

# WILD SPACE

DANCE COMPANY

## 2022-2023 BOARD OF DIRECTORS

PRESIDENT  
JOY PEOT-SHIELDS  
*PEOTSHIELDS ARCHITECTURE*

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*MILWAUKEE PUBLIC SCHOOLS*

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*FOLEY & LARDNER LLP*

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*RETIRED, UW-MILWAUKEE*

DANIEL GREGO, PH.D.  
*RETIRED, TRANSCENTER FOR  
YOUTH*

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*COMMUNITY VOLUNTEER*

JULIE KERKSICK  
*PUBLIC POLICY FORUM*

PAST PRESIDENT  
JEAN NOVY  
*COMMUNITY VOLUNTEER*

## WILD SPACE

DANCE COMPANY  
820 E. KNAPP STREET  
P.O. Box 51 1665  
MILWAUKEE, WI 53203  
414/271-0307  
INFO@WILDSPACEDANCE.ORG  
WILDSPACEDANCE.ORG

July 27, 2022

Paul Tilleman, Trustee  
Bert L. & Patricia S. Steigleder Charitable Trust  
c/o Quarles & Brady, LLP  
411 E. Wisconsin Avenue, Suite 2350  
Milwaukee, Wisconsin 53202-4426

Dear Mr. Tilleman:

On behalf of Wild Space Dance Company, I am pleased to submit a proposal to the Bert L. & Patricia S. Steigleder Charitable Trust in support of our 2022-2023 Season. Your support has helped Wild Space **engage 11,280 people** over the past four seasons, including **more than 6,000 young people** through outreach programs. When uncertainty prevails, our passion and commitment to the work we create persists. Your support matters more than ever, and in these trying times, Wild Space must not stop striving to fulfill its mission to expand the audience for contemporary dance through performance and outreach programs reaching diverse communities. We would be greatly honored if you **renewed your support with a \$4,000 grant** in honor of our 36<sup>th</sup> season and transition to new artistic leadership, ensuring we continue to offer our gifts to the city for many years to come.

### **PROJECT NEED & DESCRIPTION**

Community-inspired performances and collaborations with artists and educators are central to Wild Space's mission to expand the audience for contemporary dance. Over the past 35 seasons, Wild Space has created and produced more than 130 critically acclaimed works that celebrate the culture, history and character of Milwaukee, and has provided vitally needed arts education programs in 70 Milwaukee Public School (MPS) sites. With diminished public funding for both the arts and public schools, Wild Space's artistic focus on Milwaukee's cultural treasures helps strengthen the city's creative economy, while its outreach concentration on creativity, cooperative learning and physical fitness bridges an arts education gap for underserved audiences. To fill those needs, Wild Space's 2022-2023 season will offer outreach programs for MPS students and dance events celebrating Milwaukee as a source of inspiration through site-based, cross-disciplinary performances.

In addition, this season, Wild Space will transition to new artistic leadership and expand programming to meet the challenges of a changing socio-economic climate while sustaining the company's gifts to Milwaukee. Thirty-five years after founding Wild Space, Founding Director Debra Loewen will transition to an advisory role and longtime Wild Space Artistic Associates Dan Schuchart and Monica Roderer will step up as Artistic Co-Directors. Concurrently, the Board's Diversity, Equity and Inclusion Plan will increase education and community programming for

underserved populations in a way that is culturally responsive, and increase access to live performances in new, underserved neighborhoods.

Wild Space is as committed to access as we are to artistry. Recent studies have shown that school-based arts and physical activity create a positive environment for children to succeed. A 2012 National Endowment for the Arts study found that *“At-risk students who have access to the arts in or out of school also tend to have better academic results, better workforce opportunities, and more civic engagement.”* Yet most schools have limited or no funding for such activities. To help bridge that gap, Wild Space will help underserved youth from diverse backgrounds enhance their self-esteem; develop their problem-solving and critical thinking skills; and enhance their physical fitness. During the 2018-19 season, Wild Space reached 3,069 young people, with demographics of 58% Hispanic, 29% African-American, 9% Caucasian, 3% Asian and 2% Native American and other (MPS data).

- **Project Dance Makers:** Designed for K4 through 8th grade students at five Milwaukee school sites, Project Dance Makers offers participants an opportunity to explore their creativity through the process of making dances. Sites include Bruce Guadalupe Community School, Forest Home Elementary Schools, Lincoln Center Middle School of the Arts, Manitoba Elementary School, and Sherman Multicultural Arts School. Culminating in an on-site performance, Project Dance Makers engages students in the invention of creative movement, the exploration of music and rhythm, and the physical activity of dance to improve physical fitness and critical thinking and problem-solving skills.
- **Wild Arts: Summer Creative Arts Camp:** Offers 5th through 8th grade students the opportunity to develop skills in dance, visual arts and theater. Wild Arts is a free half-day program, four days per week for five weeks at Lincoln Center Middle School of the Arts, with offsite experiences at Turners Gymnasium and the Milwaukee Art Museum. Wild Arts supports physical, emotional and intellectual development, while offering a creative alternative to unsupervised and potentially dangerous situations during the summer.

### **SEASON GOALS & OUTCOMES**

The goals of the 2022-2023 season initiatives are to commemorate Wild Space’s 35-year legacy of dancemaking in Milwaukee by making live performance and arts education accessible and safe. We will continue to engage diverse audiences in new, original artwork, enhance arts and physical fitness experiences for underserved young people, and increase organizational capacity through strategic collaborations. The criteria for success are:

- Cumulative audience of 4,000 to 5,000 and online impressions of 10,000 or more.
- A total of 1,500 to 2,000 people reached through outreach, 200 to 250 through hands-on workshops.
- At least 80% of the elementary through high school outreach participants will increase their self-discipline and knowledge of performance by collaboratively coordinating a dance.
- At least 75% of the elementary through high school outreach participants will increase their critical thinking skills by identifying connections between dance and academic disciplines in their work.
- Enhance organizational capacity through strategic community collaborations with community artists, the Milwaukee Art Museum, UW-Milwaukee and Milwaukee Public Schools.
- Three performance events of well-received original artwork as measured by positive audience feedback and critical reviews in the media, including one presented free-of-charge.
- Transition to new artistic leadership and expand programming to meet the challenges of a changing socio-economic climate while sustaining the company’s gifts to Milwaukee.

Performance events for 2022-2023 include:

- **Unmaking/Making**, a dance triptych embodying the ideas of South African artist William Kentridge (Sept. 15-16, with open rehearsals in Aug., at The Warehouse, 1635 W. St. Paul Ave.)

- ***History of the Future***, a showcase of choreography from Founding Director Debra Loewen, incoming Artistic Co-Director Dan Schuchart, and dancers Katelyn Altmann and Jenni Reinke (Dec. 1-3 at UWM Mitchell Hall Studio 254, 3203 N. Downer Ave.)
- ***Everyone Is Welcome***, a series of free, site-specific performances at Forest Home Cemetery featuring the work of culturally diverse choreographers for **InSite: Choreographic Apprenticeship**, a new initiative to develop and support choreographers of color in the creation of site-based dance in underserved neighborhoods (June 2023 at 2405 W. Forest Home Ave.).

### ***BACKGROUND & MISSION***

Founded by Artistic Director Debra Loewen in 1986, Wild Space Dance Company is known for site-specific works and artistic collaborations. **Wild Space's mission** is to explore diverse cultural landscapes to create provocative new choreography, site-based performances, and educational opportunities; cultivate creative experimentation, innovation, and collaboration by investing in local artists; and engage audiences with dance in a shared experience of place and community. Over the past 35 years, Wild Space has created more than 200 original dance works, which have been performed to critical acclaim throughout Wisconsin, and on tour in Minneapolis, Chicago, New York, Japan and South Korea. An affiliate of UPAF, Wild Space is a cultural partner of the Milwaukee Symphony Orchestra's Project ACE, and is a company-in-residence at Lincoln Center Middle School of the Arts.

Thank you for continued support of Wild Space. For over three decades, the people of this community have made an investment in the growth and success of Wild Space, clearly demonstrating that the arts are an essential tie that binds all people together and can define the richness and diversity of a community. We respectfully request your investment in Wild Space and the many ways we enrich and brighten our community. The enclosed packet includes our board list, financial statements, organization budget, factsheet, and IRS tax determination letter confirming the company's 501(c)3 status. If you have any questions, please call Wild Space at 414/271-0307.

Sincerely,



Joy Peot-Shields  
Board President

# WILD → SPACE

## Dance Company

P.O. Box 511665, 820 E. Knapp Street, Milwaukee, WI 53203 \* 414/271-0307 \* info@wildspacedance.org \* wildspacedance.org

### 2022-2023 Board of Directors

**Joy Peot-Shields RA, President**

Owner/Architect, PeotShields Architecture  
3033 North Hackett Avenue  
Milwaukee, WI 53211  
C: 414/313-2300  
jpeot@sbcglobal.net

**Daniel Grego, Ph.D.**

Retired, TransCenter for Youth  
1749 N. 16th Street  
Milwaukee, WI 53205  
W: 414/933-7895 F: 414/933-5433  
dgrego@transcenterforyouth.org

**Yeng Vang-Strath, Vice President**

MPS Educator, Milwaukee Public Schools  
5225 W. Vliet Street  
Milwaukee, WI 53208  
C: 551/655-8028  
vangstrath@gmail.com

**Anne Wing Hamilton, Ph.D.**

Community Volunteer  
2963 N. Lake Drive  
Milwaukee, WI 53211  
C: 414/704-0890  
hamiltoa@uww.edu

**Felita Daniels Ashley, Interim Treasurer\***

Director of School Development,  
TransCenter for Youth  
1749 N. 16th Street  
Milwaukee, WI 53205  
W: 414/933-7895 F: 414/933-5433  
fdashley@transcenterforyouth.org

**Julie Kerksick**

Senior Policy Advocate Public Policy Institute  
728 N. James Lovell Street  
Milwaukee, WI 53233  
W: 414/270-2948  
C: 414/795-8566  
juliekerksick@gmail.com

**Lisa M. Lawless, Secretary**

Attorney, Husch Blackwell LLP  
511 N. Broadway, Suite 1100  
Milwaukee, WI 53202  
W: 414/978-5438 F: 414/223-5000  
Lisa.lawless@huschblackwell.com

**Jean Novy**

Community Volunteer  
2408 Upper N Terrace Avenue  
Milwaukee, WI 53211  
C: 414/510-3963  
jeanenovy@hotmail.com

**Meghan DeMore**

Associate, Foley & Lardner LLP  
777 E. Wisconsin Avenue  
Milwaukee, WI 53202  
W: 414/297-5831 F: 414/297-4900  
mdemore@foley.com

*\*Interim appointment following the unexpected death of Tricia Knight, CPA, Wild Space Treasurer for more than 30 years.*

*We are working with Tricia's firm, RitzHolman, to fill the vacancy she left.*

**Simone Linhares Ferro**

Retired, UW-Milwaukee  
2400 E Kenwood Boulevard  
Milwaukee, WI 53211  
W: 414/229-4178  
sferro@uwm.edu



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

www.wdffi.org

## FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Fax: (608) 267-6813

### ORGANIZATION INFORMATION - SECTION A

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

WILD SPACE, INC.

2. WI Charitable Organization Number:

2524

- 800

3. Federal Employer Identification Number:

39-1602186

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

First Name: TRICIA		Last Name: KNIGHT	
Street Address: 330 E KILBOURN AVE STE #500		City: MILWAUKEE	State: WI
Zip Code: 53202	Phone: (414) 271-1451	Email: TRICIA@RITZHOLMAN.COM	

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.

6	mm	30	dd	2021	yyyy
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1. Contributions ..... ("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: <ul style="list-style-type: none"> <li>• Income from bingo or raffles conducted under ch. 563, Wis. Stats.</li> <li>• Government grants</li> <li>• 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.)</li> </ul>	1	102,456
2. Other Revenues .....	2	7,120
3. Total Revenue (line 1 plus line 2) .....	3	109,576
4. Expenses:		
a. Expenses Allocated to Program Services .....	4a	88,850
b. Expenses Allocated to Management and General .....	4b	6,069
c. Expenses Allocated to Fund-raising .....	4c	
d. Expenses Allocated to Payments to Affiliates .....	4d	
e. Total Expenses .....	4e	94,919
5. Excess or Deficit (line 3 minus line 4e) .....	5	14,657
6. Net Assets at Beginning of Year .....	6	30,172
7. Other Changes in Net Assets or Fund Balances (See 990, part XI).....	7	9,203
8. Net Assets at End of Year (Total of lines 5,6 &7) .....	8	54,032

**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  
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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.).

**CERTIFICATION - SECTION C**

*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.

TRICIA KNIGHT  
Name (Print)  
Tricia Knight, Treasurer  
Signature of Officer  
12-13-2021  
Date

AND

JOY PEOT-SHAIELDS  
Name (Print)  
Joy Peot Shields  
Signature of Chief Fiscal Officer  
12-14-2021  
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)

Print

Clear Form

*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.

**\*Public Inspection Copy\***  
**EXTENDED TO MAY 16, 2022**  
**Short Form**

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/ terminated Amended return Application pending	<b>C</b> Name of organization <b>WILD SPACE, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>330 E. KILBOURN AVENUE 550</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILWAUKEE, WI 53202</b>	<b>D</b> Employer identification number <b>39-1602186</b> <b>E</b> Telephone number <b>414-271-1451</b> <b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) ▶		<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>WWW.WILDSPACEDANCE.ORG</b>		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>109,576.</b>		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>102,456.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>6,619.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>21.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>480.</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>109,576.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>57,225.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>17,163.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>1,080.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>19,451.</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>94,919.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>14,657.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>30,172.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>9,203.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>54,032.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	27,486.	22	48,494.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	13,811.	24	8,026.
25 <b>Total assets</b>	41,297.	25	56,520.
26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b>	11,125.	26	2,488.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	30,172.	27	54,032.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 <b>SEE SCHEDULE O</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 88,850.
29 <b>SEE SCHEDULE O</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <b>SEE SCHEDULE O</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32 88,850.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FELITA DANIELS ASHLEY DIRECTOR	1.00	0.	0.	0.
MEGHAN DEMORE DIRECTOR	1.00	0.	0.	0.
DALE GILLIAM DIRECTOR	1.00	0.	0.	0.
DANIEL GREGO, PHD DIRECTOR	1.00	0.	0.	0.
ANNE WING HAMILTON, PHD DIRECTOR	1.00	0.	0.	0.
JULIE KERKSICK DIRECTOR	1.00	0.	0.	0.
JEAN NOVY DIRECTOR	1.00	0.	0.	0.
JOY PEOT-SHIELDS PRESIDENT	1.00	0.	0.	0.
YENG VANG-STRATH VICE PRESIDENT	1.00	0.	0.	0.
TRICIA KNIGHT TREASURER	1.00	0.	0.	0.
LISA M. LAWLESS SECRETARY	1.00	0.	0.	0.
DEBRA LOEWEN ARTISTIC DIR	40.00	37,873.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39a Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of TRICIA KNIGHT Telephone no. (414) 271-1451 Located at 330 E. KILBOURN AVE, MILWAUKEE, WI, MILWAUKEE, WI ZIP + 4 53202
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

		<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI

		<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	<b>47</b>		<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ <b>TRICIA KNIGHT, TREASURER</b> <small>Type or print name and title</small>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA A. KNIGHT	PATRICIA A. KNIGHT	12/13/21		P00017461
	Firm's name ▶ RITZ HOLMAN LLP	Firm's address ▶ 330 E. KILBOURN AVE, SUITE 550 MILWAUKEE, WI 53202		Firm's EIN ▶ 39-0919055	Phone no. 414-271-1451

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



**Public Charity Status and Public Support**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**► Attach to Form 990 or Form 990-EZ.**

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

<b>Name of the organization</b> <div style="text-align: center;">WILD SPACE, INC.</div>	<b>Employer identification number</b> <div style="text-align: center;">39-1602186</div>
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

**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 or 990-EZ).)
- 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 in 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 .....

g Provide the following information about the supported organization(s).

(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		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,218.	93,995.	78,901.	77,869.	102,456.	448,439.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	95,218.	93,995.	78,901.	77,869.	102,456.	448,439.
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)						23,672.
6 <b>Public support.</b> Subtract line 5 from line 4.						424,767.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	95,218.	93,995.	78,901.	77,869.	102,456.	448,439.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28.	30.	28.	1.	21.	108.
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.)	59,561.	25,876.	20,826.	21,271.	7,099.	134,633.
11 <b>Total support.</b> Add lines 7 through 10						583,180.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> ▶						

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	72.84 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	86.00 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶		
17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶		
b <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

**Section 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? <i>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.</i>		
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? <i>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.</i>		
2		

**Section 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)? <i>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).</i>		
1		

**Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>		
2a		
b Did the activities described in 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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**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.)

Lined area for supplemental information



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

WILD SPACE, INC.

Employer identification number  
39-1602186

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	21.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISC REVENUE	480.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	4,378.
INSURANCE	4,097.
ADVERTISING	750.
CHARGE CARD EXPENSE	1,152.
TELEPHONE	3,822.
SUPPLIES	681.
MEMBERSHIPS	75.
VIDEO SERVICES	90.
PHOTOGRAPHIC SERVICES	338.
RECEPTIONS	642.
PAYROLL SERVICE EXPENSE	156.
OFFICE EXPENSES	3,270.
TOTAL TO FORM 990-EZ, LINE 16	19,451.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
-----------------------------------------	---------

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization WILD SPACE, INC.	Employer identification number 39-1602186
----------------------------------------------	----------------------------------------------

PPP LOAN FORGIVENESS 9,203.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	13,651.	7,866.
SECURITY DEPOSIT	160.	160.
TOTAL TO FORM 990-EZ, LINE 24	13,811.	8,026.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,922.	2,488.
UNSECURED NOTES AND LOANS PAYABLE	9,203.	0.
TOTAL TO FORM 990-EZ, LINE 26	11,125.	2,488.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EXPAND THE AUDIENCE FOR CONTEMPORARY DANCE THROUGH PERFORMANCE AND EDUCATIONAL PROGRAMS IN THE GREATER MILWAUKEE AREA AND THROUGHOUT SOUTHEASTERN WISCONSIN, REACHING DIVERSE COMMUNITIES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

WILD SPACE PRODUCED THREE MAJOR LIVE PERFORMANCES FOR ITS "PARKING LOT DANCE SERIES," WHICH KEPT PATRONS AND DANCERS SAFE DURING COVID, GARNERED CRITICAL ACCLAIM, AND HAD CAPACITY AUDIENCES. THE PROGRAM SERVED 21 PAID ARTISTS/PRODUCTION STAFF, 396 IN-PERSON PATRONS, AND 1,582 SOCIAL MEDIA VIEWERS VIA MILWAUKEE PBS'S "MY WISCONSIN BACKYARD," WHICH AIRED A CLIP OF THE SHOW.

Name of the organization

WILD SPACE, INC.

Employer identification number

39-1602186

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

WILD SPACE SERVED A TOTAL OF 764 YOUTH AND FAMILIES.

ALTHOUGH WILD SPACE TEMPORARILY CANCELLED MOST YOUTH

OUTREACH RESIDENCIES DUE TO COVID, IT CONTINUED TO OFFER

WILD ARTS: SUMMER CREATIVE ARTS CAMP AND TO PARTNER WITH KOHL'S FAMILY

SUNDAYS AT MILWAUKEE ART MUSEUM. ADDITIONALLY, WILD SPACE BROUGHT A

FREE PARKING LOT DANCE WORKSHOP/PERFORMANCE TO DR. MARTIN LUTHER KING,

JR. ELEMENTARY MPS SCHOOL.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE WILD FUTURES TRANSITION CAMPAIGN IS PLANNING FOR THE

FUTURE OF THE ORGANIZATION, INCLUDING NEW ARTISTIC

LEADERSHIP; EXPANDED EDUCATIONAL PROGRAMMING,

PERFORMANCES, AND COMMUNITY ENGAGEMENT IN UNDERSERVED NEIGHBORHOODS;

AND DEVELOPMENT OF EMERGING TALENT. IN PHASE I, A NEW COMPANY MANAGER

HAS BEEN HIRED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

WILD SPACE, INC.

Employer identification number

39-1602186

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. The first row contains the entry for JENNIFER REINKE, MANAGING DIR with 32.00 hours, 19,352 compensation, 0 benefits, and 0 other compensation. All other rows are empty.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WILD SPACE, INC.</b>	Taxpayer identification number (TIN) <b>39-1602186</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>330 E. KILBOURN AVENUE, NO. 550</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MILWAUKEE, WI 53202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TRICIA KNIGHT**

- The books are in the care of ▶ 330 E. KILBOURN AVE, MILWAUKEE, WI - MILWAUKEE, WI 53202  
Telephone No. ▶ (414) 271-1451 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

WILD SPACE, INC		
2021 - 2022 Budget REVISED		7/21-6/22
<b>Income</b>		<b>21-22</b>
	4015 · Ticket Sales	12,134.36
	4020 · Bookings/Contracted Services	12,000.00
	4030 · Ads, Concessions, Books	200.00
	4095 · Benefit revenue	11,000.00
	4110 · Individual Contributions	18,316.19
	4112 · Board Contributions	9,500.00
	4120 · Corporation Contributions	5,000.00
	4130 · Foundation Contributions	50,000.00
	4140 · Indirect Public Support-UPAF	5,000.00
	4145 · MPS Arts Partnership & Internship	6,583.81
	4160 · State Grants	2,000.00
	4170 · County Grants	7,865.64
	4180 · City Grants-Milw Arts Board	4,340.00
	4300 · Interest Income	15.00
<b>Total Income</b>		<b>143,955.00</b>
<b>Expense</b>		<b>21-22</b>
	5001 · Salaries	
	5001 · Salaries - Other - MPS Interns	1,049.75
	5005 · Artistic Director Wage	37,873.00
	5012 · Asst. Artistic Director Wages	4,800.00
	5015 · Managing Director Wages	27,000.00
	<b>Total 5001 · Salaries</b>	<b>70,722.75</b>
	5061 · Social Security Expense	5,410.29
	5105 · Cont. Ser. Dancer-Performer	21,260.00
	5107 · Cont. Serv.-Residency/Outreach	13,010.00
	5110 · Contract Serv - Tech	4,050.00
	5111 · Cont.Ser. - Stage Manager	1,200.00
	5115 · Outside Services	2,250.00
	5120 · Advertising/Promotion	1,800.00
	5121 · Newsletter	510.00
	5124 · Insurance	5,041.44
	5125 · Office Supplies	400.00
	5126 · Photocopies	150.00
	5128 · Charge Card Expense	1,200.00
	5129 · Bank Charges	0.00
	5130 · Telephone/Internet	1,620.00
	5135 · Postage	810.00
	5136 · Marketing Postage	400.00
	5150 · Printing/Production	999.32
	5155 · Travel	200.00
	5161 · Memberships	75.00
	5165 · Equipment Rental & Maintenance	300.00
	5170 · Rehearsal Rent	1,050.00
	5172 · Storage Rent	2,044.08
	5175 · Theater/Box Office Rent	3,400.00
	5180 · Costumes	500.00
	5181 · Production Supplies	600.00
	5183 · Programs	225.00
	5190 · Miscellaneous	150.00
	5195 · Benefit Expense	2,000.00
	5197 · Video Services	2,000.00
	5200 · Photographic Services	400.00
	5210 · Receptions	0.00
	6560 · Payroll Service Expense	177.12
<b>Total Expense</b>		<b>143,955.00</b>

**Please note: The Wild Space Board of Directors has approved extending use of the 2021-2022 budget through Aug. 16th, when the 2022-2023 budget will be voted on.**

**“...smart, stirring choreography...a wonder to behold.”**

**Dance Magazine**

**“...richly imaginative and witty.”**

**New York Times**



## ABOUT THE COMPANY

Founded by Artistic Director Debra Loewen in 1986, Wild Space is celebrating more than three decades in Milwaukee. Known for site-specific works and artistic collaborations, the company has created more than 130 original dance works, which have been performed to critical acclaim throughout Wisconsin, and on tour in Minneapolis, Chicago, New York, Japan and South Korea. These works include productions inspired by the lives and voices of Milwaukee, and site-specific dance events celebrating the community's built and natural environment.

Continuing its 35-year legacy in Milwaukee, this season Wild Space transitions to new artistic leadership, renewing its gifts to the city for many years to come. Events include **“Unmaking/Making,”** a dance triptych embodying the ideas of South African artist William Kentridge (Sept. 15-16, with open rehearsals in Aug., at The Warehouse, 1635 W. St. Paul Ave.); **“History of the Future,”** a showcase of new work by Founding Director Debra Loewen, incoming Artistic Co-Director Dan Schuchart, and special guest artists that looks back as we move forward (Dec. 1-3 at UWM Mitchell Hall Studio 254, 3203 N. Downer Ave.); and **“Everyone Is Welcome,”** a series of free, site-specific performances at Forest Home Cemetery featuring the work of culturally diverse choreographers for our new initiative, InSite: Choreographic Apprenticeship (June 2023 at 2405 W. Forest Home Ave.).

Loewen has garnered critical acclaim and awards, including a 2015 Career Recognition from the Wisconsin Dance Council, a 2011 Milwaukee Arts Board Artist of the Year Award and multiple fellowships from Milwaukee County, the Wisconsin Arts Board and the National Endowment for the Arts. A senior lecturer at UWM, Loewen has taught at Lawrence University, the University of Delaware and Alverno College. She holds a BFA in dance from the University of Illinois at Urbana-Champaign and an MFA in dance from UWM.

## CONTACT

### Wild Space Dance Company

Debra Loewen, Artistic Director

Jenni Reinke, Managing Director

414.271.0307

info@wildspacedance.org

P.O. Box 511665

820 E. Knapp Street

Milwaukee, WI 53203

www.wildspacedance.org

*Wild Space's mission is to expand the audience for contemporary dance through performance and educational programs in the greater Milwaukee area and throughout southeastern Wisconsin, reaching diverse communities. The company's goals are to create and produce new, original work each season that engages a diverse audience and implement outreach programs that reach under-served students.*



## ARTISTIC STATEMENT – DEBRA LOEWEN



### Critics' Comments

"...a fascinating evening of dance and sound."

*Milwaukee Journal Sentinel*

"...the show made clear that for 30 years Wild Space has been home to performers of great character."

*Shepherd Express*

"Let your mind wander into the space with the dancers, and something remarkable happens—moments of drama and connection unfold."

*Milwaukee Magazine*

"At a performance of such magnitude and complexity as Debra Loewen's *Into the Garden* with Wild Space Dance Company...the once-in-a-lifetime fact of the event is overwhelming."

*Shepherd Express*

"Loewen was asking what dance is. Her answers were unpretentious reminders of the works of modern art masters she admires..."

*Shepherd Express*

In the rehearsal process I strive to work with the dancers to incorporate their ideas, actions, and movements into the development of each dance. This collaborative approach to creating dances offers a basic framework for perceiving, understanding, and executing movement and dance activity.

The dances I make are not based on one school of dance technique – instead I look at each dance as an opportunity to invent or create a new movement language. Choreography has always been the most fascinating way for me to learn about the world around me. The dances I create begin as movement investigations of these ideas and issues.

I like dances that challenge the audience members to create individual responses and connections to the movement ideas that unfold before them. Choreography ought to engage the intellect, satisfy the eye, and offer the audience members a reflection of their humanity.

### PERFORMANCE

A striking perspective on movement in space, Wild Space's acclaimed **site-specific events** transform Milwaukee landmarks into **"...imagination-stirring, site-specific modern dance performances..."** (*Milwaukee Journal Sentinel*). Recent events include *Into the Garden* at Villa Terrace (16), *Artifacts* at Riverwest's Goat Palace (17), *Acts of Discovery* at a former dairy distributor (18), *Making/Unmaking* at The Warehouse (19), *Off the Page* at Boswell Book Company (20), the *Parking Lot Dance Series* at four lots across the city (20-21), *Flipside/Lakeside* at Milwaukee Art Museum (21), and *InSite: Dances for Washington Park* (22).

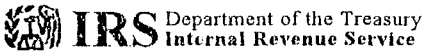
Cross-discipline works are also a central focus for Wild Space performances, bringing together actors, musicians and emerging choreographers to create original work inspired by history, the human condition and a generous dose of humor. Recent collaborators include the Milwaukee Art Museum, Milwaukee Opera Theatre and local artist Tom Bamberger.

### OUTREACH

Wild Space outreach programs expand students' understanding of dance, visual art, music and wellness. A company-in-residence at Lincoln Center Middle School of the Arts, Wild Space has worked with more than 70 Milwaukee Public Schools and is a cultural partner in the Milwaukee Symphony Orchestra's Project ACE (Arts in Community Education) and The Kennedy Center Turnaround Arts Program. **Over the past four seasons, Wild Space has engaged more than 6,000 young people.** Programs include *Project Dance Makers*, *A-B-C-Dance!*, *Wild Arts Summer Camp*, and after-school residencies.

*An affiliate of the United Performing Arts Fund, Wild Space is supported in part by grants from corporations, foundations, individual donors, Milwaukee County CAMPAC, the Milwaukee Arts Board and the Wisconsin Arts Board, with funds from the State of Wisconsin and the National Endowment for the Arts.*





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248237276  
Feb. 04, 2008 LTR 4168C E0  
39-1602186 000000 00 000  
00032913  
BODC: TE

WILD SPACE INC  
P O BOX 511665  
MILWAUKEE WI 53203

Employer Identification Number: 39-1602186  
Person to Contact: Mr. Morton  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 17, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in February 1988, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Michele M. Sullivan".

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I