



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 2009, and ending 2009, 20

- Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
Millennium Theater Limited

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
407 Wisconsin Ave. 4

City or town, state or country, and ZIP + 4
MADISON, WI 53703 1415

D Employer identification number
1713530

E Telephone number
608 260 0771

F Group Exemption Number 9

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify):

I Website: N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I - Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contra	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe)	16	0
17	Total expenses. Add lines 10 through 16	17	0
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
19	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)	19	0
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

Part II - Balance Sheets. If Total Assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	50.00	22 50.00
23	Land and buildings		23
24	Other assets (describe)		24
25	Total Assets	50.00	25 50.00
26	Total liabilities (describe)	0	26 0
27	Net assets or fund balances (Line 27 of column (B) must agree with line 21)	50.00	27 50.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2009)

5/3

SCANNED JUL 15 2009
SCANNED NOV 17 2010

RECEIVED
MAY 21 2010
IRS-OSC

211

NE
3

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	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.		X
41	List the states with which a copy of this return is filed. ▶ WISCONSIN		
42a	The organization's books are in care of ▶ JAW RATH Telephone no. ▶ 608.260.0771 Located at ▶ 407 WISCONSIN AVE, #4 MADISON ZIP+4 ▶ 53703-1415		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S. ?		X
	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 . . . ▶ 43		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b
 b If "Yes," was the related organization a section 527 organization? 49b

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 address of each employee paid more than \$100,000	(b) Time and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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 1 MAY 14 2010
 Signature of officer Date
 JAY RATH, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature Date
 Form's name for yours if self-employed, address, and ZIP + 4 Check if self-employed
 EIN Preparer's identifying number (See instructions)
 Phone no ▶

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

BMFOLI39-1713530

BMF ACCOUNT SUMMARY

NM CTRL:MILL

UP-CYC:41

ENT*UPDT CY:201040 ACCT FRZ:

ACCT INFO:

EMP CD:W

MFT	TXPD	PLAN	MF ASSESSED MOD BAL	RET PST	MF	MF	ACT	IDRS	FREEZE	TAX	MODULE	CODES
					STAT	CYC	SC		CODES			
R67	200004	000		00	N	06	200704	0	-			
67	200912	000		00	Y	10	201041	2	-			

TOTAL ASSESSED BALANCE:

0 (INCLUDING ACCRUALS)

ADDITIONAL ACCOUNT SCREENS AVAILABLE:

RETENTION REGISTER (V) AVAILABLE: Y

PRIOR AUDIT HISTORY (Z) AVAILABLE: N

LAST PERIOD SATISFIED (L) AVAILABLE: Y

EXEMPT ORGANIZATION (O) AVAILABLE: Y

FEDERAL TAX DEPOSIT (F) AVAILABLE: N

PAGE 001 OF 001

BMFPG 001

Station Name: ODN001WA2879510 Date: 10/14/2010 Time: 12:27:06 PM

INOLES39-1713530 CURRENT BMF N/C MILL LOC CODE 3940 LUC 201041

CURRENT BMF NAMELINE
MILLENIUM THEATER LIMITED
% JAY L RATH
407 WISCONSIN AVE NO 4
MADISON WI 53703-0000 000

FILING REQUIREMENTS
990-02

FISCAL YEAR MONTH 12
PRIOR FISCAL YEAR MONTH 04
EMPLOYMENT CODE W 527-POL-ORG-CD 0
ESTABLISHMENT YEAR/MONTH 199111
BOD CODE TE BOD CLIENT CODE 3
EO SECTION

GEN 0000	CLSF-CD 1000
SUBSEC-CD 03	ORG-CD 1
FNDTION-CD 15	ADVNC-RULNG-DT 000000
RUL-DT 199203	LOBBY-ELECT-YR 0000
PR-STATUS-CD 21	ELECT-LOBBY-ID 0
STS-CD 01	ASSET-CD 1
STS-CD-DT 199203	INCOME-CD 0
AFFLTN-CD 3	TEP-CASE-CD