29393340026200

		000 T	Exem				ess Income Ta	x Return	L	OMB No 1	545 0687
		rm 990-T NDED RETURN For C	ralendar vear 201		_		section 6033(e))	1812		20	18
							uctions and the latest i	nformation.	L		
Dr In	parin ternal	nent of the Treasury Revenue Service		_			made public if your organia		۱۰	Open to Public II 501(c)(3) Organi	spection for zations Only
Ā		Check box if address changed			Check box if	name c	hanged and see instructions)	7.7.	D Em	ployer identifica nployees' trust structions)	tion number
В		empt under section	T 11		HBORHOOD	CEI	NTERS OF MILWAU	IKEE		-	11
	X	501(C)(3)		O N. PLAN	KINTON A	VF.	‡7 4 0	}		0-603172	
		408(e) 220(e) 408A 530(a)		LWAUKEE,			, , = 0			ee instructions)	
c	Boo	ok value of all assets	F Group exe	mption number	(See instructi	ions.)•					
	at e	580,891.	G Check or	ganization type	<u> </u>	501(c	corporation 501	(c) trust 40	11(a) t	rust (Other trust
H	Er	nter the number of the or	ı roanızatıon's ur	related trades of				escribe the only (or	first) (unrelated	
•		ade or business here >	-							e, complete	Parts I-V.
						of the	previous sentence, co	mplete Parts I and	d II, co	omplete a S	chedule M
_		r each additional trade									
ı							oup or a parent-subsidi	ary controlled gro	up?	► ∐ Yes	ΧNο
_		'Yes,' enter the name		•	<u> </u>						
ز		ne books are in care of		R COHEN A		ANY,		elephone number		/	<u>-1700</u>
F	art	I Unrelated Tr	ade or Bus	iness Incom	ie		(A) Income	(B) Expense:	s	(C) I	let
	1 a	Gross receipts or sales	s					3		1 4 4	
		Less returns and allowances			: Balance ►	1 c			- "	<u>^</u> ;	· · · · · · ·
		Cost of goods sold (So		-	\wedge	2		. <u>} tin - 18</u>	- <u>, , , , , , , , , , , , , , , , , , ,</u>	hi i m	1 - 1
		Gross profit Subtract			10	3		*			
		Capital gain net incom	-			4a		` .	•		
		Net gain (loss) (Form 4797,		(lach Form 4/9/)	•	4b	·······	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_		Capital loss deduction Income (loss) from a pa		S corporation		4c		1			
Ξ	,	(attach statement)	ruicisinp or an	5 corporation		5		\ \tag{C}	. , -		
6.3	6	Rent income (Schedul	e C)			6					
		Unrelated debt-finance	ed income (Sc	hedule E)		7					
NOV	8	Interest, annuities, royalties,	and rents from a	controlled organiza	ition (Schedule F),	8					
2	9	Investment income of a secti	ion 501(c)(7), (9),	or (17) organization	IN (Schedule G)	9					
	10	Exploited exempt activ	vity income (S	chedule I)		10					
- 5	<u>§</u> 1	Advertising income (S	chedule J)			11					
Seived In	∯2 	Other income (See ins	structions, atta	ch schedule)							
						12		", ; ' · · ·	۲,		
E G	3	Total. Combine lines 3				13	0.		0.		0.
Щ	3arl	Deductions	Not Taken I	Elsewhere (See instru	ctions	for limitations on	deductions) (Exce	pt for	
7	14	Compensation of office	, deduction:	and trustees (rectly coni		d with the unrelate	u business inc	14	·)	
	15	Salaries and wages	ers, directors,	and trustees (SCHOOL STATE		AFD (15		
		Repairs and maintena	nce		ιΩ				16		
	17	Bad debts			AUG	i 10	2020		17		
₩	18	Interest (attach schedu	ule) (see instri	uctions)	"		<u>~~</u>		18		
202	19	Taxes and licenses	a,0, (000o	20110110)	OGI	DEN	I, UT		19		
מ	20	Charitable contribution	ns (See instruc	tions for limita			4		20		
- 4	21	Depreciation (attach F	•		,		21		<u> </u>		
Z	22	Less depreciation clair	•	ule A and else	where on ret	urn	22a		22b		
AN	23	Depletion					L		23		
		Contributions to deferr	red compensa	tion plans					24		
		Employee benefit prog	•	•					25		
Ź		Excess exempt expen		I)					26		
۲,		Excess readership cos	-						27		
S	28	Other deductions (atta	ch schedule).					,	28		
		Total deductions. Add		-					29		
					-		on Subtract line 29 from	m line 13	30		
		Deduction for net operating I					s (see instructions)		31	tan Vij	<u>·• </u>
_		Unrelated business tax				. U	TEEA0201L 1/31	//9	32	East- 00	0.
	MM	For Paperwork Reduc	AION ACL NOUC	.e, see mstruct	10115.		ILLHUZUIL 1/31			Louin 33	0-T (2018)

Form	990-T (2018) UNITED NEIGHBORHOOD C	ENTERS OF MILWAUK	EE	90	-6031721	Page 2
Par	t III Total Unrelated Business Taxable	Income				
33	Total of unrelated business taxable income comp	uted from all unrelated trade	es or businesses (s	ee		
	instructions)				33	0.
	Amounts paid for disallowed fringes	•••••		•	34	
35	Deduction for net operating loss arising in tax yearinstructions)	ars beginning before January	y 1, 2018 (see		35	
36	Total of unrelated business taxable income before	s specific doduction. Subtrac	at line 25 from the	cum	33	
30	of lines 33 and 34	e specific deduction. Subtrac	ine 33 nom me	Sum	36	0.
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exception	ine)		37	<u> </u>
	Unrelated business taxable income. Subtract line			36.	"	
	enter the smaller of zero or line 36		- 3	,	38	0.
Parl	IV Tax Computation	· · · · · · · · · · · · · · · · · · ·		•	· · · · · · · · · · · · · · · · · · ·	
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0 21) .		•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income t	ax on the amount			
	on line 38 from Tax rate schedule or	Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions			•	41	
42	Alternative minimum tax (trusts only)				42	
	Tax on Noncompliant Facility Income. See Instru				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, v	vhichever applies			44	0.
Part	V Tax and Payments			-	L	
	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	. 45 a			
	Other credits (see instructions)	,	45 b			
	General business credit Attach Form 3800 (see in	structions)	45 c			
	Credit for prior year minimum tax (attach Form 88	•	45 d			
е	Total credits. Add lines 45a through 45d				45 e	0.
	Subtract line 45e from line 44 .			•	46	0.
47	Other taxes Check if from Deform 4255 Form	n 8611 🔲 Form 8697 📙 Foi	rm 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	
50 a l	Payments A 2017 overpayment credited to 2018		50 a	j		
ь	2018 estimated tax payments .	•	50 b			
c ·	fax deposited with Form 8868		50 c			
d f	oreign organizations. Tax paid or withheld at sou	rce (see instructions)	50 d			
	Backup withholding (see instructions)		50 e			
	Credit for small employer health insurance premiui		50 f			
g (Other credits, adjustments, and payments.		_			
	Form 4136 X Other 1	, 218. Total	► 50 g	1,218.	İ	
51 1	otal payments. Add lines 50a through 50g			l	51	1,218.
52 l	Estimated tax penalty (see instructions). Check if I	Form 2220 is attached		▶∐[52	
53	ax due. If line 51 is less than the total of lines 48	, 49, and 52, enter amount o	owed	. >[53	
54 (Overpayment. If line 51 is larger than the total of I	ines 48, 49, and 52, enter ai	mount overpaid	►[54	1,218.
55 E	inter the amount of line 54 you want: Credited to	2019 estimated tax ►		Refunded ►	55	1,218.
Part	VI Statements Regarding Certain Activ	vities and Other Inforn	nation (see instru	ctions)		
56 A	t any time during the 2018 calendar year, did the orga	anization have an interest in o	r a signature or othe	r authority ove	ra	Yes No
f	nancial account (bank, securities, or other) in a foreign	country? If 'Yes' the organi	ization may have to	o file FinCEN	Form 114	7
F	eport of Foreign Bank and Financial Accounts. If 'Yes	,' enter the name of the foreig	n country here	-		_ X
57 D	furing the tax year, did the organization receive a	distribution from, or was it ti	he grantor of, or tr	ansferor to, a	foreign trust?	X
I f	'Yes,' see instructions for other forms the organization	n may have to file				
58 E	nter the amount of tax-exempt interest received or ac	crued during the tax year >	\$	0.		
	Unider pena) ies of perjury. I declare that I have examined the belief it is true correct and complete. Declaration of preparations	is return, including accompanying sch	nedules and statements	and to the best of	my knowledge and	
Sign	Della II Is the confer and complete Declaration of prepar	الملماما	EXECUTIVE D	· · · · · · · · · · · · · · · · · · ·	May the IRS discuss	his return with
Here	Signature of officer		Title	 '	he preparer shown b	
					XIV	es No
Paid	Print/Type preparer's name Preparer	's signature	Date	Check If	PTIN	
Pre-	RENEE MESSING			self-employed	P0187238	34
parer	Firm s name RITZ HOLMAN LLP	<u> </u>		Firm's EIN	39-0919055	
Use	Firm's address 330 E. KILBOURN STE	E. 550				
Only	MILWAUKEE, WI 53202			Phone no	(414) 271	-1451
BAA		1EEA0202L 01/24/19	· · · · · · · · · · · · · · · · · · ·			90-T (2018)

Form 990-T (2018) UNITED 1	NEIGHBORH	OOD CENTERS	OF MILW	AUKEE		90	-603172	1 Page 3
Schedule A - Cost of Goo	ds Sold. En	ter method of inve	entory valuation	on 🟲				<u></u>
1 Inventory at beginning of ye	ar	1		6 Invent	ory at	end of year	6	
2 Purchases.		2		7 Cost o	of good	Is sold. Subtract	2 11	
3 Cost of labor		3				ne 5. Enter here	7	
4 a Additional section 263A costs (attac	h schedule)			and in	Part I	, line 2		V N-
		4 a						Yes No
b Other costs (attach sch)		4 b		8 Do the	rules	of section 263A (with duced or acquired fo	th respect t	مرمر يا
5 Total. Add lines 1 through 4	ь	5		to the	organi	zation?	n resale, a	Spiy
Schedule C - Rent Income	From Rea	l Property and	d Personal	Property	/ Leas	sed With Real P	roperty)	(see instructions)
1 Description of property								· · · · · · · · · · · · · · · · · · ·
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						·
(a) From personal prop		·	eal and perso	nal propert	v	3(a) Deduction		
(If the percentage of rent for property is more than 10% more than 50%)	r pérsonal	(if the perce	entage of ren ceeds 50% or I on profit or i	t for persor of the rent	ńal	the income ii (att	ach schedu	
	.	based	TOTT PROTECT	neomey				
(1) (2) (3) (4)								
(3)								
(4)								
Total		Total	-					
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Enter ▶				(b) Total deductions here and on page 1, Pa I, line 6, column (B)		
Schedule E - Unrelated De		ed Income (see	instructions)			<u> </u>		
1 Description of deb		- · · · ·	2 Gross inc		3 De	eductions directly co debt-fina	nnected wi	
i Description of deb	t-imanced proj	Derty	or allocable financed p		depi	(a) Straight line reciation (attach sch		her deductions ach schedule)
(1)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1		+			
(2)		.						
(3)					+			
(4)					1			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	idjusted basis of to debt-financed ttach schedule)	6 Colu dıvıde colun	d by	rep	7 Gross income portable (column 2 x column 6)	(colu	able deductions mn 6 x total of is 3(a) and 3(b))
(1)		-		%	;			
(2)				90	:			
(3)				⁹	;			
(4)				e	;			
· · · · · · · · · · · · · · · · · · ·	•	~~			Ente Part	r here and on page I, line 7, column (A	1, Enter he	re and on page 1, ne 7, column (B),
Totals					• l		1	. ,-/-
Total dividends-received deducti	ione included	in column 9		•			<u> </u>	
BAA	ions included		EA0203L 01/30/	10				Form 990-T (2018)
unn .		10	-LAUZUSL 01/30/	10				

Schedule, F — Interest, A	muill				ganizations	Orgal	IIZALIUIIS (266 1112	ii uctions,	<u>,</u>
1 Name of controlled organization	ıdei	Employer ntification number	3 Net un income (see inst	nrelated (loss)	4 Total of sperpayments m	cified ade	5 Part of o that is ind the con organiz gross in	cluded ii trolling ation's	n co	eductions directly onnected with ome in column 5
(1)					•				<u> </u>	. .
(2)									<u> </u>	
(3)										
(4)			•							
Nonexempt Controlled Organization	ations									
7 Taxable Income	inc	et unrelated come (loss) instructions)		of specified ents made	ıncluded	in the c	n 9 that is controlling oss income		onnected	tions directly I with income lumn 10
(1)										
(2)								ļ		
(3)										
(4)								ļ		
Totals					Add column here and on 8, c		, Part I, line		and on p	6 and 11. Enter age 1. Part I, line umn (B)
Schedule G - Investmer	nt Inco	me of a Sec	tion 501	(c)(7), (9)), or (17) Orga	nizati	ion (see ins	truction	s)	
1 Description of income		2 Amount o	f income	direc	Deductions ctly connected ach schedule)	(a	4 Set-asides ttach schedu		set-as	deductions and sides (column 3 is column 4)
(1)							-			
(2)										
(3)						ļ				
(4)				-						
Totals	•	Enter here and Part I, line 9,	l on page 1 column (A)	;. 						re and on page 1, ne 9, column (B)
Schedule I – Exploited E	vomn	t Activity In	como O	thar Tha	n Advorticina	Incor	20 /500 inst	· ·		
1 Description of exploited a		2 Gross unrelated business income fro trade or business	3 Expo con pr m of busi	enses directly nected with oduction unrelated ness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gros activ unrel	s income from ity that is not ated business income	6 Exp	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						 			···	
(2)		· - 				1				
(3)	· · · · · · ·									
(4)										
Totals		Enter here on page Part I, line column (A	on 10 Part	r here and page 1, 1, line 10, umn (B)	-		,			Enter here and on page 1, Part II, line 26
Schedule J – Advertisin			uctions)					 '.		<u> </u>
Part I Income From Pe				oneolida	ted Racie					
ratti income riom re	Houle	2 Gross		Direct	4 Advertising gain of	v 5.0	irculation	6 Read	dership	7 Excess readership
1 Name of periodical		advertisin	g adv	vertising costs	(loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7.	s 1	ncome		ests	costs (col. 6 minus col 5, but not more than col. 4)
(1)					-	-		•		-
(2)					1		-			· 1
(3) (4)		+			1					1
V.7		 			<u> </u>	+				
T.A.I. / (5) (1) (1) (7)										
Totals (carry to Part II, line (5))	<u> </u>	1	TEEA0204 L	<u> </u> 12/31/18	<u> </u>			F	orm 990-T (2018)

Page 5

	· · · · · · · · · · · · · · · · · · ·
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-hy-line basis)	

/ 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 (col 6 minus col. 5, but not more than col. 4)
(1)						
(2)						
(2)						
(4)			1			
Totals from Part I		,				
Totals, Part II (lines 1− 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

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

1 Name	2 ⊤ıtle	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		00	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		· •	

BAA TEEA0204 L 12/31/18 Form 990-T (2018)

United Neighborhood Centers of Milwaukee, Inc 2018 990-T Amended Return Attachment

Statement of 990-T Amended Return Changes

		Original	Onginal Updated	
Line number	Line	Amount	Amount	Reason for change
12a and 12c	12a and 12c Other Income	6,799		Repeal of Section 512(a)(7)
13a	Total	6,799		Repeal of Section 512(a)(7)
13c	Total	6,799	•	Repeal of Section 512(a)(7)
30	Unrelated business taxable income before net operating loss deduction	6,799	•	Repeal of Section 512(a)(7)
32	Unrelated business taxable income	6,799	•	Repeal of Section 512(a)(7)
33	Total of unrelated business taxable income computed from all unrelated trades or businesses	6,799	•	Repeal of Section 512(a)(7)
36	Total of unrelated business taxable income before specific deduction	6,799	•	Repeal of Section 512(a)(7)
38	Unrelated business taxable income	5,799	•	Repeal of Section 512(a)(7)
39	Organizations Taxable as Corporations	1,218	•	Repeal of Section 512(a)(7)
44	Total	1,218	•	Repeal of Section 512(a)(7)
46	Subtrace line 45e from line 44	1,218	•	Repeal of Section 512(a)(7)
48	Total tax	1,218	•	Repeal of Section 512(a)(7)
53	Tax Due	1,218		Repeal of Section 512(a)(7)
55	Refunded	•	1,218	1,218 Repeal of Section 512(a)(7)