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Form 990-T

Department of the Treasury
Internal Revenue ServiceAMENDED RETURN
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning _____, and ending _____

1812

2018

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA Check box if address changedB Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year

Print
or
TypeName of organization (Check box if name changed and see instructions.)**BETTY BRINN CHILDREN'S MUSEUM, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

929 E. WISCONSIN AVENUE

City or town, state or province, country, and ZIP or foreign postal code

MILWAUKEE, WI 53202D Employer identification number
(Employees' trust, see instructions)**39-1681155**E Unrelated business activity code
(See instructions.)

F Group exemption number (See instructions.) ►

G

H Enter the number of the organization's unrelated trades or businesses. ►

Describe the only (or first) unrelated

trade or business here ► . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ► Yes No
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **CHRISTINE FLORES**

Telephone number ► (414) 291-0888

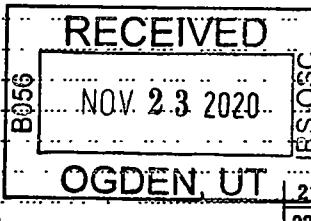
Part I Unrelated Trade or Business Income

- | | | | | | | |
|----|---|-------|-----------|---------|----|----|
| 1a | Gross receipts or sales | _____ | c Balance | ► | 1c | |
| b | Less returns and allowances | _____ | | | 2 | |
| 2 | Cost of goods sold (Schedule A, line 7) | ..... |  |  | 3 | |
| 3 | Gross profit. Subtract line 2 from line 1c | ..... | G | | 4a | |
| 4a | Capital gain net income (attach Schedule D) | ..... |  |  | 4b | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | ..... |  |  | 4c | |
| c | Capital loss deduction for trusts | ..... |  |  | 5 | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | ..... |  |  | 6 | |
| 6 | Rent income (Schedule C) | ..... |  |  | 7 | |
| 7 | Unrelated debt-financed income (Schedule E) | ..... |  |  | 8 | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | ..... |  |  | 9 | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | ..... |  |  | 10 | |
| 10 | Exploited exempt activity income (Schedule I) | ..... |  |  | 11 | |
| 11 | Advertising income (Schedule J) | ..... |  |  | 12 | |
| 12 | Other income (See instructions; attach schedule) | ..... |  |  | 13 | 0. |
| 13 | Total. Combine lines 3 through 12 | ..... |  |  |  |  |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

- | | | | | |
|----|--|-------|-----|----|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | ..... | 14 | |
| 15 | Salaries and wages | ..... | 15 | |
| 16 | Repairs and maintenance | ..... | 16 | |
| 17 | Bad debts | ..... | 17 | |
| 18 | Interest (attach schedule) (see instructions) | ..... | 18 | |
| 19 | Taxes and licenses | ..... | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | ..... | 20 | |
| 21 | Depreciation (attach Form 4562) | ..... | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | ..... | 22a | |
| 23 | Depletion | ..... | 22b | |
| 24 | Contributions to deferred compensation plans | ..... | 23 | |
| 25 | Employee benefit programs | ..... | 24 | |
| 26 | Excess exempt expenses (Schedule I) | ..... | 25 | |
| 27 | Excess readership costs (Schedule J) | ..... | 26 | |
| 28 | Other deductions (attach schedule) | ..... | 27 | |
| 29 | Total deductions. Add lines 14 through 28 | ..... | 28 | |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | ..... | 29 | 0. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2010 (see instructions) | ..... | 30 | 0. |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | ..... | 31 | |
| 32 |  | ..... | 32 | 0. |



823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

SCANNED JAN 26 2021

15591006 788028 13812.5AU01 2018.06030 BETTY BRINN CHILDREN'S MUSE 13812_52

Part III Total Unrelated Business Taxable Income

33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34 Amounts paid for capitalized intangibles	34	
35 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37 Specific deduction (generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38 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 38	38	0.

Part IV Tax Computation

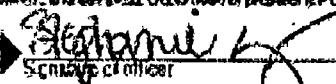
39 Organizations Taxed as Corporations. Multiply line 38 by 27% (0.21)	39	0.
40 Trusts Taxable at Trust Rate. See instructions for tax computation. Enter tax on the amount on line 38 above	40	
<input type="checkbox"/> Tax rate unchanged or <input type="checkbox"/> Adjusted P (Form 1041)		
41 Prepay tax. See instructions	41	
42 Alternative minimum tax (trusts only)	42	
43 Tax on Nonexempt Facility Income. See instructions	43	
44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118)	45a	
a Other credits (see instructions)	45b	
c General business credit. Attach Form 3800	45c	
d Credit for prior year minimum tax (attach Form 2301 or 2327)	45d	
e Total credits. Add lines 45a through 45d	45e	
46 Subtract line 45e from line 44	46	0.
47 Other taxes. Check if wrong <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8511 <input type="checkbox"/> Form 8297 <input type="checkbox"/> Form 8856 <input type="checkbox"/> Other (see instructions)		
48 Total tax. Add lines 46 and 47 (see instructions)	48	0.
49 2018 net OASDI tax liability paid from Form 955-A or Form 955-B, Part B, column (b), line 2	49	0.
50 a Payments: A 2017 overpayment credited to 2018	50a	
b 2018 estimated tax payments	50b	
c Tax deposited with Form 8388	50c	5,019.
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 premium (attach Form 8941)	50f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4138 <input type="checkbox"/> Other	50g	
	Total ►	50g
51 Total payments. Add lines 50a through 50g	51	5,019.
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	5,019.
55 Enter the amount of line 54 you want credited to 2019 estimated tax <input type="checkbox"/> Released <input type="checkbox"/> Retained	55	5,019.

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, a signature or other authority over, a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 5471, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign entity here ►	Yes	No
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	—	—
58 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

Sign Here	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, accurate, and complete. Declaration is made under penalties of perjury that information which appears herein was obtained or derived from another person or corporation and is so indicated.		
		11/4/20	VP FINANCE Title
Scribble of officer		May I file this document with my return with the original signed below from Name (Last, First, Middle Initial) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Paid Preparer Use Only	Preparer's name: JENNY TARKOWSKI, CPA Firm's name ► WEGNER CPAs, LLP 2921 LANDMARK PL STE 300 Firm's address ► MADISON, WI 53713-4236	Preparer's signature:  Date: 10/8/20	Check <input type="checkbox"/> if self-employed	PTIN: 900634290
			Firm's PTIN ►	39-0974031
			Phone no.	608-274-4020

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Rev. 9-2018

FOOTNOTES

STATEMENT 1

RETURN WAS AMENDED TO REQUEST A TAX REFUND DUE TO THE REPEAL OF SECTION 512(A)(7). CHANGES WERE MADE TO AMOUNTS REPORTED IN PART III, LINES 34, 36 AND 38; PART IV LINES 39 AND 44; PART V, LINES 46, 48, 54, AND 55. CHANGES WERE ALSO MADE TO ITEM H.