:  |                                       |  |                       |  |
|                 | _    |  |                                       |  |                       |  |
|                 | _    |  |                                       |  |                       |  |
|                 |      | ere any of the organization's gaming licenses re<br>Yes," explain: | · · · · · · · · · · · · · · · · · · · |  | /ear?                 | Yes No   |
|                 | _    |  |                                       |  |                       |  |
|                 | _    |  |                                       |  |                       |  |

| Sch        | hedule G (Form 990) 2023                      | MILWAUKEE             | SYMPHONY              | ORCHESTRA,               | INC.                       | 39-6023436                | 5 Page <b>3</b> |
|------------|---|-----------------------|-----------------------|--------------------------|----------------------------|---------------------------|-----------------|
| 11         | Does the organization conduct gam             | ing activities with r | nonmembers?           |                          |                            | Yes                       | No              |
| 12         | ls the organization a grantor, benefi         | ciary or trustee of a | a trust, or a memb    | er of a partnership or   | other entity formed        |                           |                 |
|            | to administer charitable gaming? $\dots$      |                       |                       |                          |                            | Yes                       | No              |
| 13         | Indicate the percentage of gaming a           | activity conducted    | in:                   |                          |                            | 1 1                       |                 |
|            | a The organization's facility                 |                       |                       |                          |                            |                           | <u>%</u>        |
|            | <b>b</b> An outside facility                  |                       |                       |                          |                            |                           | <u>%</u>        |
| 14         | Enter the name and address of the             | person who prepar     | es the organizatio    | n's gaming/special ev    | ents books and recor       | ds:                       |                 |
|            | Name  |                       |                       |                          |                            |                           |                 |
|            | Name  |                       |                       |                          |                            |                           |                 |
|            | Address                                       |                       |                       |                          |                            |                           |                 |
| 15a        | a Does the organization have a contra         | act with a third part | y from whom the       | organization receives    | gaming revenue?            | Yes                       | ☐ No            |
| ŀ          | <b>b</b> If "Yes," enter the amount of gamine | a revenue received    | by the organization   | <b></b> \$               | and the ar                 | mount                     |                 |
|            | of gaming revenue retained by the t           |                       |                       |                          | and the ar                 | iouit                     |                 |
|            | c If "Yes," enter name and address of         |                       |                       |                          |                            |                           |                 |
|            |   | and and party.        |                       |                          |                            |                           |                 |
|            | Name  |                       |                       |                          |                            |                           |                 |
|            | Address                                       |                       |                       |                          |                            |                           |                 |
|            |   |                       |                       |                          |                            |                           |                 |
| 16         | Gaming manager information:                   |                       |                       |                          |                            |                           |                 |
|            | Name  |                       |                       |                          |                            |                           |                 |
|            | Gaming manager compensation                   | \$                    |                       |                          |                            |                           |                 |
|            | 3 3 1   |                       |                       |                          |                            |                           |                 |
|            | Description of services provided              |                       |                       |                          |                            |                           |                 |
|            |   |                       |                       |                          |                            | _                         |                 |
|            |   |                       |                       |                          |                            |                           |                 |
|            |   | <b></b>               |                       |                          |                            |                           |                 |
|            | Director/officer                              | Employee              | Inde                  | pendent contractor       |                            |                           |                 |
| 17         | Mandatory distributions:                      |                       |                       |                          |                            |                           |                 |
|            | <b>a</b> Is the organization required under s | tate law to make o    | naritable distributio | one from the gaming      | araceeds to                |                           |                 |
| ٠          | retain the state gaming license?              |                       |                       |                          |                            | Yes                       | No              |
| ŀ          | <b>b</b> Enter the amount of distributions re |                       |                       |                          |                            |                           |                 |
|            | organization's own exempt activities          | •                     |                       |                          | .ga <u>_</u> aone or epone |                           |                 |
| Pa         | art IV Supplemental Inform                    |                       |                       | quired by Part I, line 2 | b, columns (iii) and (v    | ); and Part III, lines 9, | 9b, 10b,        |
|            | 15b, 15c, 16, and 17b, as a                   | pplicable. Also pro   | vide any additiona    | l information. See ins   | tructions.                 |                           |                 |
|            |   | _                     |                       |                          |                            |                           |                 |
| <u>SC</u>  | CHEDULE G, PART I, I                          | LINE 2B, I            | IST OF TE             | N HIGHEST                | PAID FUNDRA                | ISERS:                    |                 |
|            |   |                       |                       |                          |                            |                           |                 |
|            |   |                       |                       |                          |                            |                           |                 |
| <u>(I</u>  | I) NAME OF FUNDRAISI                          | ER: THE PH            | ONATHON,              | LLC                      |                            |                           |                 |
| (I         | I) ADDRESS OF FUNDRA                          | ATCED. 155            | MW 3 Emu              | Cm Cmt 10.               | 1 PACA DAM                 | ON, FL 334                | 121             |
| <u>/ T</u> | I) ADDRESS OF FUNDRA                          | AISER: 455            | MM 22IH               | SI, SIE IU               | i, buca kai                | <u> ЛИ, ГЦ 334</u>        | F2T             |
|            |   |                       |                       |                          |                            |                           |                 |
|            | _   | , .                   |                       |                          |                            |                           |                 |
| PA         | ART I, LINE 2B, COLU                          | JMN (V):              |                       |                          |                            |                           |                 |
| ΜI         | ILWAUKEE SYMPHONY OF                          | RCHESTRA M            | ONITORS I             | HE WORK AN               | THE SUBSE                  | QUENT RESUI               | JTS             |
|            |   |                       |                       |                          |                            |                           | _               |
| OF         | F THE PROFESSIONAL I<br>S DIFFICULT TO OUAN:  |                       |                       |                          |                            |                           |                 |
| TΟ         | O DILLICODI IO COAM.                          | ттгт тир С            | いしゅう マヤにち             | TETO LYOM :              | TIT CONSOLL                | TING DEVATCE              | סי              |

332083 09-13-23

Schedule G (Form 990) 2023

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MILWAUKEE SYMPHONY ORCHESTRA, INC.

Employer identification number 39-6023436

| Pa | art I Questions Regarding Compensation   |    |     |          |  |  |
|----|--|----|-----|----------|--|--|
|    |  |    | Yes | No       |  |  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |          |  |  |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |          |  |  |
|    | First-class or charter travel Housing allowance or residence for personal use  |    |     |          |  |  |
|    | Travel for companions Payments for business use of personal residence  |    |     |          |  |  |
|    | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                |    |     | l        |  |  |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |          |  |  |
|    |  |    |     |          |  |  |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |          |  |  |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |          |  |  |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |          |  |  |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |          |  |  |
|    |  |    |     |          |  |  |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |          |  |  |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |          |  |  |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |          |  |  |
|    | Compensation committee   X Written employment contract   |    |     |          |  |  |
|    | Independent compensation consultant  X Compensation survey or study  |    |     |          |  |  |
|    | Form 990 of other organizations  X Approval by the board or compensation committee                                     |    |     |          |  |  |
|    |  |    |     | l        |  |  |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     | l        |  |  |
|    | organization or a related organization:  |    |     |          |  |  |
| а  | Receive a severance payment or change-of-control payment?  | 4a |     | X        |  |  |
| b  | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х        |  |  |
| С  | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | X        |  |  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |          |  |  |
|    |  |    |     |          |  |  |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |          |  |  |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |  |  |
|    | contingent on the revenues of:   |    |     | 37       |  |  |
|    | The organization?  | 5a |     | X        |  |  |
| b  | Any related organization?  | 5b |     |          |  |  |
| _  | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |          |  |  |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |          |  |  |
|    | contingent on the net earnings of:   | 0- |     | v        |  |  |
|    | The organization?  | 6a |     | X        |  |  |
| b  | Any related organization?  | 6b |     | <u> </u> |  |  |
| _  | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |          |  |  |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     | v        |  |  |
| _  | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | X        |  |  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     | v        |  |  |
| _  | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | X        |  |  |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |          |  |  |
|    | Regulations section 53.4958-6(c)?  | 9  |     | i        |  |  |

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

Schedule J (Form 990) 2023

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

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

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

|                                    | (    | <b>(B)</b> Breakdown of W | /-2 and/or 1099-MISO compensation   | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|------------------------------------|------|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title                 |      | (i) Base compensation     | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) MARK NIEHAUS (i                | i)   | 362,285.                  | 0.                                  | 6,000.                              | 9,482.                            | 6,749.                  | 384,516.                           | 0.  |
| PRESIDENT & EXECUTIVE DIRECTOR     |      | 0.                        | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
| (2) KEN-DAVID MASUR (i             | i)   | 316,999.                  | 0.                                  | 0.                                  | 8,010.                            | 1,733.                  | 326,742.                           | 0.  |
| MUSIC DIRECTOR (iii                |      | 0.                        | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) TOM LINDOW (i                  | i)   | 165,276.                  | 0.                                  | 0.                                  | 4,428.                            | 2,387.                  | 172,091.                           | 0.  |
| VP AND CHIEF FINANCIAL OFFICER (ii |      | 0.                        | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
| (i                                 | i) _ |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 | i) _ |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | i)   |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 | i) _ |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | i)   |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 | i) _ |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | i)   |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 | i) _ |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | i)   |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | _    |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (i                                 |      |                           |                                     |                                     |                                   |                         |                                    |   |
| (ii                                | i)   |                           |                                     |                                     |                                   |                         |                                    |   |

| Part III Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

|     | MILWAUKEE SY                                     | MPHONY                        | ORCHESTRA   | A, INC.   |            |          | 39-                                | 6023     | 436 |    |
|-----|--|-------------------------------|---|---|------------|----------|------------------------------------|----------|-----|----|
| Pai | t I Types of Property                            |                               |   |   |            |          |                                    |          |     |    |
|     |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contrib amounts reporte Form 990, Part VIII | ed on      | no       | (c<br>Method of c<br>ncash contrib | determin | •   | S  |
| 1   | Art - Works of art                               |                               |   |   |            |          |                                    |          |     |    |
| 2   | Art - Historical treasures                       |                               |   |   |            |          |                                    |          |     |    |
| 3   | Art - Fractional interests                       |                               |   |   |            |          |                                    |          |     |    |
| 4   | Books and publications                           |                               |   |   |            |          |                                    |          |     |    |
| 5   | Clothing and household goods                     |                               |   |   |            |          |                                    |          |     |    |
| 6   | Cars and other vehicles                          |                               |   |   |            |          |                                    |          |     |    |
| 7   | Boats and planes                                 |                               |   |   |            |          |                                    |          |     |    |
| 8   | Intellectual property                            |                               |   |   |            |          |                                    |          |     |    |
| 9   | Securities - Publicly traded                     | X                             | 26  | 1,805,  | 867.       | FMV      |                                    |          |     |    |
| 10  | Securities - Closely held stock                  |                               |   |   |            |          |                                    |          |     |    |
| 11  | Securities - Partnership, LLC, or                |                               |   |   |            |          |                                    |          |     |    |
|     | trust interests                                  |                               |   |   |            |          |                                    |          |     |    |
| 12  | Securities - Miscellaneous                       |                               |   |   |            |          |                                    |          |     |    |
| 13  | Qualified conservation contribution -            |                               |   |   |            |          |                                    |          |     |    |
|     | Historic structures                              |                               |   |   |            |          |                                    |          |     |    |
| 14  | Qualified conservation contribution - Other      |                               |   |   |            |          |                                    |          |     |    |
| 15  | Real estate - Residential                        |                               |   |   |            |          |                                    |          |     |    |
| 16  | Real estate - Commercial                         |                               |   |   |            |          |                                    |          |     |    |
| 17  | Real estate - Other                              |                               |   |   |            |          |                                    |          |     |    |
| 18  | Collectibles                                     |                               |   |   |            |          |                                    |          |     |    |
| 19  | Food inventory                                   |                               |   |   |            |          |                                    |          |     |    |
| 20  | Drugs and medical supplies                       |                               |   |   |            |          |                                    |          |     |    |
| 21  | Taxidermy  |                               |   |   |            |          |                                    |          |     |    |
| 22  | Historical artifacts                             |                               |   |   |            |          |                                    |          |     |    |
| 23  | Scientific specimens                             |                               |   |   |            |          |                                    |          |     |    |
| 24  | Archeological artifacts                          |                               |   |   |            |          |                                    |          |     |    |
| 25  | Other ( PROGRAM PRINTIN )                        | X                             | 1   | 98,   | 465.       | FMV      |                                    |          |     |    |
| 26  | Other ( ARTIST LODGING )                         | X                             | 3   | 73,   | 161.       | FMV      |                                    |          |     |    |
| 27  | Other ( LEGAL SERVICES )                         | X                             | 1   | 22,   | 855.       | FMV      |                                    |          |     |    |
| 28  | Other ( ADVERTISING )                            | X                             | 1   | 10,   | 080.       | FMV      |                                    |          |     |    |
| 29  | Number of Forms 8283 received by the organia     | zation during                 | the tax year for co                                       | ontributions  |            |          |                                    |          |     |    |
|     | for which the organization completed Form 82     | 83, Part V, D                 | onee Acknowledg   | ement   | 29         |          |                                    |          |     |    |
|     |  |                               |   |   |            |          |                                    |          | Yes | No |
| 30a | During the year, did the organization receive b  | y contributio                 | n any property rep  | orted in Part I, lines                                  | 1 throug   | h 28, th | nat it                             |          |     |    |
|     | must hold for at least 3 years from the date of  | the initial co                | ntribution, and whi                                       | ch isn't required to                                    | be used    | for      |                                    |          |     |    |
|     | exempt purposes for the entire holding period    | _                             |   |   |            |          |                                    | 30a      |     | Х  |
| b   | If "Yes," describe the arrangement in Part II.   |                               |   |   |            |          |                                    |          |     |    |
| 31  | Does the organization have a gift acceptance     | policy that re                | quires the review of                                      | of any nonstandard                                      | contribut  | ions?    |                                    | 31       | Х   |    |
| 32a | Does the organization hire or use third parties  | or related or                 | ganizations to solid                                      | cit, process, or sell r                                 | noncash    |          |                                    |          |     |    |
|     | contributions?                                   |                               | •   |   |            |          |                                    | 32a      |     | Х  |
| b   | If "Yes," describe in Part II.                   |                               |   |   |            |          |                                    |          |     |    |
| 33  | If the organization didn't report an amount in c | column (c) foi                | a type of property  | for which column (                                      | a) is ched | ked,     |                                    |          |     |    |
|     | describe in Part II.                             |                               |   |   |            |          |                                    |          |     |    |
|     |  |                               |   |   |            |          |                                    |          |     |    |

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

Schedule M (Form 990) 2023

(D) METHOD OF DETERMINING REVENUE: FMV

#### INSTRUMENT REPAIR

332142 09-11-23

(A) CHECK IF APPLICABLE = X

Schedule M (Form 990) 2023

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MILWAUKEE SYMPHONY ORCHESTRA, INC.

Employer identification number 39-6023436

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSES: TO COMFORT, EDUCATE, ENTERTAIN AND EXHILARATE THE HUMAN SOUL

THROUGH EVENTS OF CULTURAL SIGNIFICANCE, RELEVANCE AND ARTISTIC

CHALLENGE; TO EMBRACE, PRESERVE AND FOSTER OUR MUSICAL HERITAGE; AND TO

ENHANCE THE VIBRANCY OF OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MATTHIAS PINTSCHER, AND DOBRINKA TABAKOVA, AS WELL AS GARNERED NATIONAL

RECOGNITION AS THE FIRST AMERICAN ORCHESTRA TO OFFER LIVE RECORDINGS ON

ITUNES.

IN JANUARY OF 2021, THE MSO COMPLETED A YEARS-LONG PROJECT TO RESTORE

AND RENOVATE A FORMER MOVIE PALACE IN THE HEART OF DOWNTOWN MILWAUKEE.

THE BRADLEY SYMPHONY CENTER OFFICIALLY OPENED TO AUDIENCES IN OCTOBER

2021. THIS PROJECT HAS SPARKED A RENEWAL ON WEST WISCONSIN AVENUE AND

CONTINUES TO BE A CATALYST IN THE COMMUNITY.

THE MSO'S STANDARD OF EXCELLENCE EXTENDS BEYOND THE CONCERT HALL AND

INTO THE COMMUNITY, REACHING MORE THAN 30,000 CHILDREN AND THEIR

FAMILIES THROUGH ITS ARTS IN COMMUNITY EDUCATION (ACE) PROGRAM, YOUTH

AND TEEN CONCERTS, FAMILY SERIES, AND MEET THE MUSIC PRE-CONCERT TALKS.

CELEBRATING ITS 35TH YEAR, THE NATIONALLY RECOGNIZED ACE PROGRAM

INTEGRATES ARTS EDUCATION ACROSS ALL SUBJECTS AND DISCIPLINES,

PROVIDING OPPORTUNITIES FOR STUDENTS WHEN BUDGET CUTS MAY ELIMINATE

ARTS PROGRAMMING. THE PROGRAM PROVIDES LESSON PLANS AND SUPPORTING

MATERIALS, CLASSROOM VISITS FROM MSO MUSICIAN ENSEMBLES AND ARTISTS

LHA 332211 11-14-23

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

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** MILWAUKEE SYMPHONY ORCHESTRA, INC. 39-6023436 FROM LOCAL ORGANIZATIONS, AND AN MSO CONCERT TAILORED TO EACH GRADE LEVEL. THIS SEASON, MORE THAN 5,900 STUDENTS AND 500 TEACHERS AND FACULTY ARE EXPECTED TO PARTICIPATE IN ACE BOTH IN PERSON AND IN A VIRTUAL FORMAT. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: VIRTUAL FORMAT. FORM 990, PART VI, SECTION A, LINE 7A: THE MAYOR AND THE MILWAUKEE COUNTY EXECUTIVE HAVE THE POWER TO APPOINT DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE 990 IS AVAILABLE ON THE BOARD PORTAL FOR REVIEW AND COMMENT BY THE FULL BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE MSO AND THE GOVERNANCE COMMITTEE REVIEWS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY, COMPARED WITH BENCH-MARKING DATA PROVIDED BY THE LEAGUE OF AMERICAN ORCHESTRAS, AND APPROVED BY A SUB-COMMITTEE OF BOARD

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

UPON REQUEST

Schedule O (Form 990) 2023 Page 2

**Employer identification number** Name of the organization 39-6023436 MILWAUKEE SYMPHONY ORCHESTRA, INC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: INCREASE IN THE BENEFICIAL INTEREST IN NET ASSETS IN PERPETUAL TRUSTS 7,952,592. PENSION-RELATED ITEMS OTHER THAN NET PERIODIC PENSION COSTS 225,224. TOTAL TO FORM 990, PART XI, LINE 9 8,177,816. SCHEDULE R, PART IV ELECTION UNDER CODE SEC. 168(H)(6)(F)(II) TNSH MANAGER LLC 212 W WISCONSIN AVE. MILWAUKEE, WI 53203 82-4578641 ELECTION BY TAX-EXEMPT CONTROLLED ENTITY NOT TO BE TREATED AS A TAX-EXEMPT ENTITY UNDER SECTION 168(H)(6)(F)(II) THIS ELECTION IS BEING MADE FOR TNSH MANAGER LLC, WHICH IS PROPERTY HELD BY MILWAUKEE SYMPHONY ORCHESTRA, INC. A COPY OF THIS ELECTION STATEMENT FILED BY THE TAX-EXEMPT CONTROLLED ENTITY SHALL ALSO BE ATTACHED TO THE FEDERAL TAX RETURNS OF EACH TAX-EXEMPT SHAREHOLDERS OR BENEFICIARIES OF THE CONTROLLED ENTITY. THE TAX-EXEMPT CONTROLLED ENTITY WILL REPORT ANY GAIN RECOGNIZED BY THE TAX-EXEMPT PARENT ON ANY DISPOSITION OF AN INTEREST (AND ANY DIVIDENDS OR INTEREST RECEIVED OR ACCRUED FROM THE TAX EXEMPT CONTROLLED ENTITY) AS UNRELATED BUSINESS

| Name of the organization  MILWAUKEE SYMPHONY ORCHESTRA, INC. | Employer identification number 39-6023436 |
|--|---|
| TAXABLE INCOME UNDER CODE SECTION 511.                       | , 02 00=000                               |
|  |   |
| TAXPAYER IS A TAX-EXEMPT CONTROLLED ENTITY ENTITLED TO THI   | S   |
| ELECTION.  |   |
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#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

39-6023436 MILWAUKEE SYMPHONY ORCHESTRA, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV. line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (e) (f) (b) (c) (d) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No MILWAUKEE SYMPHONY ORCHESTRA ENDOWMENT 39-1715515 212 W WISCONSIN AVE MILWAUKEE LINE 12D. WI 53203 SUPPORT MSO, INC. WISCONSIN 501(C)(3) III-O N/A Х MILWAUKEE SYMPHONY ORCHESTRA LONG-TERM FUND 39-6096874, 212 W WISCONSIN AVE LINE 12D. MILWAUKEE, WI 53203 SUPPORT MSO, INC. III-O WISCONSIN 501(C)(3) N/A Х

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

Schedule R (Form 990) 2023

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

| (a)  | (b)              | (c)                                       | (d)                       | (e)   | (f)                   | (g)                               | (h)                           |    | (i)   | (j)            | (k)                  |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|-------------------------------|----|---|----------------|----------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets | Disproportionate allocations? |    | Code V-UBI<br>amount in box<br>20 of Schedule | manaq<br>partn | Percentage ownership |
|  |                  | country)                                  |                           | sections 512-514)   |                       |                                   | Yes                           | No | K-1 (Form 1065)                               | Yes            | No                   |
| TNSH LANDLORD, LLC -                           |                  |   |                           |   |                       |                                   |                               |    |   |                |                      |
| 82-3793936, 833 E MICHIGAN                     | DEVELOP THE      |   |                           |   |                       |                                   |                               |    |   |                |                      |
| ST, STE 1800, MILWAUKEE, WI                    | WARNER GRAND     |   | TNSH MANAGER              |   |                       |                                   |                               |    |   |                |                      |
| 53202  | THEATRE          | WI  | LLC                       | EXCLUDED  | 27,419.               | 921,926.                          |                               | x  | N/A   |                | 1.00%                |
|  |                  |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  |                  |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  |                  |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  |                  |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   |                           |   |                       |                                   |                               |    |   |                |                      |
|  | 1                |   | L                         | <u>l</u>  |                       |                                   |                               |    | ı   |                |                      |

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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | contr<br>ent | tion<br>b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|--------------|----------------------------------|
| TNSH MANAGER LLC - 82-4578641                      |                                |   | MILWAUKEE                           |   |                                 |  |                                |              |                                  |
| 212 W WISCONSIN AVE                                |                                |   | SYMPHONY                            |   |                                 |  |                                |              |                                  |
| MILWAUKEE, WI 53203                                | MANAGEMENT SERVICES            | WI  | ORCHESTRA,                          | C CORP  | 2,714,467.                      | 178,964,243.                             | 100%                           | Х            |                                  |
|  |                                |   |                                     |   |                                 |  |                                |              |                                  |
|  |                                |   |                                     |   |                                 |  |                                |              |                                  |
|  |                                |   |                                     |   |                                 |  |                                |              |                                  |

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

Yes No

X

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

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

| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |             |                 |                                   | 1a    |        | X             |  |  |  |
|---|---|-------------|-----------------|-----------------------------------|-------|--------|---------------|--|--|--|
|   | Gift, grant, or capital contribution to related organization(s)                                 |             |                 |                                   |       |        |               |  |  |  |
| С   | c Gift, grant, or capital contribution from related organization(s)                             |             |                 |                                   |       |        |               |  |  |  |
|   | Loans or loan guarantees to or for related organization(s)                                      |             |                 |                                   | 1d    |        | X             |  |  |  |
| е   | Loans or loan guarantees by related organization(s)   |             |                 |                                   | 1e    |        | X             |  |  |  |
|   | ,   |             |                 |                                   |       |        |               |  |  |  |
| f   | Dividends from related organization(s)  |             |                 |                                   | 1f    |        | X             |  |  |  |
| g   | Sale of assets to related organization(s)   |             |                 |                                   | 1g    |        | _X_           |  |  |  |
| h   | Purchase of assets from related organization(s)   |             |                 |                                   | 1h    |        | <u>х</u><br>х |  |  |  |
| i   | i Exchange of assets with related organization(s)   |             |                 |                                   |       |        |               |  |  |  |
| j   | 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    | Х      |               |  |  |  |
|   | Performance of services or membership or fundraising solicitations for related organization     |             |                 |                                   | 11    |        | <u>х</u><br>х |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s) |   |             |                 |                                   |       |        |               |  |  |  |
|   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |             |                 |                                   | 1n    |        | X             |  |  |  |
|   | Sharing of paid employees with related organization(s)  |             |                 |                                   | 10    |        | X             |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| р   | Reimbursement paid to related organization(s) for expenses                                      |             |                 |                                   | 1p    |        | X             |  |  |  |
| q   | Reimbursement paid by related organization(s) for expenses                                      |             |                 |                                   | 1q    |        | X             |  |  |  |
| _   | •   |             |                 |                                   |       |        |               |  |  |  |
| r   | Other transfer of cash or property to related organization(s)                                   |             |                 |                                   | 1r    |        | X             |  |  |  |
| s   | Other transfer of cash or property from related organization(s)                                 |             |                 |                                   | 1s    |        | X             |  |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who mu      |             |                 |                                   |       |        |               |  |  |  |
|   | (a)   | (b)         | (c)             | (d)                               |       |        |               |  |  |  |
|   |   | Fransaction | Amount involved | Method of determining amount invo | olved |        |               |  |  |  |
|   |   | type (a-s)  |                 | -                                 |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 1)  |   |             |                 |                                   |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 2)  |   |             |                 |                                   |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 3)  |   |             |                 |                                   |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 4)  |   |             |                 |                                   |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 5)  |   |             |                 |                                   |       |        |               |  |  |  |
|   |   |             |                 |                                   |       |        |               |  |  |  |
| 6)  |   |             |                 |                                   |       |        |               |  |  |  |
| 3216  | 3 09-28-23  |             |                 | Schedule F                        | (Forn | n 990) | 2023          |  |  |  |

Schedule R (Form 990) 2023

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)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g)<br>Share of<br>end-of-year<br>assets | Dispretion allocat | opor-<br>late<br>tions? | General manage partner | (k) Percentage ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  |                         |   |   |                                       |  |                    |                         |                        |                          |
|  | _                       |   |   |                                       |  |                    |                         |                        | 000) 0000                |

Schedule R (Form 990) 2023