Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury

A For the 2022 calendar year, or tax year beginning SEP 1 2022 and ending AUG 31 C Name of organization Check if applicable: D Employer identification number Address change MILWAUKEE PUBLIC MUSEUM, INC. Name change 39-1723105 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 800 W. WELLS STREET 414-278-6939 14,528,142. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MILWAUKEE, WI 53233 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELLEN CENSKY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MPM.EDU J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 35 3 Number of voting members of the governing body (Part VI, line 1a) 3 35 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 192 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 100 6 -5,612. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 10,759,607. 8,217,117. Contributions and grants (Part VIII, line 1h) 8 Revenue 4,273,162. 3,792,497 Program service revenue (Part VIII, line 2g) 14,520 65,166. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 512,382. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 316,781 11 14.883.405 13,067,827. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 958,685 650,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,206,697. 8,292,439. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,305,825. 4,497,459. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,471,207. 13,439,898. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,412,198. -372,071. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 17,354,362. 16,555,973. Total assets (Part X, line 16) 6,972,219, 6,130,078 21 Total liabilities (Part X, line 26) 三年 10,382,143. 10,425,895. Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign THOMAS M O'BRIEN, CFO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature TROY MARINE, CPA TROY MARINE CPA 04/05/24 P00187863 Paid Firm's name BAKER TILLY US, LLP 39-0859910 Preparer Firm's EIN Firm's address 790 N. WATER ST., SUITE 2000 Use Only Phone no.414.777.5500 MILWAUKEE, WI 53202

No

X Yes

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

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE MILWAUKEE PUBLIC MUSEUM INSPIRES CURIOSITY, EXCITES MINDS AND	
	INCREASES DESIRE TO PRESERVE AND PROTECT OUR WORLD'S NATURAL AND	
	CULTURAL DIVERSITY THROUGH EXHIBITIONS, EDUCATIONAL PROGRAMS,	
	COLLECTIONS AND RESEARCH.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ exnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	•
		expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 9,640,295. including grants of \$ 650,000.) (Revenue \$	4,415,023.)
4a	THE MILWAUKEE PUBLIC MUSEUM, INC. OPERATES A NATURAL HISTORY MUSEUM,	<u> </u>
	WHICH FOCUSES ON EXHIBITS, PUBLIC PROGRAMMING, AND RESEARCH IN THE	
	NATURAL SCIENCES, ANTHROPOLOGY AND HISTORY. THE MILWAUKEE PUBLIC	
	MUSEUM, INC. UNIQUELY AND DIRECTLY ADDRESSES THE THEMES OF BIOLOGICAL	
	AND CULTURAL DIVERSITY AND THEIR INTERRELATIONSHIPS. THE MILWAUKEE	
	PUBLIC MUSEUM, INC. PRESERVES AND CARES FOR ITS COLLECTIONS HELD IN	
	PUBLIC TRUST. THROUGH RESEARCH AND COLLECTIONS, THE MILWAUKEE PUBLIC	
	MUSEUM INC. SEEKS KNOWLEDGE AND UNDERSTANDING OF GLOBAL CHANGE AND	
	DIVERSITY FROM GEOLOGICAL, BIOLOGICAL, CULTURAL, AND HISTORICAL	
	PERSPECTIVES. THROUGH ITS RENOWNED EXHIBITS, ITS PROGRAMS AND ITS	
	PUBLICATIONS, THE MILWAUKEE PUBLIC MUSEUM, INC. INTERPRETS THESE THEMES	
	TO DIVERSE AUDIENCES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		·
4d	Other program services (Describe on Schedule O.)	·
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 9,640,295.	
		Form 990 (2022)

Form 990 (2022) MILWAUKEE PUBLIC MUSEUM, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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		Х
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	Х	
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	Х	
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
c	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
ч	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	٠٠		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	• •			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			17
	"Yes," complete Schedule L, Part IV	28a		<u>х</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	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?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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	1	1

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Form 990 (MILWAUKEE		,	-		
Part V	Statements	Regarding C	ther IR	S Filings	and 1	Tax Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	192			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		x
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
b				6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the payor?	7a	х	
b			payor.	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
-	to file Form 8282?			7c		х
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 co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b				9b		
10	Section 501(c)(7) organizations. Enter:	۱	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	445	I			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a				
b	and a supply of the supply of	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
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	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
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.					7-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.	41				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
22200	If "Yes," complete Form 6069.			Form	990	(2022)
_02000				1 0111		(-022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
,	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	х	
a	The governing body? 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	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	the section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	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.	114		
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	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
~	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THOMAS M O'BRIEN - 414-278-6939			
	800 W. WELLS STREET, MILWAUKEE, WI 53233			

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	(do	not c	Pos			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle: cer ar	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(4)	line)	Indi	Inst	Officer	Key	E High	Fori			
(1) ELLEN CENSKY	40.00	-		x				222 021		15 025
PRESIDENT/CEO (2) JULIE OUINLAN	40.00			X				223,831.	0.	15,025.
(2) JULIE QUINLAN SR. VP OF DEVELOPMENT	40.00	1		х				159,677.	0.	0 707
(3) LUE HANG, SR VP OF	40.00			^				159,077.	0.	9,797.
FINANCE & OPERATIONS (TERM. 02/2023)	40.00	1		х				153,568.	0.	4,709.
(4) KATHERINE SANDERS	40.00							100,000.	•	
CHIEF PLANNING OFFICER		1				x		127,069.	0.	21,142.
(5) JENNIFER ZASPEL	40.00							, -		
VP ACADEMIC DEAN				х				136,483.	0.	7,260.
(6) REBECCA EHLERS	40.00							,		,
VP OF AUDIENCE & COMMUNITY				х				121,846.	0.	5,986.
(7) KAYE LESZCZYNSKI	40.00									
SENIOR DIRECTOR OF MAJOR GIFTS						х		102,316.	0.	10,200.
(8) GAIL BOYM	40.00									
CONTROLLER						х		101,631.	0.	9,781.
(9) THOMAS M O'BRIEN	40.00									
CFO (HIRED 06/2023)				Х				0.	0.	0.
(10) PATRICK DISTEFANO	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(11) LYNN WARNER BRENGEL	1.00									
VICE CHAIRWOMAN		Х		Х				0.	0.	0.
(12) JOHN ROBERTS	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(13) CHRISTINE RUNDBLAD	1.00	-								
SECRETARY		Х		Х				0.	0.	0.
(14) JOSHUA ERICKSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(15) MARY ELLEN PINDYCK	1.00									
ASSISTANT SECRETARY	1 00	Х		Х				0.	0.	0.
(16) TIMOTHY P. BYRNE	1.00			,,						_
ASSISTANT TREASURER	1 00	Х		Х	\vdash		-	0.	0.	0.
(17) ANGIE IZARD BOARD MEMBER	1.00	x						0.	0.	^
DOWN HEMBER		Λ			l		<u> </u>	1 0.	0.	0.

232007 12-13-22

Rection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Co	Form 990 (2022) MILWAUKEE PU	BLIC MUSEUM	, I	NC.						39-172310	5 Page 8
Name and title	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations below line) Name and the hours per week (list any hours for related organizations (list any hours for list any hours for related organizations (list any hours for list any h	(A)	(B)							(D)	(E)	(F)
Nouris per Nouris per Nouris per Nouris per Nouris per Nouris for related organizations Nouris per Nouris for related organizations Nouris per Nouris per Nouris for related organizations Nouris per Nouris per Nouris per Nouris for related organizations Nouris per Nouris	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
Class Anna Ramirez Baritt 1.00 Board Member 1.00 1.00 Board Member 1.00 1.00 Board Member 1.00		•	box	, unle	ss per	rson i	s both	n an	· '	•	
Nours for related organization shellow line) Nours for related organ			_	Cer ai	lu a u	recid	I / ii us	lee)			
1.00 BOARD MEMBER		1 '	lirecto							•	•
1.00 BOARD MEMBER			e or c	stee			sated			,	
1.00 BOARD MEMBER		organizations	truste	al trus		yee	mper		l '	1000 (120)	
1.00 BOARD MEMBER		below	idual	ution	la e	oldm	est co oyee	er	,		organizations
18 ANNA RAMIREZ BARITT 1.00		line)	Indiv	Instit	Offic	Key e	High	Form			
1.00 BOARD MEMBER	(18) ANNA RAMIREZ BARITT	1.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
COO CHARLES WRIGHT JR	(19) BRAD PETERS	1.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
Carrelle Uhlein 1.00	(20) CHARLES WRIGHT JR	1.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
Carronal Content Carronal Co	(21) CHARLIE UHLEIN	1.00									
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
Carron Corney Jaskolski	(22) CHRIS HER-XIONG	1.00									
BOARD MEMBER X 0. 0. 0. (24) ETHAN ELSER SR 1.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (25) GAIL YABUKI 1.00 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0.	BOARD MEMBER		Х						0.	0.	0.
C24 ETHAN ELSER SR	(23) COREY JASKOLSKI	1.00									
BOARD MEMBER X 0. 0. 0. (25) GAIL YABUKI 1.00 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 1b Subtotal 1,126,421. 0. 83,900. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0.	BOARD MEMBER		Х						0.	0.	0.
Company Comp	(24) ETHAN ELSER SR	1.00									
BOARD MEMBER X 0. 0. 0. (26) GERALD RANDALL 1.00 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 1b Subtotal 1,126,421. 0. 83,900. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 1,126,421. 0. 83,900.	BOARD MEMBER		Х						0.	0.	0.
(26) GERALD RANDALL 1.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 1b Subtotal 1,126,421. 0. 83,900. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 1,126,421. 0. 83,900.	(25) GAIL YABUKI	1.00									
BOARD MEMBER X 0. 0. 0. 1b Subtotal 1,126,421. 0. 83,900. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 1,126,421. 0. 83,900.	BOARD MEMBER		Х						0.	0.	0.
1b Subtotal 1,126,421. 0. 83,900. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 1,126,421. 0. 83,900.	(26) GERALD RANDALL	1.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0. 0. 0. 83,900.	BOARD MEMBER		Х						0.	0.	
d Total (add lines 1b and 1c)	1b Subtotal										
	c Total from continuation sheets to Part V	II, Section A									
									1,126,421.	0.	83,900.

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

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
HEARTLAND BUSINESS SYSTEMS	COMPUTER CONSULTING &	
PO BOX 856846, MINNEAPOLIS, MN 55485-6946	SOFTWARE/HARDWARE	204,780.
ACCESS DIRECT MARKETING LLC		
209 DES PLAINES AVE, FOREST PARK, IL 60137	DIRECT MAIL	170,274.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

D 17/11	PUBLIC MUSEUM								39-17231	105
Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former			
(27) IVAN GAMBOA	1.00									
BOARD MEMBER		Х						0.	0.	0
(28) JASON ALLEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(29) JEROME WEISS	1.00									
BOARD MEMBER		Х						0.	0.	0
(30) JOEL PLANT	1.00									
BOARD MEMBER		х						0.	0.	0
(31) KHALAF KHALAF	1.00									
BOARD MEMBER		х						0.	0.	0
(32) KRISTTEN HARDY	1.00									
BOARD MEMBER		Х						0.	0.	0
(33) LYLE IGNACE	1.00									
BOARD MEMBER		х						0.	0.	0
(34) MARCELIA NICHOLSON	1.00									
BOARD MEMBER		Х						0.	0.	0
(35) MARGARETE HARVEY	1.00									
BOARD MEMBER		х						0.	0.	0
(36) MARION SULLIVAN	1.00									
BOARD MEMBER		х						0.	0.	0
(37) MICHAEL MAISTELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(38) MICHAEL TATE	1.00									
BOARD MEMBER		х						0.	0.	0
(39) MICHAEL VANASTEN	1.00									
BOARD MEMBER		х						0.	0.	0
(40) NIKSA IVANCEVIC	1.00									
BOARD MEMBER		Х						0.	0.	0
(41) PATRICIA J. HOBEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(42) PATRICIA YUNK	1.00									
BOARD MEMBER		Х						0.	0.	0
(43) PETER FEIGIN	1.00									
BOARD MEMBER		х				L		0.	0.	0
(44) THAD NATION	1.00									
BOARD MEMBER		х						0.	0.	0 .
Total to Part VII, Section A, line 1c										
Total to Part VII, Section A, line 10								l		

Form 990 (2022) MILWAUKEE 1
Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b					
يَ ق			1c	350,884.				
ifts			1d	,				
nila			1e	3,575,384.				
Sir		All other contributions, gifts, grants, and	-	, ,				
uti	•		1f	4,290,849.				
Q ţ			1g \$	120,199.				
Sol		Total. Add lines 1a-1f	· 5 Ψ	,	8,217,117.			
<u> </u>		Totally and miles fa fr		Business Code	, ,			
o l	2 :	MUSEUM ADMISSIONS		713990	2,685,408.	2,685,408.		
Š		MEMBERSHIP REVENUE		713990	1,351,139.	1,351,139.		
Ser	,	THEATER/PLANETARIUM AD		713990	169,155.	169,155.		
ım (,	PROGRAM		713990	67,460.	67,460.		
gra Re	•				, -	, -		
Program Service Revenue		All other program service revenue						
		g Total. Add lines 2a-2f			4,273,162.			
	3	Investment income (including dividend			, ,			
					66,845.			66,845.
	4	Income from investment of tax-exemp			,			
	5	Royalties	-					
		· —	Real	(ii) Personal				
	6 a		2,828.	. ,				
			8,440.					
			5,612.					
		d Net rental income or (loss)			-5,612.		-5,612.	
		` '	curities	(ii) Other	·		·	
			8,714.	. ,				
	ŀ	Less: cost or other basis	· ·					
ē			0,393.					
enr			1,679.					
Jev		d Net gain or (loss)	· ·		-1,679.			-1,679.
her Revenue		Gross income from fundraising events (no			·			
됩		including \$ 350,884.						
		contributions reported on line 1c). See	e					
		Part IV, line 18	8a	469,896.				
	k	Less: direct expenses		218,556.				
		Net income or (loss) from fundraising			251,340.			251,340.
		a Gross income from gaming activities.						
		Part IV, line 19						
	k	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less returns						
		and allowances	10a	904,787.				
	k	Less: cost of goods sold		762,926.				
		Net income or (loss) from sales of inve			141,861.	141,861.		
,				Business Code				
no a	11 a	OTHER INCOME		713990	124,793.			124,793.
Miscellaneous Revenue	k	·						
Sell	c							
Ais	C	d All other revenue						
	e	Total. Add lines 11a-11d			124,793.			
	12	Total revenue. See instructions			13,067,827.	4,415,023.	-5,612.	441,299.

232009 12-13-22

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 respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	650,000.	650,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	804,065.	273,371.	363,929.	166,76
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,656,582.	3,688,495.	815,060.	1,153,02
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	371,585.		371,585.	
9	Other employee benefits	996,727.	707,855.	89,696.	199,176
0	Payroll taxes	463,480.	326,062.	55,589.	81,829
1	Fees for services (nonemployees):				
а	Management				
b	Legal	14,376.		14,376.	
С	Accounting	70,339.		70,339.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			1 221	
f	Investment management fees	1,891.		1,891.	
g	Other. (If line 11g amount exceeds 10% of line 25,	205 601	0.40 605	50 545	00 200
	column (A), amount, list line 11g expenses on Sch O.)	397,681.	248,625.	59,747.	89,309
2	Advertising and promotion	469,067.	437,004.	18,815.	13,248 7,765
3	Office expenses	361,951.	340,048.	14,138.	7,763
4	Information technology	244,808. 43,568.	244,808. 43,568.		
5	Royalties	1,097,977.	1,097,977.		
6	Occupancy	89,617.	58,115.	347.	31,155
7	Travel	03,017.	30,113.	347.	31,133
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
^	Conferences, conventions, and meetings				
9	lata and	15,259.	2,398.	12,861.	
1	Payments to affiliates	20,200.	2,000.		
2	Depreciation, depletion, and amortization	814,263.	814,263.		
3	Inquirongo	71,631.	1,593.	70,038.	
4	Other expenses. Itemize expenses not covered	, , , , ,		, , , , , , ,	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MAINTENANCE	353,488.	350,532.	2,956.	
b	MISCELLANEOUS	230,108.	142,582.	32,292.	55,23
c	PRINTING	147,993.	144,095.	·	3,898
d	POSTAGE & SHIPPING	73,442.	68,904.	915.	3,623
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	13,439,898.	9,640,295.	1,994,574.	1,805,029
6	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 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,189,216.	1	5,716,176		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			358,051.	3	1,023,494
	4	Accounts receivable, net			113,471.	4	174,653
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
တ္က	7	Notes and loans receivable, net			0.	7	450,000
Assets	8	Inventories for sale or use			55,939.	8	66,83
ğ	9	Donat and a superior and all forms of all answers			89,374.	9	101,80
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	33,059,984.			
	b	Less: accumulated depreciation	. 10b	25,524,129.	8,139,084.	10c	7,535,85
	11	Investments - publicly traded securities			409,227.	11	1,487,155
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed		ı	17,354,362.	16	16,555,97
	17	Accounts payable and accrued expenses	970,176.	17	984,90		
	18 19	Grants payable				18	
		Deferred revenue			1,457,883.	19	1,361,22
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		ı		21	
s	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
ᅙ		controlled entity or family member of any of these persons				22	
ן בֿי	23	Secured mortgages and notes payable to unre	lated thir			23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		of Schedule D			4,544,160.	25	3,783,949
	26	=			6,972,219.	26	6,130,078
		Organizations that follow FASB ASC 958, cl	neck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			8,826,211.	27	8,156,846
Bal	28	Net assets with donor restrictions			1,555,932.	28	2,269,049
pu		Organizations that do not follow FASB ASC					
ᇳ		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fund	s			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,382,143.	32	10,425,895
_	33	Total liabilities and net assets/fund balances			17,354,362.	33	16,555,973

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

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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.

Open to Public

OMB No. 1545-0047

Employer identification number

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

MILWAUKEE PUBLIC MUSEUM INC. 39-1723105 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,924,907.	8,157,528.	9,251,761.	10,759,607.	8,217,117.	44,310,920.
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	7,924,907.	8,157,528.	9,251,761.	10,759,607.	8,217,117.	44,310,920.
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)						484,310.
6	Public support. Subtract line 5 from line 4.						43,826,610.
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	7,924,907.	8,157,528.	9,251,761.	10,759,607.	8,217,117.	44,310,920.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	230,006.	119,060.	12,676.	193,642.	289,673.	845,057.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	118,823.	105,985.	975,412.	174,825.	124,793.	1,499,838.
11	Total support. Add lines 7 through 10						46,655,815.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	15,896,799.
	First 5 years. If the Form 990 is for the	· ·		ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	93.94 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	95.22 %
16a	33 1/3% support test - 2022. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this I	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	
							(Form 990) 2022

Schedule A (Form 990) 2022

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

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

Section	A. Public Support	slow, please comp	nete Part II.)				
	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
•	grants, contributions, and	(4) 2313	(2) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
-	pership fees received. (Do not						
	de any "unusual grants.")						
	receipts from admissions,						
	nandise sold or services per-						
	d, or facilities furnished in						
,	ctivity that is related to the ization's tax-exempt purpose						
-	receipts from activities that						
	ot an unrelated trade or bus-						
	under section 513						
	evenues levied for the organ-						
	n's benefit and either paid to						
-	pended on its behalf					+	
	alue of services or facilities						
	hed by a governmental unit to						
	rganization without charge						
	Add lines 1 through 5						
	ints included on lines 1, 2, and						
	eived from disqualified persons				-		
	ts included on lines 2 and 3 received ther than disqualified persons that						
exceed	the greater of \$5,000 or 1% of the						
	on line 13 for the year						
	nes 7a and 7b						
8 Publi	c support. (Subtract line 7c from line 6.)						
Section	B. Total Support		1	<u> </u>	_		1
Calendar ye	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ınts from line 6						
	s income from interest,						
	ends, payments received on ities loans, rents, royalties,						
	ncome from similar sources						
b Unrela	ted business taxable income						
(less s	ection 511 taxes) from businesses						
acquir	ed after June 30, 1975						
c Add li	ines 10a and 10b						
	come from unrelated business						
	ties not included on line 10b,						
	ner or not the business is arly carried on						
_	income. Do not include gain						
	s from the sale of capital						
	s (Explain in Part VI.)						
	5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	
	this box and stop here	J			•	() ()	· —
	C. Computation of Publi						
	support percentage for 2022 (li			column (f))		15	%
	support percentage from 2021					16	%
	D. Computation of Inves					1 10 1	
	tment income percentage for 20			ine 13 column (f)		17	%
	tment income percentage from 2					18	%
	3% support tests - 2022. If the						
							, 13 HUL
	than 33 1/3%, check this box an	=	-				L
	3% support tests - 2021. If the						
	8 is not more than 33 1/3%, che						
∠u Priva	te foundation. If the organizatio	n did not check a	DOX OR LINE 14, 19	a. or 190. check th	iis dox and see in:	SITUCTIONS	1 1

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Schedule A (Form 990) 2022

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")? |f "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).
- 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		
•		
2		
За		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
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Schedule A (Form 99

Par	t IV 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		
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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	on 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-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		·		Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Coati	on E. Distribution Allegations (see instructions)	(i)	(ii) Underdistributions		(iii) Distributable	
Secu	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022		Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>_i</u>	Carryover from 2017 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
<u>е</u>	Excess from 2022					

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

MILWAUKEE PUBLIC MUSEUM, INC. 39-1723105 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2**

Name of organization

MILWAUKEE PUBLIC MUSEUM, INC.

39-1723105

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	Name, address, and ZIP + 4	\$ \$ 575,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Air T T	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

MILWAUKEE PUBLIC MUSEUM, INC. 39-1723105

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

Page 4

Name of or	rganization		Employer identification number
MILWAUKE	E PUBLIC MUSEUM, INC.		39-1723105
Part III		through (e) and the following line enthaltithe than the state of the	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of git	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

MILWAUKEE PUBLIC MUSEUM, INC.

Employer identification number 39-1723105

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S or Accounts. 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 v	riting that the assets held in donor advi	sed funds			
	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	e conferring			
	impermissible private benefit?	······	Yes			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
	year	,				
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri		- :			
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial staten	nents that describes the			
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in t	furtherance of public			
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iter	ms.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical trea		al gain, provide			
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>			
b			^			
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

232051 09-01-22

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Sim	ilar Assets	(conti	nued)	age	
3	Using the organization's acquisition, accession						•			
	collection items (check all that apply):		•	· ·	Ū					
а	X Public exhibition	d	X Loan or exc	hange program						
b	X Scholarly research	е	Other							
С	X Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simila	r assets	3				
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets not	include	ed	_			
	on Form 990, Part X?					\square	Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		_					
							Amoun	t		
С	Beginning balance				_1	С				
d	Additions during the year				_1	d				
е	Distributions during the year				_1	е				
f	Ending balance					If				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	L	Yes	L	No	
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years back		ree years back				
1a	Beginning of year balance 9,598,760. 8,591,385. 7,362,767. 6,973,692. 6,900,690.									
b										
С	c Net investment earnings, gains, and losses 759,748980,135. 1,344,282. 413,035. 164,081									
d	Grants or scholarships	466,312.	56,835.	6,835. 51,383. 49,033. 67,831					831.	
е	Other expenditures for facilities									
	and programs	53,924.	10,500.	· · · · · · · · · · · · · · · · · · ·						
f	Administrative expenses	3,255.	2,800.		_	2,700.	_		373.	
g	End of year balance	15,570,553.	9,598,760.			7,362,767.	6	973,	692.	
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	32.0000	_%							
b	Permanent endowment 68.0000	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for t	he		1			
	organization by:							Yes	No	
	(i) Unrelated organizations						3a(i)		Х	
	(ii) Related organizations						3a(ii)	X		
	If "Yes" on line 3a(ii), are the related organiza						3b	Х		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
ı aı	Complete if the organization answered		Dart IV line 11a S	oo Form 000 Part V	lino 10	1				
	· · · · · · · · · · · · · · · · · · ·		i	<u> </u>			/ N D			
	Description of property	(a) Cost or o basis (investn	, ,	' '	Accumu epreciat	II	(d) Boo	k valu	е	
	Lord	<u> </u>	Dasis	(Otrier)	-рі ссіа	lion				
_	Land		10	,875,741.	1/ 0	14,044.		,961,	697	
b	Buildings		19	, , , , , , , , , , , , , , , , , , , ,	±±,3.	,0==-	4	, , , ,	557.	
_	Leasehold improvements		12	,125,018.	10 6	10,085.	າ	,514,	922	
d	Equipment		13	59,225.		,	2		225.	
	Other		V and war (D) 11 - 3				7	,535,		
rota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part .	<u>∧, column (B), line 10</u>	JC.)		Schedule				

Schedule D	(Form 990) 2022	MILWAUKEE PUBLIC MUSEUM,	INC.	39-1723105	Page
Part VII	Investments -	Other Securities.			

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

(5) (6)(7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(4)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO OTHER ENTITIES	500,000.
(3)	ACCRUED PENSION AND POSTRETIREMENT BENEFITS	3,283,949.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,783,949.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 MILWAUKEE PUBLIC MUSEUM, INC.			39-17231	105 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	14,320,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	30,581.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,581,507.		
е	Add lines 2a through 2d			2e	1,612,088.
3	Subtract line 2e from line 1			3	12,708,008.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,891.		
b	Other (Describe in Part XIII.)	. 4b	357,928.		
С	Add lines 4a and 4b			4c	359,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	13,067,827.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	14,276,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	1,209,922.		
е	Add lines 2a through 2d			2e	1,209,922.
3	Subtract line 2e from line 1			3	13,066,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,891.		
b	Other (Describe in Part XIII.)	. 4b	371,585.		
	Add lines 4a and 4b			4c	373,476.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	13,439,898.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	: IV, lines 1b a	nd 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 add	litional inform	ation.		
D3.D0	1 TTT				
PART	LIII, LINE 1A:				
m	COLUMN HAG LEGAL MINE NO NON THE 'G DUTINING DWILLIAM AND				
THE	COUNTY HAS LEGAL TITLE TO MPM, INC.'S BUILDING, EXHIBITS AND				
3 D.M.1	ENGINE THE INTERIOR NEW PILLIPTIC APPLICACE AND IMPROVEMENTS FIND	חוום עם חוום			
ARTI	FACTS, INCLUDING ANY BUILDING ADDITIONS AND IMPROVEMENTS FUND	ED BY THE			
COLL	IMV OD MDM ING ALL CHOU ACCEME ADE LEACED MO MDM ING HADED	7			
COOL	TY OR MPM, INC. ALL SUCH ASSETS ARE LEASED TO MPM, INC. UNDER	. А			
T ONG	MEDN LEAGE MON THE UNE NOW DECEMBED MUE DUTINTING AND EVILL	DIMO EDOM			
LONG	-TERM LEASE. MPM, INC. HAS NOT RECORDED THE BUILDING AND EXHI	BITS FROM			
mirra	IONG MEDA LEAGE IN IMG GONGOLIDAMED EINANGIAL GMAMDADAMG AG M				
THE	LONG-TERM LEASE IN ITS CONSOLIDATED FINANCIAL STATEMENTS AS T	HE VALUE			
C 3 3 3 3	IOM DE DEMEDITIED. MON THA CADIMALITEE DUITIDING ADDIMIONA				
CANI	OT BE DETERMINED. MPM, INC. CAPITALIZES BUILDING ADDITIONS,				
TMDI	OVERHENME AND EVILIDIE GOODS WILEN MON. THE TE ODITIONED TO DAY	HOD			
IMPF	OVEMENTS AND EXHIBIT COSTS WHEN MPM, INC. IS OBLIGATED TO PAY	FOR			
miro	ON THE CANADA THE THE TWO INDING HIS TWAN HIS AREA HIS DIMENDED IN HIS	O BIID			
THOS	E CAPITAL ITEMS INCLUDING THE IMAX THEATER, THE BUTTERFLY WIN	G, THE			
COM	NOTES THE CARREN CALLERY STEE SHOPE AND DESCRIPTIONS THE	3.00000			
CONC	COURSE, THE GARDEN GALLERY, GIFT SHOPS AND RESTAURANTS. THESE	ASSETS			
W+++	DEVIDED NO MUD COLINARY TO MON. THE LIBER NO WASHINGTON TO THE	V MDM			
MTTT	REVERT TO THE COUNTY IF MPM, INC. WERE TO VACATE THE FACILIT	ı. MPM,			
TNO	AMODMITTE MURCE COOMS OVER MURTD AMMIGINAMEN MORRIM ATTING				
	AMORTIZES THESE COSTS OVER THEIR ANTICIPATED USEFUL LIVES.			Cabant -	(Farm 200) 2005
00005	4 09-01-22			Schedule D	(Form 990) 2022

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ACTUARIAL GAIN ON POST-RETIREMENT BENEFITS 357,928.

Schedule D (Form 990) 2022

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

2022

Open to Public Inspection

MILWAUKEE	PUBLIC MUSEUM, INC.					39-172310	ntification number	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
Indicate whether the organization rais	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)								
		Yes	No					
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2022

Pa	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 gro				ts greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
				FOOD & FROTH		col. (c))					
ē			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	630,245.	190,535.		820,780.					
	2	Less: Contributions	281,225.	69,659.		350,884.					
	3	Gross income (line 1 minus line 2)	349,020.	120,876.		469,896.					
	4	Cash prizes									
	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs	43,032.	6,036.		49,068.					
ect Ex	7	Food and beverages	78,231.	13,967.		92,198.					
₫	_	Entritoirement	4,000.	1,325.		5,325.					
	8 9	Entertainment Other direct expenses				71,965.					
	10			,	I	218,556.					
		Net income summary. Subtract line 10 from li	2 1 (1)			251,340.					
Pa	rt I	II Gaming. Complete if the organization a									
		\$15,000 on Form 990-EZ, line 6a.		_							
Revenue			(a) Bingo	(b) Pull tabs/instant 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									
	6	Volunteer labor	Yes % No	Yes % No	Yes % No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)								
	Net gaming income summary. Subtract line 7 from line 1, column (d)										
_		to the electrical the energial terms and									
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:										
40			and the same of the same	material district							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No					
	_										
23208	32082 10-27-22 Schedule G (Form 990) 2022										

Sch	edule G (Form 990) 2022 MILWAUKEE PUBLIC MUSEUM, INC.	1/2310	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🔻	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
c	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
~	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. line	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,	,,
				-

Schedule G	(Form 990) MILWAUKEE PUBLIC MUSEUM, INC.	39-1723105	Page 4
Part IV	(Form 990) MILWAUKEE PUBLIC MUSEUM, INC. Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization	Employer identification number						
	LIC MUSEUM, IN	С.					39-1723105
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?				-		
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HISTORIC HAYMARKET MILWAUKEE, INC 800 W WELLS ST.							
MILWAUKEE, WI 53233-1404	87-1376165		650,000.	0.			GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table		l	I	1.
3 Enter total number of other organizations	-						0.

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION'S BOARD MEMBERS MONITOR THE ASSISTANCE PROVIDED TO THE HISTORIC HAYMARKET MILWAUKEE. INC AND ENSURES ITS RECORDS ARE CONSISTENT WITH THAT OF THE MUSEUM'S.

232102 10-31-22

Part IV

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MILWAUKEE PUBLIC MUSEUM, INC.

Employer identification number 39-1723105

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			
	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.			
	X 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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			v
	The organization?	6a		X
b	Any related organization?	6b		^
_	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		Х
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	a		
	REQUIRTIONS SECTION 3.3 4938-NICT/	. u		4

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELLEN CENSKY	(i)	223,831.	0.	0.	9,077.	5,948.	238,856.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE QUINLAN	(i)	159,677.	0.	0.	6,570.	3,227.	169,474.	0.
SR. VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LUE HANG, SR VP OF	(i)	153,568.	0.	0.	1,461.	3,248.	158,277.	0.
FINANCE & OPERATIONS (TERM. 02/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

	MILWAUKEE PUBLIC I	MUSEUM, IN	IC.			39-	-172310	5	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method of oncash contri		•	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	Х	7	120,199.	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 \dots								
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	Х	36		IN-KI	ND			
24	Archeological artifacts	Х	13		IN-KI	ND			
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organi	ization during	the tax year for co	ontributions					
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive b	-			-	hat it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?		. 31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 MILWAUKEE PUBLIC MUSEUM, INC.	39-1723105	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organiza nation of both. Also com	ation
SCHEDULE M, LINE 33:		
MILWAUKEE COUNTY HAS LEGAL TITLE TO THE MILWAUKEE PUBLIC MUSEUM, INC.		
(MPM, INC.) EXHIBITS AND ARTIFACTS, INCLUDING ALL NON-CASH ITEMS ADDED		
TO THE PERMANENT COLLECTION. ALL SUCH ASSETS ARE LEASED TO MPM, INC.		
UNDER A LONG-TERM LEASE. THE ASSET VALUE CANNOT BE DETERMINED,		
THEREFORE THE REVENUE AND ASSETS ARE NOT INCLUDED ON MPM, INC.'S		
FINANCIAL STATEMENTS AND AS SUCH NO REVENUE FOR THE ITEMS IS INCLUDED		
ON SCHEDULE M.		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MILWAUKEE PUBLIC MUSEUM, INC.	39-1723105
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MILWAUKEE PUBLIC MUSEUM INSPIRES CURIOSITY, EXCITES MINDS AND	
INCREASES THE DESIRE TO PRESERVE AND PROTECT OUR WORLD'S NATURAL AND	
CULTURAL DIVERSITY THROUGH EXHIBITIONS, EDUCATIONAL PROGRAMS,	
COLLECTIONS AND RESEARCH.	
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MAY EXERCISE, WHEN THE	
BOARD IS NOT IN SESSION, ALL POWERS OF THE BOARD IN THE MANAGEMENT OF THE	
BUSINESS AND AFFAIRS OF THE CORPORATION EXCEPT IN RESPECT TO AMMENDING THE	
BY-LAWS, ELECTION OF OFFICERS OR FILING VACANCIES IN THE BOARD OR ANY	
COMMITTEE THEREOF. THE EXECUTIVE COMMITEE IS COMPRISED OF THE ELECTED	
OFFICERS OF THE CORPORATION, THE CHAIRS OF THE STANDING COMMITTES AND TWO	
AT LARGE DIRECTORS APPOINTED BY THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CFO AND CONTROLLER WILL REVIEW THE PREPARED RETURNS. THE RETURNS WILL	_
BE REVIEWED BY THE AUDIT AND FINANCE COMMITTEE PRIOR TO SUBMISSION TO THE	
APPROPRIATE TAXING AUTHORITIES. IN ADDITION, EACH MEMBER OF THE BOARD OF	_
DIRECTORS WILL RECEIVE AN ELECTRONIC COPY OF THE IRS FORM 990, RETURN OF	
ORGANIZATION EXEMPT FROM INCOME TAX.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, THE BOARD AND MEMBERS OF THE MUSEUM MANAGEMENT ARE REQUIRED TO	
COMPLETE AND SIGN A REPORT ON POTENTIALLY CONFLICTING INTERESTS AND THE	
GOVERNANCE COMMITTEE IS REQUIRED TO SHARE THE RESPONSES WITH THE BOARD EACH	_
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 39-1723105 MILWAUKEE PUBLIC MUSEUM, INC. YEAR. A MOTION IS MADE TO ACCEPT THE REPORT AND IS VOTED ON. FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCES COMMITTEE DETERMINES THE SALARY LEVELS FOR OFFICERS BASED ON REVIEWS OF SALARY STUDIES FROM MRA AND MIDWEST ASSOCIATION OF MUSEUMS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, BOARD MINUTES, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED BY THE OPEN RECORDS LAW. THE CONFLICT OF INTEREST DISCLOSURE IS READ INTO THE MINUTES ANNUALLY. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ACTUARIAL GAIN ON POST-RETIREMENT BENEFITS 13,657. EMPLOYER CONTRIBUTION - HEALTH & PENSION BENEFITS 371,585. TOTAL TO FORM 990, PART XI, LINE 9 385,242.

FORM 990, PART XI, LINE 2C

NO CHANGES WERE MADE FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

39-1723105

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco		ar assets Direct of	controlling	9
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity						
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	contr	rolled
MILMANIPE DIDLIC MISSIM PAROLIMENT PIND	CIIDDODMING MUD CUADIMADI D			501(c)(3))		Yes	No
23-7055827, 800 W. WELLS STREET, MILWAUKEE, WI 53233	SCIENTIFIC AND EDUCATIONAL	WISCONSIN	501 (C)(3)	12 TYPE T		x	
	-						
	-						

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

MILWAUKEE PUBLIC MUSEUM, INC.

Schedule R (Form 990) 2022

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.

			ı	1						_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10
]										
	1										
	1										
	1										
	1										
	1										
		l		l		l			1		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec (i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
]								
	1								
	1								
	1		I.	I.		1			

Page 2

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "Y	es" on Form	1 990, Part IV	, line 34,	, 35b,	or 36.
----------	--	--------------------	-------------------------	-------------	----------------	------------	--------	--------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х
					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•					_		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
- 1	Performance of services or membership or fundraising solicitations for related organizations	nization(s)			11	х	
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	х	
	Sharing of paid employees with related organization(s)				10	х	
	• • • • • • • • • • • • • • • • • • • •						
р	Reimbursement paid to related organization(s) for expenses				1p		х
	Reimbursement paid by related organization(s) for expenses				1q		Х
					•		
r	Other transfer of cash or property to related organization(s)				1r		х
					1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w						
		(b)					
	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount ir	volved		
		type (a-s)					
(1) []]	ILWAUKEE PUBLIC MUSEUM ENDOWMENT FUND	С	466,312.	FMV			
(2)							
(3)							
(4)							
(5)							
		1	1	I and the second			

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

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

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