| | ٠,٠ | | _ | | TENDED TO M | | | T D- | A | . 1 | OMB | N- 4545 000 | |
|---------------|---|--|---|---|----------------------------------|--------------|--------------------------|----------------|------------|------------|---|---------------------------------|------------------|
| | Form | 990-T | | Exempt Orga | nization Bus nd proxy tax und | sine | ess income | I ax Ke | | | OMB | No 1545-068 | 37 |
| | | | | • | • - | | | TTNT 20 | | Q | 2 | 018 | 2 |
| | | | For cal | lendar year 2018 or other tax ye | | | | | 201 | 9 | | U IU | , |
| | | tment of the Treasury al Revenue Service | ▶ 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). | | | | | | | | | Public Inspect Organizations | tion for Only |
| | A [| Check box if address changed | | Name of organization (| Check box if name c | hanged | d and see instructions.) | ,110113.) | | | Employer identification number (Employees' trust, see instructions) | | ber |
| | B Ex | xempt under sestion | Print | LITERACY SE | ISC | ONSIN, INC | • | | 3 | 9-10 | 91203 | 3 | |
| | X |]501(c)(3U 7 | _ or | Number, street, and roon | k, see II | nstructions. | | | | ited busin | ness activity o | code | |
| | 408(e) 220(e) 555 N PLANKINTON AVE | | | | | | | | | 000, | .55 5000 | ٠, | |
| | | 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | | |
| | | 529(a) MILWAUKEE, WI 53203-2910 | | | | | | | | | | | |
| | | ok value of all assets and of year | | F Group exemption num | | <u> </u> | | | | | | | |
| ç | ₹ | <u> </u> | | G Check organization typ | | oratio | n 501(c) trust | |] 401(a) | trust | | Other tri | ust |
| ç | TH En | ter the number of the c | organiza | ation's unrelated trades or l | ousinesses. 🕨 | 1 | Describ | e the only (or | fırst) un | related | | | |
| q | trac | de or business here 🕨 | ► <u>TR</u> | ANSPORTATION | BENEFITS | | If only on | e, complete P | arts I-V. | lf more | than on | e, | |
| • | = des | scribe the first in the bl | ank spa | ice at the end of the previo | us sentence, complete Pa | ırts I ar | nd II, complete a Sched | ule M for each | addition | al trade | or | | |
| . = | <u> </u> | siness, then complete f | | | | | | | | | | | |
| = | | - | | poration a subsidiary in an | | nt-subs | idiary controlled group | ? | ▶ L | Ye: | s 🗘 | ∑ No | |
| - | • — | | | tifying number of the parer | | | | | | | | | |
| ĮĹ | | | | <u> PAMMY KNUTSO</u> | | | | hone number | | | <u> 344-</u> | | |
| | | · · · · · · · · · · · · · · · · · · · | | de or Business Inc | come | | (A) Income | (B) E | xpenses | : | _ | (C) Net | |
| 1 | I : | Gross receipts or sale: | | | | | | | | | | | |
| <u> </u> | ~ | Less returns and allow | | | c Balance | 10 | | | | | | | |
| U | • | Cost of goods sold (Se | | • | | 2 | | | | | | | |
| | | Gross profit Subtract | | | | 3 | | | | | | | |
| | | Capital gain net incom | • | • | | 4a | | | | | | | |
| | | | | Part II, line 17) (attach Form | ı 4797) | 4b 4c | | | | | | | |
| | | · | Capital loss deduction for trusts income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) | | | | | | | | | | |
| | | • | | | | | | | | - | - | | |
| ₫. | | • | | | | | | | | | | | |
| Æ | | Unrelated debt-finance | | , | | 8 | | | | | _ | | |
| H | - | | oyalties, and rents from a controlled organization (Schedule F) of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | | | | | _ | | |
| APR 1 188 | | Exploited exempt activ | | | ryanization (Schedule d) | 10 | | - | | | | | |
| ¥ 1 | | Advertising income (S | - | • | | 11 | | + | | | | | |
| TI | | Other income (See ins | | • | | 12 | | | | | | | |
| 1= 1 | | Total. Combine lines | | | | 13 | 0 | | | | | | |
| 13 | Pa | | | ot Taken Elsewhei | | | | | | | | | |
| E 9 | | | | utions, deductions must | | | | | | | | | |
| 당황 | 14 | Compensation of offi | cers, dii | rectors, and trustees (Sche | edule K) | | | | | 14 | | | |
| Baching Oycen | 15 | Salaries and wages | | • | · | | RECEIVE | | 15 | | | | |
| 3 | 16 | Repairs and maintena | ance | | | 11 | TALOLIVE | | 16 | | | | |
| | 17 | Bad debts | | | | C298 | | 18 | | 17 | | | |
| | _18 | Interest (attach sched | dule) (se | ee instructions) | | 121 | MAR 2 5 202 | S-08(| | 18 | | | |
| | | Taxes and licenses | | | | | | 1021 | | 19 | | | |
| • | Ž 0 | Charitable contribution | ns (See | e instructions for limitation | rules) | Į | OGDEN, U | T | , | 20 | | | |
| | ₹21 | Depreciation (attach i | Form 45 | 1 | | | 21 | | | | | | |
| : | Ž2² ≥2 3 | Less depreciation cla | imed or | n Schedule A and elsewher | e on return | | 22a | | | 22b | | | |
| | ≥23 | Depletion | | | | | | 23 | | | | | |
| | 24 | Contributions to defe | | mpensation plans | | | | | | 24 | | | |
| .5 | 2 5 | Employee benefit pro | | | | | | | | 25 | | | |
| \$ | \$ 66 \$7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Excess exempt exper | • | • | | | | | | 26 | | | |
| ξ | 5 2 <u>7</u> | Excess readership co | - | • | | | | | | 27 | | | |
| C | ### ### ### ### ### ### ### ### ### ## | Other deductions (att | | • | | | | | | 28 | | | |
| 5 | 3 | Total deductions. Ad | | | n lana dadii see a O Ed | | 10 from h 40 | | | 29 | | | 0. |
| | | | | le income before net operating loss deduction. Subtract line 29 from line 13 ng loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | | | | | 30 | | | <u>0.</u> |
| | 31 | | | | | ry 1, 20 | u io (see instructions) | | | 31 | | | 0. |
| | 32 | Unrelated business taxable income. Subtract line 31 from line 30 | | | | | | | | 32 | Form | 990-T (| |
| | 82370 | 1 01-09-19 LMA FO | гарег | WOLK REGUCTION ACT NOTICE | s, see instructions, | | | 7. | _ | • | rorm | . JJU-1 (| ZU IZV |

37 2018.05051 LITERACY SERVICES OF WISCON 11900_51

| Form 990- | T(2018) LITERACY SERVICES OF WISCONSIN, INC. 3 | <u>9-109</u> | <u> 1203 </u> | | Page 2 | |
|--------------------|---|--------------|---|-------------|--------------|--|
| 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 disallowed fringes | | 34 | | | |
| 35 | Deduction 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 | 20 | 36 | | | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 44b | 31 | 1,0 | 00. | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | / / | 1 | | | |
| 30 | enter the smaller of zero or line 36 | | 38 | | 0. | |
| Part I | | | 30 1 | | <u> </u> | |
| | | | 39 | | 0. | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | 39 | | <u> </u> | |
| 40 | | | 1 | | | |
| 4.4 | | | 40 | | | |
| 41 | Proxy tax. See instructions | | 41 | | | |
| 42 | Alternative minimum tax (trusts only) | | 42 | | | |
| 43 | Tax on Noncompliant Facility Income. See Instructions | | 48 | | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | 4 | | 0. | |
| Part \ | | | | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | - | | | |
| b | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | 4 | | | |
| C | General business credit, Attach Form 3800 | | 1 | | | |
| d | , , | | ↓ . | | | |
| е | - | | 45e | | | |
| 46 | Subtract line 45e from line 44 | | 45 | | 0. | |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 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 | |] ` | | | |
| b | 2018 estimated tax payments 7 5pb 1 | <u>,800.</u> | | | | |
| С | Tax deposited with Form 8868 | 722. | .] | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | <u> </u> | | | |
| е | Backup withholding (see instructions) 5de | |] | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f | |] | | | |
| q | Other credits, adjustments, and payments: Form 2439 | |] | | | |
| | Form 4136 Other Total ▶ 50g | |] | | | |
| 51 | Total payments. Add lines 50a through 50g | | ĝ1 | 2,5 | 22. | |
| 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 | ~C, ▶ | 53 | | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 17. ▶ | 54 | 2,5 | 22. | |
| 55 | Enter the amount of line 54 you want. Credited to 2019 estimated tax | Sh | 55 | 2,5 | | |
| Part \ | | s) | | | - | |
| 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 | | | | | |
| | 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 transferor to, a foreign | trust? | | - | X | |
| ٠. | 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 >\$ | | | | | |
| | Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the be- | st of my kno | wledge and belief, | it is true, | | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | _ | | | | |
| Here | 3-20-20 EXECUTIVE DIRECT | ^- | lay the IRS discuss ne preparer shown b | | with | |
| | Significant Of officer Date Title | | structions)? | | No | |
| | Print/Type preparer's name Preparer's signature Date Chec | _ | f PTIN | | | |
| D-: 1 | | employed | | | | |
| Paid | | | P0063 | 4290 | | |
| Preparer 20 007403 | | | | | | |
| Use (| 2921 LANDMARK PLACE, SUITE 300 | | <u> </u> | _, | | |
| | | ne no. | 508-274- | 4020 | | |
| | THE TOUR, WE STILL SUITE | | , <u>, , , , , , , , , , , , , , , , , , </u> | 000 T | (0010) | |

| Schedule A - Cost of Good | Is Sold. Enter r | nethod of inven | tory va | uluation N/A | | | | | |
|--|---|---|-------------------------------------|---|-------------|--|--|---|--|
| 1 Inventory at beginning of year 1 | | | 6 | 6 Inventory at end of year | | | 6 | | |
| Purchases 2 7 Co | | | Cost of goods sold. Subtract line 6 | | | | | | |
| 3 Cost of labor | | | | | | i | | | |
| 4a Additional section 263A costs | | | 7 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (1 | with respect to | | Yes No | |
| b Other costs (attach schedule) | 4b | | 1 | property produced or a | Icquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | 7 | the organization? | | , , | | | | |
| Schedule C - Rent Income | (From Real I | Property and | d Per | sonal Property | Leas | ed With Real Pro | perty | ·) | |
| (see instructions) | | | | · | | | | | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | - | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | <u></u> | | | | | |
| | 2. Rent receive | | | | | 2(a) Dodugtions directly | connect | ad with the ignore in | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | e than | of rent for p | ersonal p | nal property (if the percenta property exceeds 50% or if d on profit or income) | ige | | Deductions directly connected with the income in columns 2(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, columi | | er | | | 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 | ınstruc | tions) | | | | | |
| | | | 2. | Gross income from | | Deductions directly con to debt-finance | | | |
| Description of debt-financed property | | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or all debt-finan | djusted basis ocable to ced property schedule) | 6. | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (c | 8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | _ - | | | nter here and on page 1, Part I, line 7, column (A) | | nter here and on page 1, art I, line 7, column (B) | |
| Totals | | | | ▶ | | 0 | | 0. | |
| Total dividends-received deductions in | otal dividends-received deductions included in column 8 | | | | | | | 0. | |
| | | | | | | | | Form 990-T (2018) | |

| TOTAL SOUTH TENTO | | | | | <u> </u> | | | | | |
|--|--|--|------------|--|----------|--|--|--|--|--|
| 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.) | | | | | | | | | | |
| | | | A . | | | | | | | |

| 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) | | | | | | | |
| (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 - Compe | nsatio | n of Officers, | Directors, and | d Trustees (see in | structions) | | <u>-</u> <u></u> |
| | _ | | | - | 3. Perce | nt of 4 o | |

| 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 | | • | 0. | |

Form 990-T (2018)