2017	·.		AMENDED DESCRIPTION DESCRIPTION OF ANDRED SEC. 11/15/14	
63	F	990-T	AMENDED RETURN - EXTENSION GRANTED TO 11/15/14 Exempt Organization Business Income Tax Return	OMB No 1545-0687
>	- orm	990-1	(and proxy tax under section 6033(e))	
MAN	•		For calendar year 2013 or other tax year beginning and ending	- 2013
9	Denart	ment of the Treasury	Information about Form 990-T and its instructions is available at www irs gov/form990t	
SO	Interna	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
₹	ΑLΣ	Check box if address changed	Name of organization (Check box if hame changed and see instructions)	Employer identification number (Employees' trust, see
9			MILWAOKEE ECONOMIC DEVELOTMENT	instructions)
©	_	empt under section	Print CORPORATION Of Number street and room or suite on If a P.O. how some instructions	23-7129398 Unrelated business activity codes
⊘] 501(c)(3)] 408(e)220(e)	Type Number, Street, and room of Suite no. If a P O. box, see instructions.	(See instructions)
€7	<u> </u>	408A 530(a)		
9		529(a)	MILWAUKEE, WI 53202	
	C Boo	k value of all assets	F Group exemption number (See instructions)	
	17	71107026.	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust	Other trust
	H Des	scribe the organizatio	on's primary unrelated business activity SEE STATEMENT 1	
			s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
			and identifying number of the parent corporation	4 000 1440
			f ► DAVID E. LATONA Telephone number ► 41 ed Trade or Business Income (B) Expenses (A) Income (B) Expenses	(C) Net
	Par		Trade of Lacinese meeting	(o) Net
		Gross receipts or sale Less returns and allo		
		Cost of goods sold (S		
		Gross profit Subtrac	, 	
2002		•	me (attach Form 8949 and Schedule D) 4a SIAIUIEUNI	
	b	Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 4797)	
(E)		Capital loss deduction		
ė			partnerships and S corporations (attach statement) 5 MAY 0 2 2017	
WAY O		Rent income (Schedu	ule C)	
3			ced income (Schedule E) 7 7 7 7 7 7 7 7 7 7 7 7 7	-
SCANNED S			oyalties, and rents from controlled organizations (Sch. F) of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
茎			tivity income (Schedule I)	
		Advertising income (
<u>~</u>			nstructions; attach schedule)	
(A)		Total. Combine lines		
	Pai		ons Not Taken Elsewhere (See instructions for limitations on deductions)	
-			contributions, deductions must be directly connected with the unrelated business income)	
г	14 15	-	fficers, directors, and trustees (Schedule K) RECEIVED	15
	16	Salaries and wages Repairs and mainter		16
	17	Bad debts	Sedule) APR 27 2017 Sedule)	17
1. 1.	18	Interest (attach sche	ledule) APR 2 7 2017 S	18
	19	Taxes and licenses	<u> </u>	19
<u>.</u>	20		tions (See instructions for limitation rules.) QGDEN, UT	20
Š	21	Depreciation (attach	h Form 4562)	
-3	22	•	claimed on Schedule A and elsewhere on return	22b
<u>بر</u> چ	23	Depletion	favord components on plans	23
3 3 3	24 25	Employee benefit pr	ferred compensation plans .	25
	26	Excess exempt expe	· ·	26
	27	Excess readership of	Fig. 1	27
	28	Other deductions (a		28
	29		s. Add lines 14 through 28	29 0.
	30	Unrelated business	taxable income before net operating loss deduction. Subtract line 29 from line 13	30 0.
	31		deduction (limited to the amount on line 30)	31 0.
	32		taxable income before specific deduction. Subtract line 31 from line 30	32 0.
	33		(Generally \$1,000, but see instructions for exceptions)	33 1,000.
	34	Unrelated business	s taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	34 0.
	32370 12-12-		perwork Reduction Act Notice, see instructions	Form 990-T (2013)
			•	/

MILWAUKEE ECONOMIC DEVELOPMENT

Form 990-T (2	2013) CORPORATION						23-71	2939	8.	F	Page 7
Part III	Tax Computation										
35 (Organizations Taxable as Corpora	iti ons . See inst	ructions for tax co	omputation							
C	Controlled group members (section	ns 1561 and 15	663) check here 🕨	▶ 🗀 s	ee instructions a	ınd:					
a E	Enter your share of the \$50,000, \$2	25,000, and \$9	,925,000 taxable i	ncome bra	ckets (in that ord	ler):					
	(1) \$	(2) \$. ,) (s						
	Enter organization's share of: (1) A		ax (not more than	_	 \$			1 1			
	(2) Additional 3% tax (not more the		ax (not more than	Ψ11,1.00)	\$ \$						
				-	Ψ			25.			0.
	ncome tax on the amount on line 3					4 b 04 (·		35c			<u> </u>
36]	Trusts Taxable at Trust Rates. See			n income t	ax on the amour	it on line 34 fr	om	_			
L		Schedule D (Fo	orm 1041)	-				36			
37 F	Proxy tax. See instructions						•	37			
• • •	Alternative minimum tax							38			
39 1	Total. Add lines 37 and 38 to line 3	5c or 36, which	hever applies					39			0.
Part IV	Tax and Payments										
40a F	oreign tax credit (corporations atta	ach Form 1118	trusts attach For	m 1116)		40a					
	Other credits (see instructions)		•	,		40b		ㅓ ㅣ			
	General business credit Attach For	m 3800		-		40c		┥	i I		
	Credit for prior year minimum tax (101 or 8827)			40d		-			
			10 1 01 0027)	-		400		ا ـۃ₄ ⊢			
	Total credits. Add lines 40a throug	JN 400						40e			_
	Subtract line 40e from line 39		, –	7				41			0.
42 (Other taxes. Check if from: Fo	orm 4255 L	J Form 8611 ∟	J Form 86	97 🔙 Form 8	8866 L Ot	her (attach schedule)	42			
43 T	Total tax. Add lines 41 and 42						5476a	£0 <u>C43</u>			0.
44 a P	Payments A 2012 overpayment cr	redited to 2013				44a					
b 2	2013 estimated tax payments					44b	59,762	. I			
c T	Fax deposited with Form 8868					44c		-			
d F	oreign organizations; Tax paid or v	withheld at sou	rce (see instructio	ons)		440		7	ı		
	Backup withholding (see instruction		(2)	,		44e		7			
	Credit for small employer health ins		ıms (Attach Form	8941\		441		-	İ		
	Other credits and payments		orm 2439	0341)		771	-	┥.			
9 C	Form 4136		Other		Total >	1445					
L			Junei		10121	44g		ا ہے ا	E (7.7	<i>c</i> 2
	Total payments. Add lines 44a thro				_			45		76	3 4 .
	Estimated tax penalty (see instructi							46			
	Fax due. If line 45 is less than the t						•	47			
48 (Overpayment. If line 45 is larger th	an the total of	lınes 43 and 46, e	nter amour	it overpaid		•	48		7,76	
49 E	inter the amount of line 48 you wa						Refunded >	49	5.9	7,76	<u>52.</u>
Part V	Statements Regardi	ng Certair	n Activities a	and Oth	er Informa	t ion (see ins	structions)				
1 At any	y time during the 2013 calendar ye	ar, did the org	anization have an	interest in d	or a signature or	other authorit	y over a financial a	account (t	oank,	Yes	No
secur	rities, or other) in a foreign country	? If YES, the or	rganization may h	ave to file F	orm TD F 90-22	1. Report of F	oreign Bank and F	inancial			
	unts. If YES, enter the name of the					,	· ·		1		Х
2 During	the tax year, did the organization receive, see instructions for other forms the organization	e a distribution fro	om, or was it the gran	ntor of, or tran	isteror to, a toreign	trust7			—— 	+	X
	the amount of tax-exempt interest								⊢		
	le A - Cost of Goods S					λ					
		T 4 T	iethod of invent			_					
	tory at beginning of year			1	ntory at end of y		_	6			
2 Purch		2		ł	t of goods sold.						
3 Cost	of labor	3		fron	n line 5 Enter he	re and in Part	I, line 2	_ 7			
4a Additio	onal section 263A costs (att. schedule)	4a		8 Dot	he rules of section	on 263A (with	respect to		L	Yes	No
b Other	costs (attach schedule)	4b		prop	erty produced o	r acquired for	resale) apply to				
5 Total	. Add lines 1 through 4b	5		the	organization?				l	- 1	
	Under penalties of perjury, I declare the							nowledge a	nd belief, it is t	rue,	
Sign	correct and complete Declaration of	preparer (other th	an taxpayer) is based	d on all inform	nation of which prep	arer has any kno	_				
Here	La 1 & Noter	₩	14/17/1	7	PRESID	ENT		•	S discuss this er shown below		/ith
	Signature of officer	-	Date	' —	Title			instruction:	_) No
	<u> </u>		Dunnanula avan		1 -						1 110
	Print/Type preparer's name		Preparer's sign		-	ate	Check	if PTI	M		
Paid	MDOV B MARTIN	ים מי	TROY E.			4.105.14	self- employe		00105		
Prepar	er TROY E. MARIN	<u>-</u>	CPA 12			4/05/1			001878		
Use Or	nly Firm's name ► BAKER		VIRCHOW				Firm's EIN	<u>► 3</u>	9-0859	991(<u>J</u>
	777		CONSIN A		, 32ND	FLOOR	1	_			_
	Firm's address ► MIL	WAUKEE	, WI 532	02			Phone no.	(414	777-5	5500)

MILWAUKEE ECONOMIC DEVELOPMENT Form-990-T (2013) CORPORATION

Schedule C - Rent Inco 1. Description of property	110 (11)	OIII IICUI	Поре	ty une	. r crooriar	Порел	Ly Lead	<u> </u>	11001110	pei	
(1)									···		
(1)											
(3)											·
(4)											
	2.	. Rent receiv	ed or accrue	ed							
(a) From personal property (if rent for personal property 10% but not more th	is more than		(b) F	frent for p	nd personal proper ersonal property ex us based on profit	ceeds 50% o	entage or if	.3(a)⊅	eductions directly columns 2(a) ai	conn nd 2(b)	ected with the income in) (attach schedule)
(1)											
(2)			_					 			
(3)			-					}			
(4)		0.	Total				0.	-			 -
(c) Total income. Add totals of col	umns 2/a)		<u> </u>					(b) Total	deductions		
here and on page 1, Part I, line 6, o							0.	Enter here	and on page 1, 6, column (B)		0
Schedule E - Unrelated			Incom	e (see	nstructions)			r arc i, iiiie	o, column(b)		
				(444				3. Deduc			d with or allocable
•					2. Gross ind or allocable	come from e to debt-	721	Ctrought lun	to debt-finance	ced pr	(b) Other deductions
1 Description of	debt-finance	ed property			financed	property	(4)		chedule)		(attach schedule)
(1)							 -			+	
(2)										+	
(3)										+	
(4)										十	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-fina		e adjusted basis allocable to anced property th 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)	 -					9/				+	
(3)						9/				\top	
(4)	- -					9/				+	
					<u>L</u>				d on page 1, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals									0		0
Total dividends-received deducti	ons includ	led in columi	1 8								0
Schedule F - Interest, A				nd Rer	its From C	ontrolle	d Orga	nizatio	ns (see inst	ructi	ions)
<u> </u>				Exemp	t Controlled O	rganizatio	ons				
1. Name of controlled organizate	on	Employer ide num			3 irelated income see instructions)		4. of specified lents made	Inciu	art of column 4 th ded in the control zation's gross inc	ung t	6 Deductions directly connected with income in column 5
(1)	· -	-	-			 		-		\dashv	
(2)			-			1	-	_		7	 -
(3)											
(4)										7	
Nonexempt Controlled Organiz	ations	·		-							
7. Taxable Income		inrelated incom see instructions		9. То	tal of specified pay made	ments	in the con	column 9 th strolling orga pross incom	at is included inization's		Deductions directly connected ith income in column 10
(1)	_		 .			-+					
(2)							****			_	
(3)						- 					
(4)											<u></u>
- 		·		.			Enter here	columns 5 as and on page 8, column	ge 1, Parti,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B).
Totals									0.		0
323721 12-12-13	_	··							· 1		Form 990-T (201

23-7129398

Page 3

Form 990-T (2013) CORPO	RATI	ON					_	23-	712939	8 Page 4
Schedule G - Investm	ent Ir	ncome of a S	ection 5	501(c)(7	7), (9), or (17) O	rganiza	tion			
	scription	•			2. Amount of income	directly	ductions connected schedule)		. Set-asides itach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(4.1.2.1		1		(60) 3 pius 60) 4)
(2)								† · · · ·		
(3)		•						\vdash		
(4)								1		
					Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals				▶	0.					0.
Schedule I - Exploited (see inst			ncome	Other	Than Advertis	ing Inc	ome		•	<u> </u>
1. Description of exploited activity		2 Gross elated business income from de or business	3 Exper directly con with produ of unrela business in	nected iction ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from ac	ss income ctivity that unrelated ss income		6. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>					
(2)										
(3)								L	_	
(4)										
	-	ter here and on page 1, Part I, ne 10 col (A)	Enter here a page 1, P line 10, co	artl, I(B)	*					Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.		\$				0.
Schedule J - Advertis	ing ir	icome (see ins	tructions)	- C	solidated Basis					
Part I Income From	Perio	odicais Repoi	rtea on	a Cons	solidated Basis					
1 Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compu cols 5 through 7		Circulation ncome	6.	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1							
(2)					7					
(3)					7					
(4)					1					
Totals (carry to Part II, line (5))	•	0		0	•					0.
Part II Income From	Perio	dicals Repo	rted on	a Sepa	arate Basis (For	each peri	odical liste	d in Pa	art II, fill in	
columns 2 throug	h 7 on a	a line by-line basi	s)							
1. Name of periodical		2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compu cols 5 through 7		Sirculation ncome	6.	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								L		
(2)										
(3)			_							
(4)										
Totals from Part I		0	•	0	•					0.
		Enter here and on page 1, Part I, line 11, col (A)	page	are and on 1, Part I, , col (B).						Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>	0		0	1					0.
Schedule K - Comper	nsatio	n of Officers	, Direct	ors, ar	nd Trustees (see	instruction				
1	Name				2. Title		3. Perce time devo busine	ted to		ensation attributable elated business
(1)								%		
(2)								%		
(3)								%		
(4)								%	l	

Total Enter here and on page 1, Part II, line 14

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

REAL ESTATE RENTAL FLOW-THROUGH FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

THE RETURN IS AMENDED TO EXCLUDE INCOME INCORRECTLY REPORTED AS UNRELATED BUSINESS INCOME. THE INCOME DERIVED FROM THE PARTNERSHIPS RELATES TO THE ORGANIZATION'S ORIGINAL CHARITABLE PURPOSE OF PROMOTING SOCIAL WELFARE BY PROVIDING FINANCIAL ASSISTANCE TO ENTERPRISES LOOKING TO DEVELOP IN LOW-INCOME TRACTS AND MINORITY DOMINATED COMMUNITIES.

THE FOLLOWING LINES HAVE BEEN ADJUSTED TO ZERO: 5, 30, 31, 32 AND 34. THE AMOUNT OF TAX CALCULATED HAS BEEN UPDATED TO ZERO AND IS REFLECTED IN THE FOLLOWING LINES: 35C AND 39. LINE 44B HAS BEEN ADJUSTED FOR THE OUTSTANDING TAX PAYMENTS NOT PREVIOUSLY REFUNDED ON 2014 AND 2015 RETURNS. THE FOLLOWING LINES REFLECT THE CHANGE MADE TO LINE 44B:45, 48, AND 49.

34

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9	•		EXTENSION GRANT	רישו	mo 11/15/1/			
•	`000 T	1 5				v Dotur	~ I	040 14 4545 0507
Form	990-T	[xempt Organization Bus and proxy tax und			ax neturi	1	OMB No 1545-0687
\$ '		,		er se			- 1	2042
<u> </u>		Forcal	endar year 2013 or other tax year beginning	etiono i	, and ending		- 1	2013
Depar	rtment of the Treasury al Revenue Service		► Information about Form 990-T and its instruction Do not enter SSN numbers on this form as it may				, I	Open to Public Inspection for
~ ——	Check box if		Name of organization (Check box if name c			1011 IS & 50 I(C)(3		501(c)(3) Organizations Only over identification number
A L	address changed	ĺ	MILWAUKEE ECONOMIC DEV	-	•			loyees' trust, see uctions)
⊕ ≖	xempt under section	Print	CORPORATION	ш	1111111		1 2	3-7129398
	501(c)(3)	or	Number, street, and room or suite no. If a P.O box	V 500 IF	etructions		E Unrel	ated business activity codes
- P	408(e) 220(e)	Туре	809 N. BROADWAY, NO. 1		Structions.		(See	instructions)
5	408A 530(a)		City or town, state or province, country, and ZIP o		n nostal code		1	
]529(a)	1	MILWAUKEE, WI 53202				531	110
C Bo	ok value of all assets	F Group		<u> </u>				
1	71107026.	—— <u> </u>	organization type X 501(c) corporation	n L	501(c) trust	401(a) trust		Other trust
					STATEMENT 1	<u> </u>		
			oration a subsidiary in an affiliated group or a parer	ıt-subsi	diary controlled group?	>	Y	es X No
lf '	'Yes," enter the name a	and ident	ifying number of the parent corporation					
J Th	e books are in care of	▶ I	DAVID E. LATONA		Telephon	e number 🕨 4	14-	286-5840
Pa	rt I Unrelate	d Trac	le or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sale	es						
b	Less returns and allo	wances	c Balance	1c				
2	Cost of goods sold (5	Schedule	A, line 7)	2				
3	Gross profit. Subtract	t line 2 fr	om line 1c	3				
4 a	Capital gain net incon	ne (attac	h Form 8949 and Schedule D)	4a				
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		·		
c	Capital loss deduction	n for trus	ts	4c				
5			ps and S corporations (attach statement)	5	418,122.	STMT 3	<u> </u>	418,122.
6	Rent income (Schedu			6				
7	Unrelated debt-finance		,	7				
8			nd rents from controlled organizations (Sch. F)	8				
9			n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt acti	•	,	10				
11	Advertising income (11				
12	Other income (See in		•	12	418,122.			418,122.
13	Total. Combine lines		of Taken Elsewhere (See instructions fo					410,122.
1.0			itions, deductions must be directly connected			ncome)		
14	Compensation of off	licers du	ectors, and trustees (Scharalite UN	17			14	_ · ·
15	Salaries and wages		RECEIVED				15	
16	Repairs and mainter	nance	- :-		, 17-11	_	16	
17	Bad debts		MAY 0 2 2017		4-27-17		17	
18	Interest (attach sche	edule)					18	
19	Taxes and licenses	·	TPRERMIC	H			19	
20	Charitable contributi	ons (See	instructions for limitation rules.)	,,	-		20	
21	Depreciation (attach	Form 45	62)		21			
22	Less depreciation cl	aimed on	Schedule A and elsewhere on return		22a		22b	
23	Depletion						23	
24	Contributions to defe	erred cor	npensation plans				24	
25	Employee benefit pro	ograms					25	
26	Excess exempt expe	-	•				26	
27	Excess readership c	•	•				27	
28	Other deductions (at		•				28_	
29	Total deductions		_				29	0.
30			come before net operating loss deduction. Subtrac	t line 29	trom line 13		30	418,122.
31			(limited to the amount on line 30)	·		•	31	220,937.
32			come before specific deduction. Subtract line 31 fro	om line	30	,	32	197,185.
33	Specific deduction (benerally	\$1,000, but see instructions for exceptions.)				33	1,000.

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

MILWAUKEE ECONOMIC DEVELOPMENT

Form 990-T (2013) CORPORATION 23-7129398 Page 2 Tax Computation Part III Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (2) |\$ (3) |\$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) [\$ (2) Additional 3% tax (not more than \$100,000) 1\$ 59,762. c Income tax on the amount on line 34 35c 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or ____ Schedule D (Form 1041) 36 37 Proxy tax See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 59,762. Part IV Tax and Payments 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40b b Other credits (see instructions) 40c c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits Add lines 40a through 40d 40e 41 59,762. 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42 43 Total tax Add lines 41 and 42 43 59,762. 44 a Payments. A 2012 overpayment credited to 2013 44a 44b 100,280. b 2013 estimated tax payments 44c c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44e 441 f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments Form 2439 Form 4136 Other Total > 100,280. 45 Total payments Add lines 44a through 44g 45 636. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ↓ 46 47 Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed 47 39,882. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 49 Enter the amount of line 48 you want. Credited to 2014 estimated tax 39,882. 0. Part V | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, Yes No securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts, If YES, enter the name of the foreign country here X Ouring 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 X Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year 6 Inventory at end of year 6 Purchases 2 7 Cost of goods sold Subtract line 6 3 7 Cost of labor from line 5. Enter here and in Part I, line 2 4a 8 Do the rules of section 263A (with respect to Yes No 4 a Additional section 263A costs (att schedule) b Other costs (attach schedule) 4b property produced or acquired for resale) apply to 5 Total Add lines 1 through 4b the organization? 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, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here PRESIDENT Signature of officer instructions)? X Yes Preparer's signature Print/Type preparer's name PTIN Date Check L TROY E. MARINE, self- employed Paid TROY E. MARINE, CPA CPA 11/13/14 P00187863 Preparer Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP 39-0859910 Firm's EIN ▶ Use Only 777 E WISCONSIN AVENUE, 32ND FLOOR Firm's address ► MILWAUKEE, WI 53202 Phone no (414)777 - 5500

23-7129398 Form 990-T (2013) CORPORATION Page 3 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions) 1. Description of property (1) (2) (3) (4) Rent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3) (4) Total Total O. 0. (b) Total deductions. (c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (B) 0. here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) Description of debt-financed property financed property (1) (2) (3)(4) Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule) Column 4 divided 7. Gross income reportable (column 8 Allocable deductions (column 6 x total of columns by column 5 2 x column 61 3(a) and 3(b)) % _(1) (2) % (3) % % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B). 0. 0. Totals 0. Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** Part of column 4 that is included in the controlling organization s gross income 6 Deductions directly 1. Name of controlled organization Total of specified payments made connected with income in column 5 Employer identification Net unrelated income number (loss) (see instructions) (1) (2) (3) (4) Nonexempt Controlled Organizations Part of column 9 that is included in the controlling organization's gross income Deductions directly connected with income in column 10 7 Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B). 0.

0.

Totals

(see instr	uctions)	_ _ _						
1. Descr	nption of income		ŀ	2. Amount of income	directly		4. Set-asides attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								
(2)								
(3)								
(4)					<u> </u>			
				Enter here and on page 1, Part 1, line 9, column (A)	-			Enter here and on page 1, Part I, line 9, column (B).
Totals			▶	0.			•	0.
Schedule I - Exploited (see instru		y Income	e, Other	Than Advertis	ing Inco	ome		
		3 Expe	neee	4. Net income (loss)		· · · · · · · · · · · · · · · · · · ·		7. Excess exempt
1 Description of exploited activity	2. Gross unrelated business income from trade or business	directly co with prod of unre business	nnected fuction lated	from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	ed trade or 5 Gross income column 2 from activity that is not unrelated business income		6. Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)		1						
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,					Enter here and on page 1, Part II, line 26
Totals ▶	0.	ļ	0.					0.
Schedule J - Advertisir								
Part I Income From F	Periodicals Rep	orted on	a Cons	solidated Basis			-	
1. Name of periodical	2 Gross advertising income		Direct	4 - Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation 6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				†				
(2)				1				•
(3)				1				
(4)				7				,
Totals (carry to Part II, line (5))	▶	0.	0.					0.
Part II Income From F			a Sepa	rate Basis (For e	each perio	dical listed in F	art II, fill ın	-
		- 		4. Advertising gain	\top		 	7. Excess readership
1 Name of periodical	2. Gross advertising income		Direct	or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation 6 come	Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
otals from Part I		0.	0.					0.
	Enter here and page 1, Part line 11, col (A	l, page). line 1	nere and on 1, Part I, 1, col (B).					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.					0.
Schedule K - Compens	ation of Office	rs, Direc	tors, an	d Trustees (see	instructio			······································
1. Na	ame			2. Title		3 Percent of time devoted to business		ensation attributable elated business
(1)						9	6	
(2)						9	6	
(3)						9	6	
(4)						9	6	
otal Enter here and on page 1, Pa	art II, line 14							0.
								Form 990-T (2013)

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

REAL ESTATE RENTAL FLOW-THROUGH FROM PARTNERSHIP

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 2
NOL CARRYFORWARD FROM PRIOR YEARS:	
1992	623,151.
1993	-738,706.
1994	-785,164.
1995	-721,444.
1996	-51,888.
1997	-530,682.
1998	-458,412.
1999	-442,718.
2000	-374,812.
2001	-78,836.
2002	-171,292.
2003	-121,761.
2004	-153,764.
2005	-515,917.
2006	-91,613.
2007	484,873.
2008	784,775.
2009	488,048.
2010	681,248.
2011	991,242.
2012	962,735.
TOTAL NOL AVAILABLE IN 2013	-220,937.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT
DESCRIPTION		AMOUNT
MEDC CAP FUND I		30
MEDC CAP FUND II		42.
MEDC CAP FUND II	I	46.
MEDC CAP FUND IV		31.
MEDC CAP FUND V		24.
MEDC CAP FUND VI		8 .
MEDC CAP FUND VI	I	16.
YANKEE HILL		417,925
TOTAL TO FORM 99	0-T, PAGE 1, LINE 5	418,122