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	Evan		rended to ju				v Dat		LOMBA	No 1545-0687
.≁ Form 990-T	Exem		nization Bus				x Rei	WAY.	- OIVIB I	1543-0667
	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning SEP 1, 2018, and ending AUG 31, 2018								1 2	018
_	To caronom year	Go to www.irs.gov/Form990T for instructions and the latest information.								
Department of the Treasury Internal Revenue Service	► 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 Only									
A Check box if address changed									nployer identi imployees' tru structions)	ification number ist, see
B Exempt under section	Print AID	Print AIDS RESOURCE CENTER OF WISCONSIN, INC. 39-1534049								
X 501(c))3)		Number, street, and room or suite no. If a P.O box, see instructions. E Unrelated business activity code (See instructions)								
408(e) 220(e)	P.0	P.O. BOX 510498								
408A530(a) 529(a)			vince, country, and ZIP of WI 53203-0		n postal code					
C Book value of all assets at end of year	<u> </u>			<u> </u>						_
	•		e ► X 501(c) corp	oration) trust		401(a) trus		Other trust
H Enter the number of the	•	related trades or b	ousinesses.				• •	irst) unrelat		
_trade or business here describe the first in the b		and of the provin	is contanno complete Da	rte I an				ts I-V If mo		e,
business, then complete		end of the previou	is sentence, complete Fa	i is i aii	u ii, cumpiete a c	SCIEGUIE IVI	i iui eacii a	uulliullal tra	iue ui	
During the tax year, was		subsidiary in an a	affiliated group or a paren	ıt-subsi	diary controlled (oroup?			Yes X	No
If "Yes," enter the name a	-	-				g. 5 5 p			-	
J The books are in care of	► ROBE	RT WEDEL				Telephon	e number	▶ 414	-225-	1626
Part I Unrelated	d Trade or E	Business Inc	ome		(A) Incom	e	(B) Ex	penses		(C) Net
1a Gross receipts or sale	es									į
b Less returns and allow	wances		c Balance	1c	-					
2 Cost of goods sold (S		•		2						i
Gross profit. Subtract				3					 	
Capital gain net incon	•	•	4707)	4a					-	
Net gain (loss) (Form Capital loss deduction		s 17) (attach Form	14757)	4b 4c					 	
		S cornoration (at	tach statement)	5				_	+	
Rent income (Schedu							<u>-</u>	1		
Unrelated debt-finance		dule E)		7						
finterest, annuities, roy	alties, and rents t	from a controlled o	organization (Schedule F)	8						
Investment income of	a section 501(c)	(7), (9), or (17) or	ganization (Schedule G)	9						
Interest, annuities, roy Investment income of Exploited exempt active Advertising income (See insulation) Total. Combine lines	• '	edule I)		10						
Advertising income (S	•			11						
Other income (See ins	•	schedule)		12		0.				
73 Total. Combine lines Part II Deductio		en Elsewher	e (See instructions fo	13 r limits	tions on deduc	_			i	
(Except for d	contributions, d	eductions must	be directly connected	with t	he unrelated bu	usiness in	come)			
14 Compensation of off	icers, directors, a	nd trustees (Sche	dule K)		= 7			14	·	
15 Salaries and wages			REC	EIV	ED O			15		
16 Repairs and mainten	ance							16		
17 Bad debts	مرسفوس مما الماسات		um tel	29	2020 OS	i		17		
18 Interest (attach sche19 Taxes and licenses	aule) (see Instruc	ctions)	SO JUN			ł		18		
19 Taxes and licenses20 Charitable contribution	nne (See instruct	ions for limitation	rules)	250	TIT	1		20		
21 Depreciation (attach	•	ions for initiation		UEI	1 2	م ا ا			1	
• •	•	le A and elsewhere	C NATIONAL PROPERTY.		22			221	b	
22 Less depreciation cla 23 Depletion						•		23	$\overline{}$	
24 Contributions to defe	erred compensati	on plans						24		
→25 Employee benefit pro	grams							_25	<u> </u>	
Excess exempt expered Excess readership co	nses (Schedule I)							26	<u>:</u>	
								27		
28 Other deductions (at								28		
Total deductions. As Unrelated business to		-			\			29	<u> </u>	0.
530 Unrelated business t			loss deduction. Subtract			\nc\		30		i
€ '	•	•	jinning on or after Januar miling 30	y 1, 20	io (see ilistructio	1112)		31		0.
823701 01-09-19 LHA Fo										990-T (2018)

√ Form 990-	[(2018) AIDS RESOURCE CENTER OF WISCONSIN, INC. 39-15	34049	Page
Part I	II 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	- 00	·
30	lines 33 and 34	26	
97	Q_{μ}	3 6 37	1,000.
37		1	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 36.		0.
Part I		38	0.
		40	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	* 39	<u> </u>
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 -	
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 \			•
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	⊣	
b	Other credits (see instructions)	_	
C	General business credit. Attach Form 3800 45c	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	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 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 506 45,000	.	
C	Tax deposited with Form 8868 5 C Soc 2,000		•
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		
a	Other credits, adjustments, and payments Form 2439		
٠	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	47,000.
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	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	47,000.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	> 55	47,000.
Part V			
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		700 110
	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?		$-\frac{x}{x}$
	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 \bigs\\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belie	f. dustrue.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	-9	·•
Here	Timothy Syer 06/08/2020 Executive Vice President, CFO	-	scuss this return with
	Signature of officer Odd Variable Date Constitute C	the preparer sh instructions)?	own below (see
			X Yes No
_	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	TROY E. MARINE CPA Troy E. Mame, CPA 06/05/2020 self-employe		1107062
Prepa	rer TRUI E. MARINE, CPA		0187863
Use O	Inly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's EIN	<u> </u>	-0859910
	777 E WISCONSIN AVENUE, 32ND FLOOR	A1 A 05	17 EE00
			77.5500
823711 01-	09-19	F	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	1		
1 Inventory at beginning of year	1		6 Inventory at end of year			
2 Purchases	2	<u>-</u> -	7 Cost of goods sold. S			
3 Cost of labor	3		from line 5 Enter here			
4 a Additional section 263A costs			line 2		7	
(attach schedule)	4a		8 Do the rules of section	Yes No		
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply t	to	
5 Total. Add lines 1 through 4b	5		the organization?			[[]
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	eased With Real	Property	()
1 Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(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 percenta personal property exceeds 50% or if at is based on profit or income)	ge 3(a) Deductions column	directly conne is 2(a) and 2(b)	ected with the income in (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, columns	n (A)	•		(b) Total deducti Enter here and on pa Part I, line 6, column	age 1,	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			
			Gross income from or allocable to debt-		ot-financed pro	perty
1 Description of debt-fi	nanced property		financed property	(a) Straight line deprecia (attach schedule)	tion	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			·
(2)			%			
(3)			%			
(4)			%			
				Enter here and on page Part I, line 7, column (A		Enter here and on page 1, Part I, line 7, column (B)
Totals		,	•		0.	0.
Total dividends-received deductions in	ncluded in column	18	-		▶	0.

rm 990-T (2018) AIDS :	Annuities, Roya	Ities, and	Rents	From Co	ntrolle	d Organiza	tions	s (see in:	struction	9 P s)	
			-	Controlled O				(200 111)	2 30.10/1	-,	
1 Name of controlled organiz	ident	mployer	3 Net unre	elated income instructions)	4. Tot	otal of specified 5. Part of column 4 that included in the controlling		4. Total of specified payments made 5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
)			···								
)											
	-	-					-				
		+							 		
navement Controlled Organ							<u> </u>	-		•	
nexempt Controlled Organ	_Y								Г		
7. Taxable Income	8. Net unrelated inco		9. Total o	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 tha ng organ s income	nization's	11. De with	ductions directly conne income in column 10	
									<u> </u>		
	1		 -						<u> </u>		
	+								 		
						· · · · · · · · · · · · · · · · · · ·			 		
						Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Par line 8, column (B)	
Is								0.			
hedule G - Investm	ent Income of a	Section 50	01(c)(7)), (9), or (17) Org	anization			l		
	structions)			· · · · · ·		•					
1 . Des	scription of income			2. Amount of	income	3 Deduction directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deducti and set-aside (col 3 plus col	
•											
			T I		f						
		-		Enter here and o Part I, line 9, col				· ,,,		Enter here and on p Part I, line 9, column	
Is			▶		0.						
nedule I - Exploited (see insti	•	y Income, (Other	Than Adv	ertisin	g Income					
1 Description of	2 Gross unrelated business	3. Expensions directly connumber with productions of the contractions of the contracti	ected	4 Net incom from unrelated business (co	trade or lumn 2	5. Gross inco	hat	6. Exp		7. Excess exem expenses (colum 6 minus column	
exploited activity	income from trade or business	of unrelat business inc	ted	minus columi gain, compute through	cols 5	is not unrelate business inco		colur		but not more the	
	1	ļ								ļ	
······································		ļ								ļ	
	Enter here and on page 1, Part I,	Enter here ar								Enter here and on page 1,	
	line 10, col (A)	line 10, col								Part II, line 26	
s	· 0.		0.						•		
hedule J - Advertis	ing Income (see	instructions)									
	Periodicals Rep	,	Cons	olidated	Basis					•••	
	<u> </u>			1 .		1			— т		
1. Name of periodical	2 Gross advertising income		Orect ing costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulati income	ion	6 Reade cost		7. Excess readerst costs (column 6 mir column 5, but not m than column 4)	
										*	
			,	7							
											
_			-,	7							
		<u> </u>	·	+							
In Coorne to Dort II lime (51)		0.	0.								
ils (carry to Part II, line (5))	▶	U • I	v.	•		1			1		

Form 990-T (2018) AIDS RESOURCE CENTER OF WISCONSIN, INC. 39-15340 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	Advertising gain or (loss) (cel: 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	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)

FOOTNOTES

STATEMENT 1

THE ORGANIZATION FILED AN EXTENSION FOR THE FORM 990-T BY JANUARY 15, 2020, BEFORE THE DATE OF ENACTMENT OF PUBLIC LAW 116-94 WHICH REPEALED IRC SECTION 512(A)(7) DISALLOWING CERTAIN FRINGES. THE ORGANIZATION HAD NO OTHER REPORTABLE UNRELATED BUSINESS INCOME AND IS FILING THE FORM 990-T FOR THE PERIOD ENDED AUGUST 31, 2019 TO REQUEST A REFUND OF FEDERAL TAXES PAID AS SHOWN ON PAGE 2 OF FORM 990-T.