

# Return of Organization Exempt From Income Tax

**2021**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning 7/1/2021 and ending 6/30/2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization NEXT ACT THEATRE, INC.  
 Doing business as NEXT ACT THEATRE  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
BOX 394  
 City or town State ZIP code  
MILWAUKEE WI 53201-0394  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number 39-1553360  
**E** Telephone number (414) 278-7780  
**G** Gross receipts \$ 1,625,831

**F** Name and address of principal officer:  
David Anderson 255 S. Water Street, Milwaukee, WI 53204

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: NEXTACT.ORG **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1987 **M** State of legal domicile: WI

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: We will engage the hearts and minds of our audience with compelling and intimate theatre productions intended to stimulate thought, foster the exchange of ideas and promote the development of new perspectives and

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	51
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	814,785	826,661
	<b>9</b> Program service revenue (Part VIII, line 2g)	179,681	338,684
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,107	-8,247
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	20,615	12,754
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,016,188	1,169,852
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	337,522	498,394
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>70,557</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	366,957	446,269
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	704,479	944,663	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	311,709	225,189	

<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	1,615,983	1,848,927
	<b>21</b> Total liabilities (Part X, line 26)	92,404	125,950
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,523,579	1,722,977	

**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.

**Sign Here**

Signature of officer David Anderson Date 1/24/2023  
 David Anderson President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name David L Hilker Preparer's signature David L Hilker, CPA Date 1/18/2023 Check  if self-employed PTIN P00776200  
 Firm's name ▶ Hilker & Associates Firm's EIN ▶ 39-2009139  
 Firm's address ▶ PO Box 511454, Milwaukee, WI 53203-0251 Phone no. (414) 264-5330

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
Production and performance of dramatic plays for the general public and the operation of a theater venue.

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  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  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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 709,108 including grants of \$ ) (Revenue \$ 233,481 )  
PRODUCTION OF FOUR DRAMATIC PLAYS AND OTHER SPECIAL PRESENTATIONS.

4b (Code: ) (Expenses \$ 3,031 including grants of \$ ) (Revenue \$ 29,225 )  
CONDUCT OF SCHOOL OUTREACH AND SUMMER PROGRAM FOR YOUTH.

4c (Code: ) (Expenses \$ 13,825 including grants of \$ ) (Revenue \$ 32,627 )  
RENTING OF THEATRE SPACE TO OTHER PERFORMING ARTS GROUPS FOR BOTH REHEARSAL AND/OR PRODUCTION OF THEATRICAL PRESENTATIONS SUCH AS PLAYS, MUSIC AND DANCE CONCERTS.

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 725,964

**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 . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		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 . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		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 . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		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 . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reports, tax shelter transactions, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation processes.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about filing states, public inspection availability, and person in possession of books and records.

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Steve Marcus Director	0.00 0.00	X								
(2) Donna Martynski Director	1.00 0.00	X								
(3) Michael Burzynski Director	1.00 0.00	X								
(4) Cathryn Jakicic Secretary	1.00 0.00	X		X						
(5) Susan Schoenfeld Director	1.00 0.00	X								
(6) Terri Alioto Director	1.00 0.00	X								
(7) David Anderson President	1.00 0.00	X		X						
(8) John McGivern Director	1.00 0.00	X								
(9) Sean Rierdon Director	1.00 0.00	X								
(10) Dr. Mohammad N. El-Bsat Director	1.00 0.00	X								
(11) Paul Barno Director	1.00 0.00	X								
(12) Brooke Billick Treasurer	1.00 0.00	X		X						
(13) Jane Lukic Director	1.00 0.00	X								
(14) Daniel Murray Vice President	1.00 0.00	X		X						

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Sandra Zingler Director	1.00 0.00	X								
(16) Haly Besaw Director	0.00 0.00	X								
(17) Annie Jurczyk Director	1.00 0.00	X								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	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) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a 116,132				
	b	Membership dues . . . . .	1b 0				
	c	Fundraising events . . . . .	1c 13,265				
	d	Related organizations . . . . .	1d 0				
	e	Government grants (contributions) . . . . .	1e 232,164				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 465,100				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g \$ 0				
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		826,661			
Program Service Revenue			Business Code				
	2a	TICKET SALES & CONCESSIONS	711110	233,481	233,481		
	b	OTHER INCOME	711110	12,078	12,078		
	c	THEATRE HALL RENTAL	711110	32,627	32,627		
	d	EDUCATIONAL PROGRAMS	711110	29,225	29,225		
	e	PERFORMANCES - UPAF	711110	31,273	31,273		
	f	All other program service revenue . . . . .		0			
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		338,684				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,304		2,304	
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	5	Royalties . . . . . ▶		0			
	6a	Gross rents . . . . .	(i) Real	(ii) Personal			
			6a				
			6b				
	c	Rental income or (loss) . . . . .	6c 0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
			7a	437,616	0		
			7b	448,167	0		
	c	Gain or (loss) . . . . .	7c -10,551	0			
	d	Net gain or (loss) . . . . . ▶		-10,551		-10,551	
	8a	Gross income from fundraising events (not including \$ 13,265 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	20,566			
	b	Less: direct expenses . . . . .	8b	7,812			
c	Net income or (loss) from fundraising events . . . . . ▶		12,754		12,754		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0				
b	Less: direct expenses . . . . .	9b	0				
c	Net income or (loss) from gaming activities . . . . . ▶		0				
10a	Gross sales of inventory, less returns and allowances . . . . .	10a	0				
b	Less: cost of goods sold . . . . .	10b	0				
c	Net income or (loss) from sales of inventory . . . . . ▶		0				
Miscellaneous Revenue			Business Code				
	11a	-----		0			
	b	-----		0			
	c	-----		0			
	d	All other revenue . . . . .		0			
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0				
12	<b>Total revenue.</b> See instructions . . . . . ▶		1,169,852	338,684	0	4,507	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	424,591	295,081	78,303	51,207
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	35,227	24,482	6,497	4,248
10	Payroll taxes . . . . .	38,576	26,810	7,114	4,652
11	Fees for services (nonemployees):				
a	Management . . . . .	3,276			3,276
b	Legal . . . . .	0			
c	Accounting . . . . .	7,493	2,983	3,992	518
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	48,439	48,439	0	
12	Advertising and promotion . . . . .	31,477	31,477		
13	Office expenses . . . . .	46,347	28,321	15,246	2,780
14	Information technology . . . . .	0			
15	Royalties . . . . .	16,594	16,594		
16	Occupancy . . . . .	114,960	98,097	16,863	
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	32,071	31,382	689	0
23	Insurance . . . . .	10,495	7,293	1,936	1,266
24	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.)				
a	EDUCATION & OUTREACH	3,031	3,031		
b	PRODUCTION MATERIALS & SERVICES	75,754	63,375	12,379	
c	LOCAL SALES TAX	12,075	12,075		
d	BANK/CREDIT CARD FEES	22,612	21,481	1,131	
e	All other expenses TELEPHONE/UTILITIES	21,645	15,043	3,992	2,610
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	944,663	725,964	148,142	70,557
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	641,623	1	409,623
	2	Savings and temporary cash investments . . . . .	119,205	2	14,957
	3	Pledges and grants receivable, net . . . . .	1,528	3	28,497
	4	Accounts receivable, net . . . . .	0	4	19,272
	5	Loans and other receivables from 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 . . . . .	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7	Notes and loans receivable, net . . . . .	0	7	0
	8	Inventories for sale or use . . . . .	0	8	
	9	Prepaid expenses and deferred charges . . . . .	20,420	9	25,310
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,242,522		
	b	Less: accumulated depreciation . . . . .	10b 440,352	833,207	10c 802,170
	11	Investments—publicly traded securities . . . . .	0	11	549,098
	12	Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .	0	13	0
	14	Intangible assets . . . . .	0	14	0
	15	Other assets. See Part IV, line 11 . . . . .	0	15	0
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,615,983	16	1,848,927	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	3,305	17	4,112
	18	Grants payable . . . . .	0	18	
	19	Deferred revenue . . . . .	13,804	19	121,838
	20	Tax-exempt bond liabilities . . . . .	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	
	22	Loans and other 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 . . . . .	0	22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	75,295	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	92,404	26	125,950
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions . . . . .	1,374,073	27	1,518,714
	28	Net assets with donor restrictions . . . . .	149,506	28	204,263
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds . . . . .	0	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	30	
	31	Retained earnings, endowment, accumulated income, or other funds . . . . .	0	31	
	32	<b>Total net assets or fund balances . . . . .</b>	1,523,579	32	1,722,977
33	<b>Total liabilities and net assets/fund balances . . . . .</b>	1,615,983	33	1,848,927	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,169,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	944,663
3	Revenue less expenses. Subtract line 2 from line 1	3	225,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,523,579
5	Net unrealized gains (losses) on investments	5	-25,791
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,722,977

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Electronic Filing Only

Public Charity Status and Public Support

2021

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization NEXT ACT THEATRE, INC.	Employer identification number 39-1553360
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: \_\_\_\_\_
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations 0

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021; 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472,904	507,802	485,040	814,785	826,661	3,107,192
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	353,407	363,308	288,538	204,175	359,250	1,568,678
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	826,311	871,110	773,578	1,018,960	1,185,911	4,675,870
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	103,347	171,833	106,332	119,857	195,335	696,704
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	103,347	171,833	106,332	119,857	195,335	696,704
8 Public support (Subtract line 7c from line 6.) . . . . .						3,979,166

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 . . . . .	826,311	871,110	773,578	1,018,960	1,185,911	4,675,870
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	196	613	3,470	1,107	2,304	7,690
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	196	613	3,470	1,107	2,304	7,690
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	826,507	871,723	777,048	1,020,067	1,188,215	4,683,560

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	84.96%
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	85.35%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	0.16%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	0.13%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization NEXT ACT THEATRE, INC.

Employer identification number 39-1553360

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).



Name of organization NEXT ACT THEATRE, INC.	Employer identification number 39-1553360
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sheldon & Marianne Lubar 8160 North Green Bay Road River Hills WI 53217 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UPAF 301 W. Wisconsin Avenue, Suite 600 Milwaukee WI 53203 Foreign State or Province: _____ Foreign Country: _____	\$ 147,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Herzfeld Foundation 219 N. Milwaukee Street Milwaukee WI 53202 Foreign State or Province: _____ Foreign Country: _____	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Julia A. Uihlein 322 E. Michigan Avenue, Suite 400 Milwaukee WI 53202 Foreign State or Province: _____ Foreign Country: _____	\$ 9,774	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Bader Philanthropies 3300 N Dr Martin Luther King Drive Milwaukee WI 53212 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Dorothy Inbusch Foundation 111 E Kilbourn Avenue, unit 1400 Milwaukee WI 53202 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEXT ACT THEATRE, INC.	Employer identification number 39-1553360
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Jan & Vince Martin ----- 14500 Fruitvale Avenue, unit 1208 Saratoga CA 95070 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	The Shubert Foundation ----- 234 W 44th Street New York NY 10036 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	Peter Layde & Angela Carolo ----- 1628 N. Farwell Avenue Milwaukee WI 53202 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	Tom & Mary Belle Chatton ----- 2071 Sunset Court Wauwatosa WI 53226 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	SBA - PPP Loan ----- 409 3rd Street SW Washington DC 20416 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 75,295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	SBA - Shuttered Venue Operators Grant ----- 409 3rd Street SW Washington DC 20416 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 156,869	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization NEXT ACT THEATRE, INC.	Employer identification number 39-1553360
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Arts Midwest Grant ----- 3033 Excelsior Boulevard, unit 380 ----- Minneapolis MN 55416 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Wilfred Wollner Jr ----- 903 E. Juneau Ave., Apt. 450 ----- Milwaukee WI 53202 Foreign State or Province: ----- Foreign Country: -----	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Jan Serr & John Shannon ----- 3017 N. Marietta Avenue ----- Milwaukee WI 53211 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

NEXT ACT THEATRE, INC.

39-1553360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 0      |
| d Additions during the year . . . . .     |        |
| e Distributions during the year . . . . . |        |
| f Ending balance . . . . .                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	0	0	0	0	0
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	1,085,264	295,165	790,099
c Leasehold improvements . . . . .	0	0	0	0
d Equipment . . . . .	0	148,051	137,365	10,686
e Other . . . . .	0	9,207	7,822	1,385
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				802,170

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

NEXT ACT THEATRE, INC.

Employer identification number

39-1553360

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
<b>Total</b>					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Board Fundraiser (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	33,831	0	33,831
	2	Less: Contributions . . . . .		0	0
	3	Gross income (line 1 minus line 2) . . . . .	33,831	0	33,831
Direct Expenses	4	Cash prizes . . . . .		0	0
	5	Noncash prizes . . . . .		0	0
	6	Rent/facility costs . . . . .		0	0
	7	Food and beverages . . . . .	5,188	0	5,188
	8	Entertainment . . . . .	800	0	800
	9	Other direct expenses . . . . .	1,824	0	1,824
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				26,019

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .				0
	4	Rent/facility costs . . . . .				0
	5	Other direct expenses . . . . .				0
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0	

- 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? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

**2021**

**Open to Public  
Inspection**

Name of the organization

NEXT ACT THEATRE, INC.

Employer identification number

39-1553360

Form 990, Part VI, Section B, Line 11b: The Form 990 is reviewed by the Executive Committee  
and then presented to the full Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c: Board members are required to provide a report of  
potential conflicting interests to the Executive Committee on an annual basis. The Chairperson  
of the committee will review and provide a report to the full Board of Directors.

Form 990, Part VI, Section B, Line 15: Board of Directors will authorize a committee to review  
the compensation including review of comparability data and make a report to the full Board of  
Directors for approval.

Form 990, Part VI, Section C, Line 19: Copies of tax returns and financial statements are  
mailed to any party requesting a copy.

Electronic Filing Only



# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return <b>NEXT ACT THEATRE, INC.</b>	Business or activity to which this form relates <b>990</b>	Identifying number <b>39-1553360</b>
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### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,050,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,034
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	31,997
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		1,034	7	HY	S/L	74
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

#### Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	32,071
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Assets by Classification - 990**

6/30/2022

NEXACT THEATRE, INC. 39-1553380

Item No.	Description of Property **** Indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
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<b>5-yr Computers and peripherals (not listed property)</b>																
10	Box Office Software	6/10/2003	F-5	100.00%	6,280	0	0	0	0	6,280	5.0	SL	HY	6,280	0	6,280
11	Sound Computer	8/22/2007	F-5	100.00%	1,000	0	0	0	0	1,000	5.0	SL	HY	1,000	0	1,000
Total: 5-yr Computers (not listed)					7,280	0	0	0	0	7,280				7,280	0	7,280

<b>5-yr Office machinery (data-handling equipment, except computers)</b>																
13	Ticket Printer	1/24/2011	F-6	100.00%	750	0	0	0	0	750	5.0	SL	HY	750	0	750
Total: 5-yr Office mach (data handling)					750	0	0	0	0	750				750	0	750

<b>7-yr General purpose tools, machinery, and equipment</b>																
5	Sound Equipment	7/15/2000	F-10	100.00%	12,564	0	0	0	0	12,564	7.0	SL	HY	12,564	0	12,564
6	Lighting Equipment	1/15/2000	F-10	100.00%	19,660	0	0	0	0	19,660	7.0	SL	HY	19,660	0	19,660
7	Stage/Risers/Drapery	1/15/2000	F-10	100.00%	16,503	0	0	0	0	16,503	7.0	SL	HY	16,503	0	16,503
4	Misc Production Equipment	6/30/2001	F-10	100.00%	6,060	0	0	0	0	6,060	10.0	SL	HY	6,060	0	6,060
8	Ticket Printer	10/8/2001	F-10	100.00%	1,117	0	0	0	0	1,117	10.0	SL	HY	1,117	0	1,117
9	Theatre Seating	9/1/2002	F-10	100.00%	18,849	0	0	0	0	18,849	10.0	SL	HY	18,849	0	18,849
12	Lighting Equipment	6/17/2008	F-10	100.00%	3,350	0	0	0	0	3,350	5.0	SL	HY	3,350	0	3,350
14	Lighting Equipment	7/1/2011	F-10	100.00%	3,170	0	0	0	0	3,170	5.0	SL	HY	3,170	0	3,170
16	Chairs	11/1/2011	F-10	100.00%	12,197	0	0	0	0	12,197	7.0	SL	HY	12,197	0	12,197
17	Risers	11/1/2011	F-10	100.00%	6,777	0	0	0	0	6,777	7.0	SL	HY	6,777	0	6,777
19	Dimmer Rack / 36 ETC Dimme	1/18/2013	F-10	100.00%	5,650	0	0	0	0	5,650	5.0	SL/GDS	HY	5,650	0	5,650
20	High Top Tables (Lobby)	6/17/2013	F-10	100.00%	725	0	0	0	0	725	7.0	SL/GDS	HY	725	0	725
21	Lighting Equipment	7/3/2013	F-10	100.00%	2,924	0	0	0	0	2,924	5.0	SL/GDS	HY	2,924	0	2,924
22	Sound Board	9/17/2013	F-10	100.00%	450	0	0	0	0	450	5.0	SL/GDS	HY	450	0	450
23	Lighting/AMP	9/27/2013	F-10	100.00%	1,422	0	0	0	0	1,422	7.0	SL/GDS	HY	1,422	0	1,422
25	Sign	4/25/2014	F-10	100.00%	2,960	0	0	0	0	2,960	7.0	SL/GDS	HY	2,749	0	2,749
26	Projection Screen	1/19/2016	F-10	100.00%	1,405	0	0	0	0	1,405	7.0	SL/GDS	HY	1,105	201	1,306
27	Video Projector	1/21/2016	F-10	100.00%	1,824	0	0	0	0	1,824	7.0	SL/GDS	HY	1,433	261	1,694
30	Vinyl Flooring Rehearsal Roor	8/31/2017	F-10	100.00%	3,657	0	0	0	0	3,657	7.0	SL/GDS	HY	1,829	523	2,352
33	Lobby Display Lighting	2/28/2018	F-10	100.00%	5,875	0	0	0	0	5,875	7.0	SL/GDS	HY	2,938	840	3,778
34	Hearing Loop System	9/11/2018	F-10	100.00%	6,991	0	0	0	0	6,991	7.0	SL/GDS	HY	1,666	476	2,142
35	Ticket Scanners	8/24/2020	F-10	100.00%	1,525	0	0	0	0	1,525	7.0	SL/GDS	HY	2,497	998	3,495
	Mackie Sub Woofer	5/13/2022	F-10	100.00%	1,034	0	0	0	0	1,034	7.0	SL/GDS	HY	0	109	327
Total: 7-yr Genl purp tools, mach, equip					140,021	0	0	0	0	140,021				125,744	3,591	129,335

<b>7-yr Office furniture, fixtures and equipment</b>																
2	2 Bookcases	7/1/1988	F-11	100.00%	125	0	0	0	0	125	7.0	200DB	HY	125	0	125
3	2 File Cabinets	8/31/1988	F-11	100.00%	427	0	0	0	0	427	7.0	200DB	HY	427	0	427
1	Furniture	1/15/2000	F-11	100.00%	4,075	0	0	0	0	4,075	7.0	200DB	HY	4,075	0	4,075
28	Copy Machine	7/29/2016	F-11	100.00%	3,172	0	0	0	0	3,172	7.0	SL/GDS	HY	2,038	453	2,491
32	Ticket Printers for Specific	10/10/2018	F-11	100.00%	1,408	0	0	0	0	1,408	7.0	SL/GDS	HY	503	201	704
Total: 7-yr Office furn, fixtures, equip					9,207	0	0	0	0	9,207				7,168	654	7,822

<b>39-yr Nonresidential and commercial real estate</b>																
15	Water Street Buildout	11/1/2011	R-5	100.00%	1,074,810	0	0	0	0	1,074,810	39.0	SL/GDS	MM	265,273	27,558	292,831
18	Leasehold Improvements	3/31/2013	R-5	100.00%	5,734	0	0	0	0	5,734	39.0	SL/GDS	MM	1,219	147	1,366

**Assets by Classification - 990**

6/30/2022

NEXT ACT THEATRE, INC. 39-1553360

Item No.	Description of Property **** Indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	SL/GDS	Convention Code	Prior Accum. Deprec., 179, Bonus	2021 Deprec.	2021 Accum. Deprec.
24	Automatic Door	6/27/2014	R-5	100.00%	4,720	0	0	0	0	4,720	39.0	Method	MM		847	121	968
Total: 39-yr Nonresidential real estate					1,085,264	0	0	0	0	1,085,264					267,339	27,826	295,165
SubTotals					1,242,522	0	0	0	0	1,242,522					408,281	32,071	440,352
Less: Disposed Assets					( 0)	( 0)	( 0)	( 0)	( 0)	( 0)					( 0)	( 0)	( 0)
Ending Totals					1,242,522	0	0	0	0	1,242,522					408,281	32,071	440,352

NEXT ACT THEATRE, INC.  
 EIN: 39-1553360  
 YEAR ENDED JUNE 30, 2022

FORM 990, PART I, LINE 1d

FOUNDATION AND INDIVIDUAL DONORS > \$5,000 or 1%

		Board	1% Revenue =	11,518.73	2% Contributions =	16,267.92
Schubert Foundation	20,000		20,000			
Bader Foundation	15,000		15,000			
Inbusch Foundation	10,000		10,000			
Stephen & Nancy Einhorn	5,000		0			
Johnson Controls Foundation	5,424		0			
Ildy & Skip Poliner	5,000		0			
Uihlein Foundation	9,774		0			
Herzfeld Foundation	55,000		55,000			
Werner & Susan Krause Family Foundation	5,000		0			
Jan & Vince Martin	10,500		10,500			
Marianne & Sheldon Lubar	10,000		10,000			
Tom & Mary Belle Chatton	10,500		10,500			
John Shannon & Jan Serr	10,000		10,000			
Peter Layde	10,000		10,000			
Wilfred Wollner Jr	13,000		13,000			
Total	<u>\$ 194,198</u>					
Officers/Board of Directors:						
Total	31,335					
Less Included Above	<u>-</u>					
Net	31,335	31,335				
Other Board Donations			0			
Total	<u>\$ 225,533</u>	<u>\$ 31,335</u>	<u>\$ 164,000</u>		<u>195,335.00</u>	

DO NOT STAPLE

Chapter 202, Wis. Stats.  
Subchapter II

# STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and  
Consumer Services

E-Mail To:  
DFICharitableOrgs@wi.gov

Mail To:  
PO Box 7879  
Madison, WI 53707-7879

Call: (608) 267-1711

## FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Fax: (608) 267-6813

www.wdfi.org

### ORGANIZATION INFORMATION - SECTION A

1. Name of charitable organization and any trade names or DBA (doing business as) names the organization uses.

NEXT ACT THEATRE, INC.

2. WI Charitable Organization Number:

1134

- 800

3. Federal Employer Identification Number:

39-1553360

4. Provide the name and contact information of the individual the Department should contact about this form:

First Name: ELIZABETH		Last Name: AMATO	
Street Address: BOX 394		City: MILWAUKEE	State: WI
Zip Code: 53201-0394	Phone: (414) 278-7780	Email: business@nextact.org	

5. Did your organization use a professional fund-raiser or fund-raising counsel during the fiscal year in Wisconsin?  Yes  No

If **YES**, provide contact information for each fund-raiser(s), fund raising counsel(s), or person. Attach additional pages, if necessary.

Name:		Fund-Raiser: <input type="checkbox"/>	Fund-Raising Counsel: <input type="checkbox"/>
Street Address:		City:	State:
Zip:	Telephone Number:	Does this fund-raiser/fund-raising counsel/person have custody of contributions at any time: <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Has any of the information your organization previously submitted to the division changed? (i.e. name of the organization, address of the principal office, address of any Wisconsin branch officers, accounting period, articles, by-laws, etc.)

Yes  No

If **YES**, attach an explanation and a copy of the amended document.

**FINANCIAL INFORMATION - SECTION B**

7. Organization's Fiscal Year End Date (month, day, and year). Enter the accounting period for the following financial information.

06	mm	30	dd	2022	yyyy
----	----	----	----	------	------

1.	Contributions .....	1	594,497
	(“Contribution” means a grant or pledge of money, credit, property, or other thing of any kind or value, except used clothing or household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. “Contribution” does not include:		
	• Income from bingo or raffles conducted under ch. 563, Wis. Stats.		
	• Government grants		
	• Bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.)		
2.	Other Revenues .....	2	575,355
3.	Total Revenue (line 1 plus line 2) .....	3	1,169,852
4.	Expenses:		
	a. Expenses Allocated to Program Services .....	4a	725,964
	b. Expenses Allocated to Management and General .....	4b	148,142
	c. Expenses Allocated to Fund-raising .....	4c	70,557
	d. Expenses Allocated to Payments to Affiliates .....	4d	
	e. Total Expenses	4e	944,663
5.	Excess or Deficit (line 3 minus line 4e) .....	5	225,189
6.	Net Assets at Beginning of Year .....	6	
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI) .....	7	-25,791
8.	Net Assets at End of Year (Total of lines 5,6 &7) .....	8	199,398

**ATTACHMENTS**

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

R  
E  
Q  
U  
I  
R  
E  
D

- A. **List of all officers, directors, trustees, and principal salaried employees** – The list must include each individual's name, address, and title. Please note that "principal salaried employees" refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- B. **A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions.** (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)
- C. **IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990.**  
(Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #1943 or Form #308 instead.)


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- D. **Audited Financial Statements** if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.
- OR
- Apply for Waiver of "D. Audited Financial Statements"** if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).
- E. **Reviewed Financial Statements** if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.
- OR
- Apply for Waiver of "E. Reviewed Financial Statements"** if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).

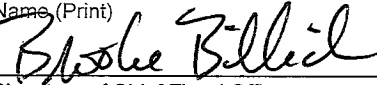
<b>CERTIFICATION - SECTION C</b>
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*This document MUST be signed by the chief fiscal officer and another officer. Two different officer signatures required. Completion of this form is required under Section 202.12, Wisconsin Statutes.*

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, and that, under penalties of perjury, we have reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of Wisconsin applicable to this report.

DAVID ANDERSON  
 Name (Print)  
  
 Signature of Officer  
 1/24/2023  
 Date

AND

BROOKE BILLICK  
 Name (Print)  
  
 Signature of Chief Fiscal Officer  
 1/24/2023  
 Date

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

**RETURN MATERIALS TO:**

Department of Financial Institutions  
 Division of Corporate and Consumer Services

*Mailing Address:*  
 PO Box 7879  
 Madison, Wisconsin 53707-7879

Or

*E-mail:*  
[DFICharitableOrgs@wi.gov](mailto:DFICharitableOrgs@wi.gov)

*Phone Number:*  
 608-267-1711

**Notice:** Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.