31

- I.		FIN EXTENDED TO M		5 2020	14	200	φ				
² 990-T	i E	Exempt Organization Bus	sine	ss Income 1	Гах Returi	n l	OMB No 1545-0687				
7		(and proxy tax und									
A.A.	For ca	lendar year 2018 or other tax year beginning $\c JUL = 1$,	20	18 and ending J	JN 30, 20	<u>19</u>	2018				
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				,	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if		Name of organization (
address changed		THE HARRY AND ROSE SAMSON FAMILY instructions)									
B Exempt under section	Print	JEWISH COMMUNITY CENTE		19-0806234 lated business activity code							
X 501(c Q3 ,) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bo. 6255 NORTH SANTA MONIC.	•				instructions)				
408A 530(a)		City or town, state or province, country, and ZIP o	or foreig	n postal code							
529(a) C Book value of all assets		MILWAUKEE, WI 53217		···································		722	514				
31,448,6	60	F Group exemption number (See instructions.) G Check organization type X 501(c) cor	noration	501(c) trust	4010	a) trust	Other trust				
			1		e the only (or first) ι						
trade or business here	•				e, complete Parts I-\						
		ce at the end of the previous sentence, complete Pa	arts I an		•		•				
business, then complete				, ,							
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?		Υ	es X No				
		lifying number of the parent corporation				4 - 4					
J The books are in care of		FOMMY JOSTAD de or Business Income	<u> </u>		hone number		1				
2 2000 1 2000		de of Business income	_	(A) Income	(B) Expense	es Koratza	(C) Net				
1 a Gross receipts or sale b Less returns and allow		c Balance	1c								
2 Cost of goods sold (S			2			1.00 m					
3 Gross profit Subtract		"	3				a t Sub Marvi V Pranada.				
4 a Capital gain net incon	ne (attac	h Schedule D)	4a		(銀子室以後)						
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b								
c Capital loss deduction	n for trus	sts	4c			3.6.3					
· ·		ship or an S corporation (attach statement)	5	3	2.5分型、	· (49)					
6 Rent income (Schedu			6								
7 Unrelated debt-financ		•	7		-						
· · · ·		nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)			+		1				
10 Exploited exempt acti			10		 						
11 Advertising income (S	•	,	11								
12 Other Income (See in:		•	12		建筑了物门设 位	- 18. E. S.					
13 Total. Combine lines			13	0.							
Part Deductio	ns No	t Taken Elsewhere (See instructions for	or limita	tions on deductions	=0						
		itions, deductions must be directly connected	J WILLI L	ue ouledated bazilies		Τ					
•	icers, all	ectors, and trustees (Schedule K)	_ _	1	280	15					
15 Salaries and wages16 Repairs and mainten	iance		3	JAN 1 3	2029	16					
17 Bad debts			1	ļ		17					
18 Interest (attach sche	dule) (se	ee instructions)	1	OGDEN,	UT	18					
19 Taxes and licenses		•	! -			19					
20 Charitable contribution	ons (See	instructions for limitation rules)		_		20					
21 Depreciation (attach	Form 45	662)		21		<u> </u>					
·	aimed on	Schedule A and elsewhere on return		22a		22b					
23 Depletion						23					
24 Contributions to defe		npensauon pians				24					
25 Employee benefit pro26 Excess exempt experi	-	hedule I)				25 26					
27 Excess readership co	•	•				27					
28 Other deductions (at	•	•				28					
29 Total deductions A		•				29	0.				
30 Unrelated business t	usiness taxable income before net operating loss deduction. Subtract line 29 from line 13										

Form 990-T (2018)



Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

THE HARRY AND ROSE SAMSON FAMILY Form 990 T (2018) JEWISH COMMUNITY CENTER OF MILWAUKEE 39-0806234 Page 2 IP.artillii Total Unrelated Business Taxable Income 0. Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 34 Amounts paid for disallowed fringes 34 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 36 lines 33 and 34 1,000. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36 0. PartilV Tax Computation 0. Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 40 41 Proxy tax. See instructions 41 Alternative minimum tax (trusts only) 42 42 Tax on Noncompliant Facility Income See instructions 43 0. Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 Part V Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a b Other credits (see instructions) 45b c General business credit Attach Form 3800 45c d Credit for prior year minimum tax (attach Form 8801 or 8827) 45d e Total credits Add lines 45a through 45d 45e 0. 46 Subtract line 45e from line 44 46 47 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 0. 48 Total tax Add lines 46 and 47 (see instructions) 48 0. 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 50 a Payments A 2017 overpayment credited to 2018 50a b 2018 estimated tax payments 50b c Tax deposited with Form 8868 50c d Foreign organizations Tax paid or withheld at source (see instructions) 50d e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f Form 2439 g Other credits, adjustments, and payments Form 4136 Other Total > 50g 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached 52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 55 Enter the amount of line 54 you want. Credited to 2019 estimated tax Refunded Part VI' Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1.30	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	- 5	*
	here >	_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file	<u>.</u>	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		

	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the o	rganization may have to	file			1.8	
	FinCl	EN Form 114, Report of Foreign Bank and Fina	ancial Accounts If "Yes," enter the na	ame of the foreign count	ry				`
	here	>	<u> </u>						Х
57	Durir	ng the tax year, did the organization receive a	distribution from, or was it the grant	tor of, or transferor to, a	foreign trust?				Х
	If "Ye	es," see instructions for other forms the organ	zation may have to file					¥,	
58	Enter	r the amount of tax-exempt interest received of	r accrued during the tax year >\$, '.'.	
C:	U	nder penalties of pertury, I declare that I have examine orrect, and apmplote beclaration of penal (other tha	d this return including accompanying schein laxpayer) is based on all information of w	dules and statements, and to hich preparer has any knowle	the best of my kno	wledge	and belief, it is tru	е,	
Sign Here		Signature of officer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ESIDENT/CEC		the p	the IRS discuss thi reparer shown belo ictions)? X Y	ow (see	vith
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf	PTIN		.,,
Paid Prepa	arer	TROY MARINE, CPA	125 Mare	cpr 12/19/	self- employ	ed	P00187	863	
Use (Firm's name ► BAKER TILLY	VIRCHOW KRAUSE,	LLP	Firm's EIN	>	39-085	991	0
	- · · · · ,	777 E WISC	CONSIN AVENUE, 32	ND FLOOR					
		Firm's address MILWAUKEE,	WI_53202		Рћопе по	41	4.777.5	500	
323711 0	1-09-19						Form 9	90-T	(201

7 THE HARRY AND ROSE SAMSON FAMILY Form 9Q0-T (2018) JEWISH COMMUNITY CENTER OF MILWAUKEE 39-0806234

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	raluation > N/A			-		
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6		
2 Purchases	2		7	Cost of goods sold St	ubtract	line 6			
3 Cost of labor	3	-	_	from line 5 Enter here	and in l	Part I,			
4 a Additional section 263A costs	i i			line 2			7_	<u></u>	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	cquirec	i for resale) apply to			_
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	1 Per	sonal Property L	ease	d With Real Prop	perty		
1 Description of property									
(1)						<u>-</u>			
(2)									
(3)									
(4)									
		ed or accrued				04-10-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y connec .nd 2(b) (cted with the income in attach schedule)	п
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)					
			2	2. Gross income from		3 Deductions directly cor to debt-finan			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductror (attach schedule)	ns.
(1)		-	+				+		
(2)									
(3)							1-		
(4)			1			· ·			
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1 Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in	ncluded in column	n 8		– 1			\top		0.

7 THE Form 990-T (2018) JEW: Schedule F - Interes	ISH CO	AND ROS	CENTER	OF	MILWAU	JKEE ntrolle	ed Organiza	tion	39-08	0623	4 Page	
		, rioyan			Controlled O				(200 111	Struction	5)	
1 Name of controlled organization		identific	2, Employer 3, Net u		related income e instructions)	4. To	otal of specified 5		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)												
_(2)												
_(3)								<u> </u>				
(4)								<u> </u>				
Nonexempt Controlled O							T					
7. Taxable Income	8 '	Net unrelated incom (see instructions		. Tota	l of specified payn made	nents	10. Part of coluing the controlling gross	mn 9 tha ng orga s income	nızatıon's		ductions directly connecte income in column 10	
(1)					t							
(2)			· · ·				 					
(3)									·			
(4)												
	!		<u> </u>				Add colum		9 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (B)	
							1,110 0, 0) ••••••••	_		_	
Totals		_`				<u> </u>	L		0.		0	
Schedule G - Inves	instruction		ection 50°	1(c)(7), (9), or (⁻	17) Or	-		·			
	Description of	ıncome			2. Amount of	income	3. Deduction directly conne (attach sched	nected 4. Set-asides		5 Total deductions and set-asides (col 3 plus col 4)		
(1)					 						 	
(2)					<u> </u>						 	
(3)									-			
(4)					Enter here and o Part I, line 9, col						Enter here and on page Part I line 9, column (B)	
Totals						Λ					<u>.</u>	
Schedule I - Exploi	ted Ever	nt Activity	Incomo O	thor	Than Adv	orticir	la lucomo	00.4. iP4	\$\$\.\\$\\$\$\$\$ ^{**} \\$\\$\$\$\$\$\$\$\$\$	ANTE SHEAT	<u> </u>	
·	instructions)	-		uier			ig income		Ι"		1	
1 Description of exploited activity	unrel	2 Gross ated business icome from e or business	3 Expense directly connec with production of unrelated business inco-	ted on d	4 Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
Totals	pa	or here and on ge 1, Part I o 10, col (A)	Enter here and page 1, Part line 10, col (E	I,							Enter here and on page 1, Part II, line 26	
Schedule J - Adver	tising Inc		structions)	<u> </u>	Tellines, 45,500,000,000	Bisic Tracks	ACC SISSEN LINEARNASS	ile in the second		Sercines :	RI <u>U</u>	
Part lo Income Fro				Con	solidated l	Basis						
1 Name of periodic	cal	2. Gross advertising income	3. Dir advertising		4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compu		ion	6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			_	_			<u> </u>					
(2)												
(3)							3					
(4)		<u>.</u>										

0.

0.

0. Form **990-T** (2018)

Totals (carry to Part II, line (5))

> THE HARRY AND ROSE SAMSON FAMILY

39-0806234

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Form 990-T (2018) JEWISH COMMUNITY CENTER OF MILWAUKEE

39-08062

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		-					
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	. 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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