* 000 T		ENDED TO JAN				av Patur	. 1	OMR N	1545-0687
Form 990-T	Exempt Orga	INIZATION BUS Ind proxy tax und	or sec	stion 6023	111 <b>6</b> .   1116.	ax Returi 1407	<b>ሃ</b>		
	For calendar year 2018 or other tax y						9	21	018
		v.irs gov/Form990T for in					_		
Department of the Treasury Internal Revenue Service	Do not enter SSN numb							)pen to Pu 01(c)(3) Oi	iblic Inspection for rganizations Only
A Check box if additions changed	Name of organization (	Check box if name c	hanged	and see instru	ctions.)		(Emplo	yer identifi yees' trus ctions)	ication number st, see
B Exempt under section	Print JEWISH FEDE	ERATION OF M	ADIS	SON, IN	IC.	•	3.9	<del>9-08</del>	67186
X 501(c///3 )	or Number, street, and roo	m or suite no. If a P.O. box	k, see in:	structions.				ted busine structions	ess activity code )
408(e) 220(e)	Type 6434 ENTERI						]		
408A 530(a) 529(a)	City or town, state or promaDISON, WI	ovince, country, and ZIP of $53719-111$	-	postal code			541	300	
C Book value of all assets at end of year	F Group exemption nun			3008					1
<u>7,596,8</u>	26 . G Check organization ty		_	501	(c) trust	401(a)			Other trust
	organization's unrelated trades or		1			the only (or first) ur		than ana	
	SEE STATEMENT				-	complete Parts I-V.			,
	lank space at the end of the previ	ous sentence, complete Pa	ırıs ı and	ii, complete a	я Эспеаше	ivi for each addition	iai traue	UI	•
business, then complete	Parts III-v the corporation a subsidiary in ar	affiliated group or a parer	at-cubeu	diany controller	d aroun?		Yes	· Y	No
	ind identifying number of the pare		เเ-อนบอก	ulal y Collii Olici	u group:			, LAS.	טוו נ
	► SVETLANA GOV				Telepho	one number 🕨 6	08-	<del>278</del> -	1808
	d Trade or Business In			(A) Inco		(B) Expense			(C) Net
1a Gross receipts or sale	s .								
b Less returns and allow		c Balance	10						
2 Cost of goods sold (S	chedule A, line 7)		2						
3 Gross profit. Subtract	line 2 from line 1c		3						
· · ·	ne (attach Schedule D)		4a	3,	635.	<u></u>			<u>3,635.</u>
<b>b</b> Net gain (loss) (Form	4797, Part II, line 17) (attach For	m 4797)	4b	-					
c Capital loss deduction			4c						
· ·	partnership or an S corporation (	attach statement)	5		922.	STMT 2	<u> </u>		<u>-922.</u>
6 Rent income (Schedu			6						
l e e e e e e e e e e e e e e e e e e e	ed income (Schedule E)	4	7	_					<del></del>
	yalties, and rents from a controlle f a section 501(c)(7), (9), or (17)		9						
	vity income (Schedule I)	organization (Schedule d)	10	···		• • • • • • • • • • • • • • • • • • • •			
11 Advertising income (S	•		11	. 33.	669.	61,3	12.		27,643.
	structions; attach schedule) 'S'	CATEMENT 3	12		625.				5,625.
13 Total. Combine lines			13		007.	61,3	12.	_	19,305.
Part II Deduction	ns Not Taken Elsewhe	ere (See instructions fo	or limita	tions on ded	uctions)				
(Except for	contributions, deductions mu	st be directly connected	d with t	he unrelated	business	s income )			
14 Compensation of off	icers, directors, and trustees (Sci	nedule K)					14		
15 Salaries and wages							15		16,200.
16 Repairs and mainter	ance			<del></del>			16		
17 Bad debts		RECEIV	ΕD	4			17		
	dule) (see instructions)			၂၇၂			18	_	1,338.
19 Taxes and licenses	and (Can instructions for limitation	DEC 26 2	019	Ÿ			20		<u> 1,330.</u>
	ons (See instructions for limitatio	1000	0.0	RS-0S(	21		20		
21 Depreciation (attach 22 Less depreciation of	aimed on Schedule A and elsewh	on reting OFN	LIT		22a		22b		
23 Depletion	aillied oil ocheddie A alld eisewir	COLLEGE CHIA					23		
·	erred compensation plans						24		
25 Employee benefit pr							25		
26 Excess exempt expe							26		
27 Excess readership c							27		
28 Other deductions (a				SEE	STAT	EMENT 4	28		5,804.
29 Total deductions. A	dd lines 14 through 28					W.	29		23,342.
	taxable income before net operati					30	30		42,647.
	erating loss arising in tax years b		ary 1, 20	18 (see instruc	ctions)	21	31 32		40 647
32 Unrelated business	taxable income. Subtract line 31 f	rom line 30				11	32		42,647.

Form 990-T (2018)

Part II	Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instru	ctions)	33		2,6	47.
34	Amounts paid for disallowed fringes						
35	5 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5						0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of		1 1			
	lines 33 and 34		a ch	36	-42	2,6	<u>47.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		190	37	1	<u>, 0</u>	00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36,	041				
	enter the smaller of zero or line 36		- 24	38	-42	2,6	<u>47.</u>
Part I	/ Tax Computation		<u> </u>				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>&gt;</b>	39			0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 3	38 from:	1.			
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40			
41	Proxy tax See instructions		<b>&gt;</b>	41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant 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 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	<u>.                                    </u>	_			
	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44			46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	36 <u> </u>	Other (attach schedule)	47			
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			0.
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		]			
е	Backup withholding (see instructions)	50e		]			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments: Form 2439						
	☐ Form 4136 ☐ Other Total ▶	50g		]			
51	Total payments. Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		, <b>•</b>	54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded <b>&gt;</b>	55			
Part \	I Statements Regarding Certain Activities and Other Information	on (se	e instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or othe	r authority		<u> </u>	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may h	ave to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country				
	here >						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansfero	r to, a foreign trust?		L		X
	If "Yes," see instructions for other forms the organization may have to file.				j		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$						
	Under penalties of perjury Adeclare that I have examined this return, including accompanying schedules and s correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatemeni er has ar	ts, and to the best of my know by knowledge	wledge and	d belief, it is t	rue,	
Sign	1 INTERIM	EX	ECUPTUE 🗖	lav the IRS	discuss this	return '	with
Here	DIRECTO	R		•	shown below	(see	_
	Signature of officer Date Title			structions)		<u> </u>	No
	Print/Type preparer's name Preparer's signature Dat	te	Check	ıf PTIN			
Paid	WILLING THE		self- employed				
Prepa	rer RANDOLPH J STARK 10	/30	/19		02282		
Use C			Fırm's EIN ▶	. 39	<u>-074</u>	7 <u>4</u> 0	9
	6411 MINERAL POINT RD						
	Firm's address MADTSON WT 53705		Phone no.	508-4	142-35	3 3 8	

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inven	tory valuation   N/A					
1 Inventory at beginning of year	1	1 6 Inventory at end of year				6		
2 Purchases	2		7 Cost of goods sold Su	ubtract lii	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4 a Additional section 263A costs			line 2			7_	<u> </u>	т—
(attach schedule)	4a		8 Do the rules of section				Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Pro	per	ty) 	
1 Description of property								
(1)			<u> </u>					
(2)								
(3)		· <u> </u>						
(4)								
		ed or accrued	<u></u>		3(a) Deductions directl	ly conne	octed with the income	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percental personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) a	and 2(b)	(attach schedule)	
(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		nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	▶		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly co to debt-finan			·
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)	<u></u>							
(2)	-			_				
(3)	_			L				
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns
(1)			%					
(2)	_		%					
(3)			%		<del>.</del> .			
(4)			%					
					nter here and on page 1, art I, line 7, column (A)		Enter here and on par Part I, line 7, column	
Totals			•			).		0.
Total dividends-received deductions in	ncluded in colum	n 8		_		<b>&gt;</b>	·	0.

39-0867186

Page 4

Form 990-T (2018)

Form 990-T (2018) JEWISH FEDERATION OF MADISON, INC. 39-08671

Part II 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	4. 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) MADISON JEWISH				•		
(2) NEWS	33,669	. 61,312.	-27,643.			
(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)	▶ 33,669	. 61,312.				· ' 0

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

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	,	%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ADVERTISING IN THE MADISON JEWISH NEWS MONTHLY NEWS PERIODICAL AND SPONSORSHIPS RECEIVED TO HELP SUPPORT THE JEWISHMADISON.ORG WEBSITE

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
JFMC POOLED ENDOWMENT ORDINARY BUSINESS INCO	PORTFOLIO LLC (EIN 45-1610 - ME	-922.
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5	-922.
FORM 990-T .	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
WEBSITE SPONSORSHIPS		5,625.
TOTAL TO FORM 990-T, P	AGE 1, LINE 12	5,625.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
WEBSITE EXPENSES SPONSORSHIP COMMISSION	rs .	4,804.
TOTAL TO FORM 990-T, P	AGE 1, LINE 28	5,804.

NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
21,367.	12,021.	9,346.	9,346.
•	0.	10,957.	10,957.
•	0.	29,254.	29,254.
	0.	71,695.	71,695.
	0.	29,423.	29,423.
-	0.	2,104.	2,104.
42,547.	0.	42,547.	42,547.
21,499.	0.	21,499.	21,499.
13,436.	0.	13,436.	13,436.
23,530.	0.	23,530.	23,530.
24,146.	0.	24,146.	24,146.
VER AVAILABLE THIS	YEAR	277,937.	277,937.
	21,367. 10,957. 29,254. 71,695. 29,423. 2,104. 42,547. 21,499. 13,436. 23,530. 24,146.	LOSS PREVIOUSLY APPLIED  21,367. 12,021. 10,957. 0. 29,254. 0. 71,695. 0. 29,423. 0. 21,104. 0. 42,547. 0. 21,499. 0. 13,436. 0. 23,530. 0.	LOSS SUSTAINED APPLIED REMAINING  21,367. 12,021. 9,346. 10,957. 0. 10,957. 29,254. 0. 29,254. 71,695. 0. 71,695. 29,423. 0. 29,423. 2,104. 0. 2,104. 42,547. 0. 42,547. 21,499. 0. 21,499. 13,436. 0. 13,436. 23,530. 0. 23,530. 24,146. 0. 24,146.