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Describe the organization byte S 501(c) corporation 501(c) trust 401(a) trust Other trust	C Book value of all assets			<u> </u>				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	242134829.			n [501(c) trust	401(a) trus	st[Other trust_
If "Yes," enter the name and identifying number of the parent corporation. ▶ I The books are in care of ▶ DAVID B. LATONA 1 a Gross receipts or sales b Less returns and allowances Cost of goods sold (Schedule A, line 7) 3 cross prodit, Subhash time 2 from line 1c 4 a Capital gain and income (attach Schedule D) b Not gain (sold) (Schedule A, line 7) 5 cross prodit, Subhash time 2 from line 1c 4 a Capital gain ent income (attach Schedule D) b Not gain (sols) (Form 4787, Part II, line 17) (attach Form 4787) c Capital loss deduction for trusts 5 income (sols) (Form 4787, Part II, line 17) (attach Form 4787) 6 Rent income (Schedule C) 7 Ill unrelated debi-franced (ancome (Schedule E) 8 Interest, annuties, cycleties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(77, (9), or (17) organization (Sch. E) In Advertising income (Schedule E) 10 Cheritation (See instructions, datach schedule) 11 Advertising income (Schedule E) 12 Onthe income (See schools 501(c)(77, (9), or (17) organization (Schedule G) 13 Total. Combina lines 3 through 12 Part II] Deductions Not Taken Elsewhere (See instructions for limitations on deductions) ((Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of offices, directors, and trustees (Schedule K) 15 Salanes and wayes 16 Regains and maintenance 17 In Instruction of offices, directors, and trustees (Schedule K) 17 Instruction of offices, directors, and trustees (Schedule K) 18 Depletion 19 OCPEN, UT 20 Dependent on (attach from 4582) 10 Dependent on (attach from 4582) 10 Dependent on (attach from 4582) 11 Dependent on (attach from 4582) 12 Depletion 12 Contributions to defered compensation plans 15 Contributions to defered compensation plans 16 Contributions to defered compensation plans 17 Contributions to defered compensation plans 19 Contributions to defered compensation plans 19 Contributions to defered compensation plans 10 Contributions to def					STATEMENT :			
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Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32 if line 33 is greater than line 32, enter the smaller of zero or line 32.		•	g loss deduction. Subtract	t line 29	from line 13			
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32.				LC				
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 33 1,000.				om line	30			0.
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.								
	34 Unrelated business	taxable income. Subtract line 33	from line 32 If line 33 is	greater	than line 32, enter the s	maller of zero or		
							34	

MILWAUKEE ECONOMIC DEVELOPMENT CORPORATION

Form 990-	(2016) CORPORATION			23-712	9398	Page 2
Part I	II Tax Computation					
35	Organizations Taxable as Corporations. See in	structions for tax computation.	-			
	Controlled group members (sections 1561 and	1563) check here 🕨 🔲 See instruct	ions and			
а	Enter your share of the \$50,000, \$25,000, and \$					
	(1) \$ (2) \$	2 2				
b	Enter organization's share of: (1) Additional 5%	tax (not more than \$11,750) \$			[, , ***]	
	(2) Additional 3% tax (not more than \$100,000)	[\$			2. 4	
C	Income tax on the amount on line 34			>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions	for tax computation. Income tax on the a	mount on line 34 from	l	1	
	Tax rate schedule or Schedule D	Form 1041)		>	36	
37	Proxy tax. See instructions			>	37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See ins	structions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36,	whichever applies			40	0.
Part I						
41a	Foreign tax credit (corporations attach Form 111	8; trusts attach Form 1116)	41a			
	Other credits (see instructions)		41b		, [
С	General business credit. Attach Form 3800		41c		//	
d	Credit for prior year minimum tax (attach Form 8	3801 or 8827)	41d		** *** **	
е	Total credits. Add lines 41a through 41d	•	<u> </u>		41e	
42	Subtract line 41e from line 40				42	0.
43		Form 8611 Form 8697 F	orm 8866 Othe	ľ (attach schedule)	43	<u> </u>
44	Total tax. Add lines 42 and 43				44	0.
	Payments: A 2015 overpayment credited to 201	6	45a			
	2016 estimated tax payments		45b		, vatro	
	Tax deposited with Form 8868		45c		College Constitute	
	d Foreign organizations Tax paid or withheld at source (see instructions) 45d					
	Backup withholding (see instructions)	,	45e			
	Credit for small employer health insurance prem	iums (Attach Form 8941)	45f		y	
g g		Form 2439	701			
y	Form 4136		al ► 45g		g medialistical	
46	Total payments. Add lines 45a through 45g	46				
47	Estimated tax penalty (see instructions). Check i	47				
48	Tax due. If line 46 is less than the total of lines 4	48	0.			
49	Overpayment. If line 46 is larger than the total of				49	0.
50						
	Statements Regarding Certai	n Activities and Other Inform			50	-
51	At any time during the 2016 calendar year, did th					Yes No
•	over a financial account (bank, securities, or oth	•	•	•		17 100 100
	FinCEN Form 114, Report of Foreign Bank and Fi		•			
	here ▶	,	,			X **
52	During the tax year, did the organization receive	a distribution from, or was it the grantor	of, or transferor to, a f	oreian trust?		X
	If YES, see instructions for other forms the orga		.,	o. 0.3 20.		100 Const Constant
53	Enter the amount of tax-exempt interest received	•				\$3744
	Under penalties of perjury, I declare that I have examin correct, and complete Declaration of preparer (other t		s and statements, and to th	ne best of my knowled	ge and belief, it i	s true,
Sign	correct, and complete Declaration of preparer (other t	han taxpayer) is based on all information of which	preparer has any knowled			
Here	La G. Pyon	PRES	SIDENT		y the IRS discus preparer shown	
	Signature of officer	Date Trile			tructions)? X	, ' I
	Print/Type preparer's name	Praparer's signature	Date	Check If		, , , , , , , , , , , , , , , , , , , ,
Paid	NET EL TETION O MANO	125 MarcosA	55.0	self- employed	' ' '''	
Prepa	rer TROY MARINE, CPA	TROY MARINE, CPA	11/13/17	Jon Griployed	P001	87863
Use C	- · DAWED MILIT			Firm's EIN ▶		859910
036 C		CONSIN AVENUE, 32N		I I I I I I I I I I I I I I I I I I I		
	Firm's address ► MILWAUKEE			Phone no 4	14.777	.5500
				11.000.000		990-T (2016)
						,~0.0)

Form 990-T (2016) CORPORATION

Schedule A'- Cost of Goods	Sold. Enter	method of inve	ntory va	luation > N/A					
1 Inventory at beginning of year				6 Inventory at end of year			6		
2 Purchases 2				7 Cost of goods sold. Subtract line 6			Yangg		
3 Cost of labor 3				from line 5. Enter here					
4 a Additional section 263A costs				line 2					
(attach schedule)	4a		8						
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		. ,	
5 Total. Add lines 1 through 4b	5		7	the organization?		, , , ,			
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)						_			
(3)									
(4)		 							
	2. Rent receiv	ed or accrued				T	_		
(a) From personal property (if the percentage of rent for personal property is more than				nal property (if the percentage property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) al	connected with nd 2(b) (attach s	i the income in chedule)	
(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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	e instruc	ctions)					
				2 Gross income from		allocable			
1 Description of debt-fin	anced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			\top						
(2)									
(3)			7				T		
(4)			T -						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	adjusted basis illocable to niced property ischedule)	6.	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		(column	ocable deductions 6 x total of columns 3(a) and 3(b))		
(1)			+	%			+		
(2)				%					
(3)				%			_		
(4)		 -		%			+-		
		 -		/0		nter here and on page 1, Part I, line 7, column (A)		re and on page 1, ine 7, column (B)	
Totals						0			
Total dividends-received deductions in	cluded in column	8		►l			: 	0.	
- 1 Azet attiocings teoclace acanerions III	oragoo iii colullii						- 1	U .	

Form 990-T (2016) CORPOR	RATION							23-712	29398	Page 4
Schedule F - Interest,	Annuities, Ro	yalties, ar	nd Rents	From Co	ntrolle	d Organiza	tions	(see ins	tructions	
			Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organization 2. Employer identification number		3. Net unrelated income 4. Tot		tal of specified ments made 5. Part of column 4 that included in the controll organization's gross included.		olling	lling connected with income			
(1)				-				•	-	
(2)			 							
(3)			1		· · · · · · · · · · · · · · · · · · ·					
(4)			 							
Nonexempt Controlled Organ	uzations									
7. Taxable income	8. Net unrelated	income (loss)	Q Total	of specified payr	nents	10. Part of colu	mn 9 tha	t is included		uctions directly connected
1.	(see instru		J	made		in the controll	ing organ s income	nization's	with i	ncome in column 10
						9				
(1)			1							
(2)			 							
	 		 							
(3)	 		+							
_(4)	<u> </u>									
						Add colun Enter here and line 8, a		1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totale					_			0.		0.
Totals Schedule G - Investme	ent Income of	a Section	501(c)(7) (9) or (17) Ord	anization				
	tructions)	a oconor	, 00 , (0)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,, ৩.	juilization				
						3. Deductio	ns	4 0.		5. Total deductions
1. Des	cription of income			2. Amount of income		directly connected (attach schedule)		4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)
(1)				-		(21.20.100.100			_	(44. 6)
(2)									-	
(3)	*			<u> </u>						
				 						
_(4)				Enter here and	on page 1.	superince de		P		Enter here and on page 1,
				Part I, line 9, co		"marketings," interesting	~ * *	*** ** ** **** **** **** **** **** **** ****	in on a	Part I, line 9, column (B)
Totals					0.				Andreas Section	0.
Schedule I - Exploited	Exampt Activ	ity Incom	o Othor	Than Adv		a Incomo				<u> 1</u>
(see instr		nty moon	e, Other	man Auv	ei usiii	y income				
(000 111011	1			1		.	-			Τ
	2. Gross	directly	xpenses connected	4 Net incom from unrelated	trade or	5. Gross inco		6. Exp	enses	7. Excess exempt expenses (column
 Description of exploited activity 	unrelated business income from	withp	roduction related	business (co minus columi	n 3) If a	from activity t is not unrelat		attributa colum	able to	6 minus column 5, but not more than
	trade or business		ss income	gain, compute through		business inco	eme	Colum	in 5	column 4)
(1)	 									
(2)	 	+		 						
(3)	+									
(4)	 		·	 						
(7)	Enter here and on	Enter h	ere and on	v		× 4 200 300 3 × 7 23		, an _{wasse} a	** * * * *	Enter here and
	page 1, Part I, line 10, col. (A)	page	1, Part I, 1, col (B)	, ## °	" The summer of		. 18**		" " " " " " " " " " " " " " " " " " "	on page 1,
	1			., All H	××××	e marialle de la company d La company de la company d	"			Part II, line 26
Schedule J - Advertisi		0.	0.	<u> </u>	James State				yy interior	0.
				nalidat	Dani-					
Part I Income From	renoulcais R	ehortea 0	n a Con	Solidated	Dasis					
		- 		T: -						
1. Name of periodical	2. Gro advertis incom	sing ad	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulat		6 Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				nd paddit	*	1			*	100 T
(2)				, w * **		«^				The state of the s
(3)				T. S. C.	**					the state of the same of
(4)					, commen					ا مرر سور الرار
<u> </u>				1		<u> </u>				
Totals (carry to Part II, line (5))	•	0.	0							0.
					,,,,					Form 990-T (2016)
										(2010)

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) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2 Gross advertising income 3. Direct advertising costs 5. Circulation income 6. Readership 1 Name of periodical costs (1) (2) (3) (4) ▶ 0. 0. 0. Totals from Part I 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 0. (see instructions)

1. Name	2. Title	time devoted to business	4. Compensation attributable to unrelated business		
(1)		%		_	
(2)		%		_	
(3)		%		_	
(4)		%		_	
Total. Enter here and on page 1, Part II, line 14	▶	0 .			

Form 990-T (2016)

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

STATEMENT 1

REAL ESTATE RENTAL FLOW-THROUGH FROM PARTNERSHIP

TO FORM 990-T, PAGE 1