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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the 2	013 calendar year, or tax year beginning , 2013, a	nd ending		, 20							
			C Name of organization		D Employer identifi	cation number							
	Вс	neck if applicab	MILWAUKEE URBAN STRATEGIC INVESTMENT CORP.		39-186468	3 4							
		Address change	Doing Business As										
	X	Name chan	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Telephone numbe	er .							
		instral return	756 N. MILWAUKEE ST.	400	(414) 276-5	5995							
		Terminated	City or town, state or province, country, and ZIP or foreign postal code										
		Amended return	MILWAUKEE, WI 53202		G Gross receipts \$	2,546,575							
		Application pending	F Name and address of principal officer PAT O'BRIEN		H(a) Is this a group retu subordinates?	um for Yes X No							
			756 N. MILWAUKEE ST.SUITE 400 MILWAUKEE, WI	53202	H(b) Are all subordinates	included? Yes No							
	<u> </u>	Tax-exemp	status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	ff "No," attach a lis	st (see instructions)							
		Website:		r	H(c) Group exemption r								
	K Form of organization X Corporation Trust Association Other ► L Year of formation 1996 M State of legal domicil												
	Pa	art ! S	summary GRR GUM	WARY OF TH	UE ODCANITORM	TONIC MICCION							
		1 Brie	efly describe the organization's mission or most significant activities SEE SUMI	MARY OF TH	HE ORGANIZAT	TON'S MISSION							
	Governance		PART III, LINE 1.										
	E E												
	9,0		eck this box If the organization discontinued its operations or disposed o		1 . 1	4							
	Ö		nber of voting members of the governing body (Part VI, line 1a)			4.							
	es (nber of independent voting members of the governing body (Part VI, line 1b)			0							
	Activities &		al number of individuals employed in calendar year 2013 (Part V, line 2a)			0							
	Ċ		al number of volunteers (estimate if necessary)		6	0							
	1		al unrelated business revenue from Part VIII, column (C), line			0							
9 A		b Net	unrelated business taxable income from Form 990-7, line 34 CEIVED	7.		Current Year							
%		• •	2 All 9	$\sim 10^{-1}$	O O	Current real							
\geq	9	8 Cor	ntributions and grants (Part VIII, line 1h)		2,419,026.	2,545,135.							
Z	Revenue	9 Pro	gram service revenue (Fait VIII, line 29)	'있…—	1,121.	1,440.							
CANNED	8	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)	<i>≝ ·</i> · · ├──	0	1,110.							
O				<i>⁻</i> /· · · ├──	2,420,147.	2,546,575.							
\triangleright			al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0	30,000.							
AUG			ints and similar amounts paid (Part IX, column (A), lines 1-3)		0	0							
2			aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0							
~1	Expenses		fessional fundraising fees (Part IX, column (A), line 11e)		0	0							
2	ber		al fundraising expenses (Part IX, column (D), line 25)										
2014	Ж		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,216,412.	2,515,834.							
•			al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,216,412.	2,545,834.							
			renue less expenses Subtract line 18 from line 12		203,735.	741.							
	58				ining of Current Year	End of Year							
	a garage	20 Tot	al assets (Part X, line 16)		10,877,202.	10,556,192.							
	Ass		al liabilities (Part X, line 26)		12,363,764.	12,050,535.							
	Net Assets or Fund Balances		assets or fund balances Subtract line 21 from line 20		-1,486,562.	-1,494,343.							
			Signature Block										
	Uno	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules	and statements, a	and to the best of my	knowledge and belief, it is							
	true	, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which p	oreparer has any ki	nowledge								
	<u> </u>	. 1	- /g/U/m		8/	5/2014							
	Sig He		Signature of officer		Date								
	116		Pat O'Brien President										
			Type or print name and title			774							
	Paid		nt/Type preparer's name Preparer's signature	Date	Check ii	ΡΠΝ							
		parer DC	UGLAS K BERRY DUGLAS K. Sun, CA	8/4/2014	self-employed	P00540951							
	•	Only Fir	m's name SVA CERTIFIED PUBLIC ACCOUNTANTS	2717	600	1203191							
	N. F.		m's address 1221 JOHN Q. HAMMONS DRIVE MADISON, WI 5	3/1/	Phone no 608-	-831-8181							
	<u> </u>		discuss this return with the preparer shown above? (see instructions)		 	. X Yes No							
	ror	raperwo	rk Reduction Act Notice, see the separate instructions.			Form 990 (2013)							

For Paperwork Reduction Act Notice, see the separate instructions.

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	describe the organization's mission
	ACHMENT 1
2 Did th	e organization undertake any significant program services during the year which were not listed on the
	orm 990 or 990-EZ?
If "Yes	" describe these new services on Schedule O
	e organization œase conducting, or make significant changes in how it conducts, any program s?
	s?
4 Descri	be the organization's program service accomplishments for each of its three largest program services, as measured
	ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe
the tot	al expenses, and revenue, if any, for each program service reported
a (Code) (Expenses \$ 2,269,387. including grants of \$) (Revenue \$ 2,545,135.)
-	ACHMENT 2
4b (Code) (Expenses \$ 65,034. including grants of \$ 30,000.) (Revenue \$)
	AKE STRATEGIC INVESTMENTS THAT PROMOTE THE STABILITY, SAFETY
	RESIDENTIAL AND COMMERCIAL DESIRABILITY OF THE NEIGHBORHOODS
WHICI	
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4c (Code Graph of the control of th	ARE AFFECTED BY URBAN CONDITIONS THROUGHOUT THE GREATER NUKEE COMMUNITY. (Expenses \$

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		<u> </u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_		1		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		X
_	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ł		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	-		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
,		11f		Х
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		Х
	complete Schedule D, Parts XI and XII	128		
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	426		Х
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\longrightarrow	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			х
	If "Yes," complete Schedule L, Part L	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
	disqualified persons? If so, complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	* 1	<u></u>	70 17 18
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	· .]	.#3.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b	i	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		Ī	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	1	
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		J	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1	34		X
35 a		35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ł	
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ł	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	,,		х
20	Part VI School to Constitute O and country applications in School to Constitute O and constitute O and country applications in School to Constitute O and	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O			(2013)
		. 500	(,

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable) [[]	.,-t	:*,
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable). : <u>!</u>		1 . 1 . 5 '
	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 13.5°	11.
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 2 2		44
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	انتا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	197	· - ' ' ' '	سنسا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			٠
	account)?	4a	Passi	X assess
b	If "Yes," enter the name of the foreign country ▶	5.77		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			- 35
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	.	X
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
7	gifts were not tax deductible?	2		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	A 100 A 20 A	
ь.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ar.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		MARK ME
10	Section 501(c)(7) organizations. Enter		100	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	10		1.216
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	12000	1000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		100	L. S
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	A	75.45
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		-5
L	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	্ৰ	3 4.0	
D	the organization is licensed to issue qualified health plans			1. 1/2
•	Enter the amount of reserves on hand	8	S 4	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- XX	X
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI · Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	_		-
	If there are material differences in voting rights among members of the governing body, or if the governing	1 4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	<u></u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		Х
6	Did the organization have members or stockholders?	_6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			and and
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>x</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	CORP. PERSON	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b	279 HOURS	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	18-6		
	organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_₩I/			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest (policy	, and
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ►MANDEL PROPERTY SERVICES, INC. 301 E. ERIE STREET MILWAUKEE, WI 53202 414-270-2757			

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Form 990 (2013)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.........

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C)										stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual	unle: er and	Pos heck ss pe	mor morerson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)FRANK KREJCI TREASURER	1.00	x		х				0	O	0
(2)PAT O'BRIEN	1.00	· ·		7				0	0	0
PRESIDENT (3)MARY ELLEN POWERS	1.00	Х		Х					U	
SECRETARY	1	х		Х				0	o	0
(4)DAVID BAUMGARTEN CHAIRMAN	1.00	х		х				0	0	0
_(5)										
_(6)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2013)

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_	О
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(A) Name and title	(B)	1		- 10	C١			(D)	(/	í	<i>(</i>	
	Average hours per week (list any hours for	Average Position nours per (do not check moi sek (list any hours for Position Officer and a direct					an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	on from	(F) Estima amoun othe compens	ited it of er
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from t organiza and rela organiza	ation ated
	- -											
											-	
					,							
					:						_	
	<u> </u>							<u>_</u> _				
1b Sub-total c Total from continuation sheets to Part VII, and Total (add lines 1b and 1c)	Section A .						* * *	0 0		0 0		(
2 Total number of individuals (including but no reportable compensation from the organization)	limited to t		ıste				o re	ceived more than	\$100,000	of		
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	cer, directo	or, or och ind	tru ividi	ıste ual	e, I	кеу є 	emp	loyee, or highest	compens	ated	Ye 3	Х
For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	le c 0,0	om 007	pen If	satioi <i>"Ye</i> s	n ar S," (nd other compens complete Schedul	ation from	the such	4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor compensation from the organization Report year												
(A) Name and business ac	ldress							(B) Description of se	vices	Co	(C) mpensation	n
ATTACHMENT 3												
Total number of independent contractors (more than \$100,000 in compensation from to				ntec	d to	thos	se li	sted above) who	received	1		

Par	t VIII	Statement of Rever Check if Schedule O co		nse or note to a	ny line in this Part	VIII		X
, 1 k	Salar				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant and similar amounts not included Noncash contributions included in	1b 1c 1d tions) 1e ts, above					
Program Service Revenue an	h 2a b	Total. Add lines 1a-1f RENTAL INCOME - RESIDENT: RENTAL INCOME - COMMERCIA PARKING INCOME	IAL	Business Code 531390 531390 531390	2,291,032. 69,056. 180,239.	2,291,032. 69,056 180,239	d.	
Program Se	d e f g	All other program service rev Total. Add lines 2a-2f Investment income (includin	a dividends inter		4,808. 2,545,135.	4,808.	A Secretary and the second	, w - p (42 - A) 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	4 5	other similar amounts). AT Income from investment of t	TACHMENT 4 ax-exempt bond p	proceeds	1,440. 0 0	्रिक स्ट्री (स्ट्रेक्टर है) व	क्रूपालक्ष्य एक जाति के क्रूपालक्ष्य	1,440
:	6a b c d	Gross rents						
:	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Secunties	(ii) Other				
Other Revenue	d	Gain or (loss)	lising		0			
Other P	c 9a b	Less direct expenses Net income or (loss) from fur Gross income from gaming a See Part IV, line 19 Less direct expenses	b b. Indraising events a Lectivities a					
	10a b	Net income or (loss) from ga Gross sales of inventor returns and allowances Less cost of goods sold Net income or (loss) from sal	ory, less		0		,	
	11a b c	Miscellaneous Reven	ue	Business Code	,			
	d e 12	Total. Add lines 11a-11d . Total revenue. See instruction			0 2,546,575.	<u> </u>		1,440

Form **990** (2013)

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Part IX Statement of Functional Expenses

	tion $501(c)(3)$ and $501(c)(4)$ organizations m		ns All other organizati	ons must complete col	umn (A)
_	Check if Schedule O contains a res				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .	30,000.	30,000.		A 1
2	Grants and other assistance to individuals in			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	the United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			3
4	Benefits paid to or for members	0		1" 9 . M	
	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	C			
	Pension plan accruals and contributions (include section				
٠	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	C			
	Payroll taxes	O			
10	•		-		
	Fees for services (non-employees)	129,447.	129,447.		
	Management	66,319.		65,868.	
	Legal	4,500.	3,000.	1	
	Accounting	0		,	
	Lobbying	0	**************************************	参考学习的 图像显示题:	
	Professional fundraising services See Part IV, line 17.		- アンマランル 主要記述と明確は近年。近年1	March State .	
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	35,034.	35,034.		
	(A) amount, list line 11g expenses on Schedule O)	39,379.			
12	Advertising and promotion	24,070.		L	
13	•	4,766.	4,766.		
14	Information technology	4,700.	1,700.		
15	Royalties	1,184,966.	1,165,444.	19,522.	
16	Occupancy	517.	517.	13,322.	
17		317.	317.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			., , , , , , , , , , , , , , , , , , ,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	467,308.	467,308.		
22	Depreciation, depletion, and amortization	407,300.	407,300.	,,	
23	Insurance	Past State of the series	where has not the tension of the a Sabertes.	2 (· . · · · · · · · · · · · · · · · · ·	। , <u>5,</u> 4-5, हुन्दर , निवस्कु, स
24	Other expenses Itemize expenses not covered				The second secon
	above (List miscellaneous expenses in line 24e If	· · · · · · · · · · · · · · · · · · ·	建设了安心的意		
	line 24e amount exceeds 10% of line 25, column	The second of the state of			
	(A) amount, list line 24e expenses on Schedule O)	200000	016.764	102.040	
-	PAYROLL/BENEFIT REIMBURSE.	339,804.	216,764.	123,040.	
_	BOND FEES	166,572.	166,572.		
-	MISC. EXPENSES	13,766.	13,766.		
d	BAD DEBT	39,386.	39,386.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,545,834.	2,334,421.	211,413.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)	j c	İ		

Page 11

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	636,796.	1	713,050.
	2	Savings and temporary cash investments		2	376,923.
	3	Pledges and grants receivable, net	C	3	0
	4	Accounts receivable, net	192,229.	4	40,795.
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees		 :-	
		Complete Part II of Schedule L	C	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	- Eservi	6	0
ets	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	C	8	0
⋖	9	Prepaid expenses and deferred charges	8,802.	9	16,208.
	10 a	Land, buildings, and equipment cost or	The same of the sa	- ,	
		other basis Complete Part VI of Schedule D 15, 987, 247		· .f.	ت د د د د د د د د د د د د د د د د د د د
	b	Less accumulated depreciation 7,255,131	9,089,054.	10c	8,732,116.
	11	Investments - publicly traded securities	C	11	0
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	202,305.	14	122,457.
	15	Other assets See Part IV, line 11	418,334.	15	554,643.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	400 040		10,556,192.
	17,	Accounts payable and accrued expenses		17	489,430.
	18	Grants payable	1,023.	18	1,055.
	19	Deferred revenue		19 20	11,479,059.
	20	Tax-exempt bond liabilities	11,010,957.	21	11,479,039.
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D	A SAMPLE AND	. Triple	·
Liabilities	22	Loans and other payables to current and former officers, directors,		7.3. 18.32	The state of the state of the
擅		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	65,472.	25	80,991.
	26	Total liabilities. Add lines 17 through 25	12,363,764.	26	12,050,535.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		
anc	27	Unrestricted net assets	-1,486,562.	27	-1,494,343.
Balances	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets		29	0
or Fund		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		2.0	H. C. Stephen
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-1,486,562.		-1,494,343.
	34	Total liabilities and net assets/fund balances	10,877,202.	34	10,556,192.
					Form 990 (2013)

Form **990** (2013)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2013)

3a

3b

Х

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	the organization							Emplo	•		n numbe	ar.
	UKEE URBAN STI							1		-186	4684	
Part I			s (All organizations mu						uctions	<u> </u>		
The org	· ·		cause it is (For lines 1 th	-								
1	(association of churches		ped in :	section	170(b)	(1)(A)(i)	-			
2	1		(1)(A)(ii). (Attach Schedu									
3	•	•	service organization desci									
4	A medical resear	ch organization op	perated in conjunction w	ith a l	hospita	al desci	ibed in	sectio	n 170(i	b)(1)(A	.)(iii).E	nter the
	, hospital's name, c											
5	An organization o	perated for the be	enefit of a college or univ	ersity	owne	d or op	erated	by a go	vernme	ental u	nit desc	ribed in
		A)(iv). (Complete I	-									
6	ł	-	t or governmental unit des									
7	_	•	es a substantial part of it	ts supp	port fro	om a go	overnme	ental ur	ut or fr	om the	e genera	al public
	1		. (Complete Part II)									
8			ion 170(b)(1)(A)(vi). (Con									
9 X	•	•	es (1) more than 331/3%									_
	•		s exempt functions - sub									
	• • • •		ome and unrelated bus						1 511	tax) II	om bus	inesses
	•	-	ne 30, 1975 See section			-		-				
10	•	-	ated exclusively to test for		-					· or to		out the
11			erated exclusively for the upported organizations de			-					-	
	• •	· · · · · · · · · · · · · · · · · · ·	pes the type of supporting									Section
	a Type I	b Type II	c Type III-Function	-						-	ially inte	orated
е			e organization is not con	-	-			• •			•	•
~ <u></u>	, ,	•	other than one or more			•		-		-		-
	or section 509(a)(JF1		· 5					(,(-,
f		•	en determination from th	e IRS	that if	t ıs a T	ype I. 1	Type II,	ог Тур	e III s	upportin	q
	organization, chec						,	,	7.		•	Ĭ
g	•		nization accepted any gif	t or co	ntribut	ion fron	n any of	f the				. Ш
J	following persons?	•	. , ,				•					
	• •		ctly controls, either alone	or tog	ether	with pe	rsons d	escribe	d in (ii)	and	[res No
	(III) below, the	governing body o	f the supported organizati	on? _							11g(i)	
			scribed in (i) above?								11g(ii)	
	(iii) A 35% contro	lled entity of a pers	son described in (i) or (ii) a	bove?							11g(iii)	
h	Provide the follow	ing information abo	out the supported organiz	ation(s)							
(i) N	Name of supported	(ii) EIN	(iii) Type of organization		Is the		ou notify		s the	(vii) A	mount of a	•
	organization		(described on lines 1-9 above or IRC section	col (i)	ization in listed in		anization	col (i) o	ation in		support	
			(see instructions))		overning iment?		port?		US?			
				Yes	No	Yes	No	Yes	No			
(A)								1				
(A)	·····					<u> </u>						
(B)												
		<u></u>			ļ	 						
(C)					İ	1						
				<u> </u>		-	-					
(D)												
				 		-		 		<u> </u>		
(E)												
		1	-	 	\vdash	-	 	3	, ,			
Total				,	١.	1, 1	1,7 (,4-	1	1			
	rwork Reduction Act	Notice see the Inst-	ections for	<u> </u>	1	1	<u> </u>	<u> </u>		(Form (990 or 990	
	or 990-EZ.							-	A	. ₁ . will i		, 2010

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 P	Page 2
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under	
	Part III If the organization fails to qualify under the tests listed below, please complete Part III)	

Sec	tion A. Public Support						
Cate	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	The Targett Council					<u></u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			207			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (li		-		The state of the s	1	%
15	Public support percentage from 2012						<u>%</u>
16a	331/3% support test - 2013. If the o						
	this box and stop here. The organization 331/3% support test - 2012. If the organization is support test - 2012 is the organization of the organiz						
D	check this box and stop here. The org.	_					
172	10%-facts-and-circumstances test - 2	-					
1 / a	10% or more, and if the organization	_					
	Part IV how the organization meets t						•
	organization			=	•		
ь	10%-facts-and-circumstances test -						
_	15 is 10% or more, and if the orga	_					
	Explain in Part IV how the organizati						
18	supported organization						▶□
	Instructions		· ·		•		
						- h - d - l - A - / F A - A	

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	,			· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	0	0	0		0	0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,966,330	2,054,929	2,310,046	2,419,026.	2,545,135.	11,295,466.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	Organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	1,966,330.	2,054,929.	2,310,046.	2,419,026.	2,545,135.	11,295,466.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified	<u>}</u>			1		
	persons that exceed the greater of \$5,000					·	
	or 1% of the amount on line 13 for the year	<u>_</u>	115,459.	67,372.	57,253.	90,039.	330,123.
C	Add lines 7a and 7b		115,459.	67,372.	57,253.	90,039.	330,123.
8	Public support (Subtract line 7c from	s a name i	The second secon			A STANKAR B	
	line 6)		では、語彙が	· · · · · · · · · · · · · · · · · · ·	1	35 To 184	10,965,343.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,966,330.	2,054,929.	2,310,046.	2,419,026.	2,545,135.	11,295,466.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		2 202	2 200		1 440	10 707
_	Sources	2,942.	3,292.	2,002.	1,121.	1,440.	10,797.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975		7 202	2,002.	1 121	1 440	10.707
	Add lines 10a and 10b	2,942.	3,292.	2,002.	1,121.	1,440.	10,797.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or	•					
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,969,272.	2,058,221.	2,312,048.	2,420,147.	2,546,575.	11,306,263.
14	First five years. If the Form 990 is for						. [
	organization, check this box and stop here						▶
	tion C. Computation of Public Sup			·- <u>-</u> -			06.00
15	Public support percentage for 2013 (line 8					15	96.98%
<u>16</u>	Public support percentage from 2012 Sche			· · · · · · · · · · · · · · · · · · ·		16	97.63%
	tion D. Computation of Investmen						100
17	Investment income percentage for 2013 (li					17	.10%
18	Investment income percentage from 2012					18	.16%
19 a	331/3% support tests - 2013. If the organization						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3 %, check		-				
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

20**13**

Open to Public Inspection

Employer identification number

39-1864684 MILWAUKEE URBAN STRATEGIC INVESTMENT CORP. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year h 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

			MILW	AUKEE URB	AN STR	ATEGIO	: INVESTM	ENT	CORP	•	39-18	64684		
	<u>`</u>	Form 990) 2013											Pag	
Par	t III	Organizations M	laintaining	Collections	of Art	, Histor	ical Treasu	res,	or Ot	<u>her Simi</u>	lar Asse	ets_(cont	inuea	<u>) </u>
3		the organization's tion items (check al			ınd other	records	, check any	of th	e follov	ving that	are a sig	nıfıcant u	se of	ıts
а		Public exhibition					Loan or excl	ange	nrogra	ms				
b	H	Scholarly research			·									
C	\vdash	Preservation for fu		tions	`	, L	Other							-
4	Provid	de a description of	-		tions and	l evolain	how they fi	ırther	the or	ganization	n's eyemr	nurnos	e in P	art
4	XIII	ac a description of	the organiz	ation's conce	tions and	Схрішії	now they re		11.0 01	garnzanor	io cacing	r purposi		41 C
5		g the year, did the o	rnanization	solicit or rece	uve donat	ions of a	rt historical t	reasi	ires or	other simi	ılar			
3		s to be sold to raise	_									Yes		Νo
Par	t IV	Escrow and Cus												
·	CIV	or reported an a		•	•		organizatio.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 10	. 0 00	o, rairr	•,	Ο,
														
1a	Is the	organization an age	ent. trustee.	custodian or	other inte	rmedian	/ for contribu	tions	or othe	r assets no	ot			
		led on Form 990, Pa									-	Yes		No
b	If "Ye	s," explain the arrar	ngement in P	art XIII and co	omplete ti	ne follow	ng table				[٠ لــــا .	••
_		o, explain the arran	igoo	arry arra or	, pioto ti				<u> </u>		Amount	·- 		
c	Regin	ining balance						10		<u>_</u>				
	-	ons during the year							1			-		
		butions during the year								···				
		g balance												
		ne organization inclu						•	1			Yes	1 1	No
		s," explain the arrar											Н.	••
	t V	Endowment Fun											<u> </u>	
	· · ,			(a) Current yea		(b) Prior ye			rs back	(d) Three		(e) Four	ears ba	-k
1a	Begin	ning of year balance	e 🗀											
b	Contr	ibutions	🗀											_
С	Net in	vestment earnings,	gains,											
	and lo	sses										<u> </u>		
d	Grant	s or scholarships .	🗀											_
е	Other	expenditures for fa	cilities											_
	and p	rograms												
f	Admir	nistrative expenses			-									_
		of year balance												_
2	Provid	de the estimated pe	rcentage of	the current ye	ar end ba	alance (I	ne 1g, colum	n (a))	held as					
а		d designated or qua			%									
b	Perma	anent endowment	•	<u>~</u>										
C	Temp	orarily restricted en	dowment >	•	%									
	The p	ercentages in lines	2a, 2b, and	2c should equ	īal 100%									
3a	Are th	nere endowment fun	nds not in the	e possession	of the org	ganizatio	n that are he	ld an	d admır	nistered for	the			
	organ	ization by										Y	es N	0
	(i) un	related organization	ns									3a(i)		_
	(ii) rel	ated organizations										3a(ii)		_
b		s" to 3a(ii), are the r										3b		_
4	Descr	ribe in Part XIII the i	ntended use	s of the organ	nization's	endowm	ent funds					·		_
Par	t VI	Land, Buildings,	and Equip	ment.		_								_
		Complete if the	organiżatic	on answered										
		Description of prop	erty		ost or other t	pasis (o) Cost or other b	asıs		cumulated	(0	i) Book valu	е	
				(investment)		(other)	- 1		eciation				
1a	Land .				investment)	_	(other)	1.		eciation		8,70		<u>ī</u> .

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(C) Accumulated depreciation	(d) Book value
1a	Land		1.		1.
b	Buildings		14,248,769.	5,547,643	8,701,126.
С	Leasehold improvements				
d	Equipment				
е	Other		1,738,477.	1,707,488.	30,989.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X column (B) line 1	O(c))	8,732,116.

Schedule D (Form 990) 2013

Schedule D (f	Form 990) 2013			Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b See Form 990.	, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
	r-held equity interests			
(B)			<u> </u>	
(C)	+			
<u>(D)</u>			+	
<u>(E)</u>				
(F) (G)			+	
(<u>G)</u>			+	
	nn (b) must equal Form 990, Part X, col (B) line 12)			经过程的
Part VIII			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L April Printer
	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c See Form 990,	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valual Cost or end-of-year mark	ition
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	"			
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets.			
raitin	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d See Form 990,	, Part X, line 15
	· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1) TENA	NT SECURITY DEPOSITS	•		72,469.
\—,	ESCROW			342,635.
	TAL IMPROVEMENT ESCROW			27,879.
(4) DEPO	SIT			111,660.
(5)				
(6)				
(7)				
(8)				
(9) Table (Carle	" One of the second of the sec	4E\		554,643
	umn (b) must equal Form 990, Part X, col (B) lin	<u>16 15) </u>	· · · · · · · · · · · · · · · · · · ·	334,043
Part X	Other Liabilities. Complete if the organization answered	"Ves" to Form 990	Part IV line 11e or 11f See For	m 990 Part X
	line 25			11 300, 1 4102,
1.	(a) Description of liability	(b) Book valu	ie :	
	ral income taxes	72	460	
	RITY DEPOSIT LIABILITY		469. 522.	
	REST RATE SWAP	- 1	522.	
(4)				
<u>(5)</u>				
<u>(6)</u> (7)		-		
				1 144

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

80,991.

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(8) (9)

Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	4
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII)	J
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	,
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part		ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	, ,
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	7
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	<u> </u>
C	Other losses 2c	ki vij
d	Other (Describe in Part XIII) Add Inpo 3e through 3d	£ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
a		
b	Other (Describe in Part XIII) 4b	66.00 C
b	Add lines 4a and 4b	4c
b	·	4c
b c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line
b c 5 Part Provid	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	art V, line 4, Part X, line

Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

39-1864684

İ		
	Assistance	
	and	
	Grants	
l	5	
	General Information on Grants and Assistance	
	General	
	artl	

MILWAUKEE URBAN STRATEGIC INVESTMENT CORP.

Department of the Treasury Internal Revenue Service Name of the organization

° N X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal	(g) Description of	(h) Purpose of grant
Z TIND	39-0749512	501(C)(3)	10,000		Virgi)		T Taga 700
1178 501	46-1052766	501(0)(3)	000		TAC!		TO SUPPORT THE
							OVERALL PROJECT
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations liste	ed in the line 1 table	0		•	2.
3 Enter total number of other organizations listed in the line 1	d in the line	I table					1 1 1 1 1 1 1 1 1 1 1
For Paperwork Reduction Act Notice, see the Instructions for	tructions for	· Form 990.				Sched	Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

				•		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က		:				
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informat	ion required in	Part I, line 2, Part III, o	column (b), and any other additional

FORM 990, SCHEDULE I, PART I, LINE 2

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION REQUIRES EACH GRANT-FUNDED ORGANIZATION TO SUBMIT A

REPORT WHICH PROVIDES DETAILS ON HOW THE GRANT FUNDS WERE DISTRIBUTED AND

USED.

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Schedule (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

		333311313					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance	
_							
7							
က							
4							
9			-				
9							
7							
Part IV	Part IV Supplemental Information. Complete this part to information	is part to prov	vide the informat	ion required in	Part I, line 2, Part III,	provide the information required in Part I, line 2, Part III, column (b), and any other additional	

FORM 990 SCHEDULE L PART II LINE 2H

PURPOSE OF GRANT ASSISTANCE TO GREATER MILWAUKEE COMMUNITY.

TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION (GREATER MILWAUKEE

COMMUNITY).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MILWAUKEE URBAN STRATEGIC INVESTMENT CORP.

Employer identification number

39-1864684

FORM 990 PART VI LINE 11B

PROCESS USED BY THE ORGANIZATION TO REVIEW THE FORM 990

THE FORM 990 IS REVIEWED BY THE PRESIDENT OF THE BOARD OF DIRECTORS AND MANDEL PROPERTY SERVICES, INC. (THE MANAGEMENT AGENT) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990 PART VI LINE 19

DESCRIBE HOW ORGANIZATION MAKES GOVERNING DOCUMENTS AVAILABLE TO PUBLIC GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 PART VI LINE 8B

DOCUMENTATION OF THE MEETINGS HELD BY EACH COMMITTEE

THERE IS NO COMMITTEE WHO HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.

FORM 990 PART VI LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES

LIBRARY HILL, LLC PAYS A FEE TO A MANAGEMENT COMPANY (MANDEL PROPERTY

SERVICES, INC.) TO OPERATE THE LIBRARY HILL PROJECT AND MAINTAIN THE

FINANCIAL RECORDS OF LIBRARY HILL, LLC.

IN ADDITION, MUSIC DELEGATES CONTROL OVER ADMINISTRATIVE DUTIES TO MILWAUKEE DEVELOPMENT CORPORATION (MDC). MDC MAINTAINS THE FINANCIAL RECORDS OF MUSIC. MDC AND MUSIC HAVING A COST SHARING ARRANGEMENT FOR

MILWAUKEE URBAN STRATEGIC INVESTMENT CORP.

Employer identification number 39-1864684

ADMIN AND OVERHEAD COSTS.

FORM 990 PART III LINE 2

SIGNIFICANT NEW PROGRAM SERVICES

SEE DETAILED DESCRIPTION OF NEW PROGRAM SERVICE IN PART III, LINE 4B

FORM 990 PART XI LINE 9

OTHER CHANGES IN NET ASSETS

THE INTEREST RATE SWAP WAS NOT RECORDED IN PRIOR YEARS. THE BALANCE OF THE INTEREST RATE SWAP LIABILITY WAS RECORDED IN 2013 IN THE AMOUNT OF \$8,522.

FORM 990 PART VI LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE ARTICLES OF INCORPORATION WERE AMENDED IN MAY 2013 TO INCLUDE CHANGES

TO THE ORGANIZATION'S NAME. THE AMENDED ARTICLES OF INCORPORATION HAVE

BEEN ATTACHED TO THE FORM 990 (SEE ATTACHMENT 7).

FORM 990 LINE B

NAME CHANGE

IN MAY 2013 THE ORGANIZATION CHANGED ITS NAME FROM PARTNERSHIP TO DEVELOP WESTOWN, INC. TO MILWAUKEE URBAN STRATEGIC INVESTMENT CORP. SEE ATTACHMENT 7 FOR A COPY OF THE AMENDMENT TO THE ARTICLES OF INCORPORATION. SEE ATTACHMENT 8 FOR PROOF OF FILING WITH THE APPROPRIATE STATE AUTHORITY.

Employer identification number 39-1864684

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSES OF MILWAUKEE URBAN STRATEGIC INVESTMENT CORP. (MUSIC)

ARE TO COMBAT URBAN DETERIORATION, POVERTY, LOW EDUCATIONAL

ACHIEVEMENT, JUVENILE DELINQUENCY, CRIMINALITY AND LOSS OF POPULATION

(BOTH INDIVIDUALS AND BUSINESSES) IN THE GREATER MILWAUKEE, WISCONSIN

AREA. ITS ACTIVITIES INCLUDE CONSTRUCTION, MAINTENANCE AND

MANAGEMENT OF THE LIBRARY HILL HOUSING PROJECT IN THE DOWNTOWN AREA

OF MILWAUKEE KNOWN AS "WESTOWN," THE STABILITY, SAFETY AND

RESIDENTIAL AND COMMERCIAL DESIRABILITY OF WHICH ARE AFFECTED BY

URBAN CONDITIONS THROUGHOUT THE GREATER MILWAUKEE COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE PURPOSES OF THIS ORGANIZATION ARE TO COMBAT URBAN

DETERIORATION, POVERTY, LOW EDUCATIONAL ACHIEVEMENT, JUVENILE

DELINQUENCY, CRIMINALITY AND LOSS OF POPULATION (BOTH INDIVIDUALS

AND BUSINESSES) IN THE GREATER MILWAUKEE, WISCONSIN AREA. ITS

ACTIVITIES INCLUDE CONSTRUCTION, MAINTENANCE AND MANAGEMENT OF THE

LIBRARY HILL HOUSING PROJECT IN THE DOWNTOWN AREA OF MILWAUKEE

KNOWN AS "WESTOWN," THE STABILITY, SAFETY AND RESIDENTIAL AND

COMMERCIAL DESIRABILITY OF WHICH ARE AFFECTED BY URBAN CONDITIONS

THROUGHOUT THE GREATER MILWAUKEE COMMUNITY. ON APRIL 9, 2013, THE

ORGANIZATION FORMED A WHOLLY-OWNED, SINGLE MEMBER LIMITED

LIABILITY COMAPNY, LIBRARY HILL, LLC. ON JUNE 11, 2013, TITLE TO

THE LIBRARY HILL BUILDING WAS TRANSFERRED FROM THE ORGANIZATION TO

LIBRARY HILL, LLC.

Name of the organization MILWAUKEE URBAN STRATEGIC INVESTMENT CORP.

Employer identification number

39-1864684

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

MILWAUKEE, WI 53202

DESCRIPTION OF SERVICES

COMPENSATION

MANDEL PROPERTY SERVICES, INC. 301 E. ERIE STREET

MANAGEMENT COMPANY

129,447.

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

ATTACHMENT 4

(D)

DESCRIPTION

TOTAL REVENUE RELATED OR EXEMPT REVENUE

UNRELATED BUSINESS REV.

EXCLUDED REVENUE

INTEREST INCOME

1,440.

1,440.

TOTALS

1,440.

1,440.

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

BEGINNING BOOK VALUE ENDING BOOK VALUE

PREPAID INSURANCE

4,439.

PREPAID EXPENSES - OTHER

8,802.

11,769.

TOTALS

8,802.

16,208.

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

BEGINNING BOOK VALUE ENDING BOOK VALUE

ATTACHMENT 6

UNEARNED REVENUE

1,023.

1,055.

TOTALS

1,023.

1,055.

JSA

Schedule O (Form 990 or 990-EZ) 2013

39-1864684

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

MILWAUKEE URBAN STRATEGIC INVESTMENT CORP

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

▶ See separate instructions.

39-1864684

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

(g) Section 512(b)(13) controlled (f) Direct controlling ž MUSIC Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year 2,546,575. 10,165,271. (f) Direct controlling (e) End-of-year assets Public chanty status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (d) Exempt Code section RSDNTL/CMMRCL | WI Legal domicile (state or foreign country) (b) Primary activity Primary activity 39-1864684 [-53202 (1) LIBRARY HILL, LLC 756 N. MILWAUKEE ST, STE. 400 MILWAUKEE, WI (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization LIBRARY HILL, LLC Part II (2) (E) (4) (6) (9) <u>(5</u> **(**2)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 3E1307 1 000

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<u>(</u>2)

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09722X N482

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Section 512(b)(13) controlled entity? Page 2 Schedule R (Form 990) 2013 Yes No (k) Percentage ownership (h) Percentage (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Yes (g) Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (f) Share of total (h) Disproportionats ŝ Yes (e)
Type of entity
(C copp. S corp. or trust) (g) Share of end-ofyear assets Share of total (d)
Direct controlling entity income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization JSA 3E1308 1 000 Part III Part IV **E** 7 <u>(2</u>) \mathbf{C}_{i} \mathfrak{S} S 2 ପ୍ର **4** <u>(5)</u> 9 € 9 9

18059

09722X N482

Schedule R (Form 990) 2013 Method of determining Yes À If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 4 79 <u>-</u> 19 무 Ξ ב 9 10 + 2 Loans or loan guarantees by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Sharing of paid employees with related organization(s)..... (a) Name of related organization Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s) Purchase of assets from related organization(s) Dividends from related organization(s), Sale of assets to related organization(s) JSA 3E1309 1 000 Ε ⊏ 0 ۵ ပ ס ے. ع 2 8 6 **a b** 3 Ξ 3 (3)9 ତ୍ର

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions	janization See instri	actions regardin	regarding exclusion for certain investment partnerships	certain inve	stment partner	ships					
(a) Name, address, and EIN of entity	(b) Primary activity	c) domicile or foreign		(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	1	(i) Code V-UBI amount in box 20	(s) General or managing	(k) Percentage ownership
			from tax under section 512-514)	organizations?		SIBSCO	Yes	o Z	(Form 1065)	Yes	
(1)										ļ	
(2)											
(<u>3</u>)											
(4)											-
(5)								<u> </u>			
(9)								 			
(7)											
(8)											
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(13)										ļ	
(14)			1							-	
(15)											
(16)											
ASU									Sche	dule R (Fo	Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

Page 5

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see

06 PO32420

MAY 1 5 2013

Sec. 181,1005 Wis. Stats,

Wisconsin Dept of State of Wisconsin

Financial InstitutionDepartment of Financial Institutions

Division of Corporate and Consumer Services



ARTICLES OF AMENDMENT - NONSTOCK CORPORATION

	(Enter Corporate Name)	
	articles of incorporation and the instructions on the reverse of this d and set forth the number identifying the paragraph being change i.)	
RESOLVED, THAT the articles of incorpo	pration be amended as follows:	
Article 1 shall be amended as	s follows:	or peo
The name of the Cornoration a	shall he "Milwaukee Urban Strategic Investmen	t_
Corp.	. 7	, · . ; ; ; ;
B. Amendment(s) adopted on May 14	, 2013	
(Indicate the method of adoption by cheakly	•	
OR .	01, Wis, Stats. (By the Board of Directors)	•
OR	09, Wis. State, (By Mountary)	
· · · · · · · · · · · · · · · · · · ·	04, Wis. Stats. (Dy Mombers voting by Class)	
C. Approval by 3rd Person (Contingency Sta	tement)	
approval is required by a provision of	articles of incorporation was obtained from the person whose of the articles of incorporation authorized under sec. 181,1030,	
D. Executed on 05/ (4 /2013 (Date)	(Signature)	
Title: President Secretary or other officer title	Pat O'Brien	
	(Printed name)	
	(2 * 51110 # 11111110)	
This document was drafted by	Kohout, Esq., Foley & Lardner LLP	

STATE OF WISCONSIN

MAY 1 6 2013

DEPARTMENT OF

FINANCIAL INSTITUTIONS

\$25,00 x \$25,00

Eg

ARTICLES OF AMENDMENT (Ch. 181, Nonstock)

Jason J. Kohout, Esq.
Foley & Lardner LLP

777 East Wisconsin Avenue, 36th FL

Milwaukee, WI 53202

Change

▲ Your return address and phone number during the day: (414) 319 - 705

INSTRUCTIONS (Ref. sec. 181,1005 Wis. Stats. for document content)

Submit one original and one exact copy to Dept, of Financial Institutions, PO Box 7846, Madison WI, 53707-7846, together with a FILING FEE of \$25.00, payable to the department. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). The original must include an original manual signature, per sec, 181.0120(2), Wis. Stats. NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information the proposed may be used for accomplex to the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TDY.

- A. Enter the name of the corporation (before any change effected by this amendment) and the text of the amendment(s). The text should recite the resolution adopted (e.g., "Resolved, that Article 1 of the articles of incorporation be amended to read: (set forth the amended article).
- B. Enter the date of adoption of the amendment(s). If there is more than one amendment, identify the date of adoption of each. Mark (X) one of the three choices to indicate the method of adoption of the amendment(s).

By Board of Directors – Refer to sec. 181.1002 for specific information on the character of amendments that may be adopted by the Board of Directors without the approval of members with voting rights.

By Members – Adoption by members requires $2/3^{rd}$ of votes east or a majority of the voting power, whichever is less, except as conditioned by the articles of incorporation, bylaws, ss. 181.1002(1), 181.1030 or other provisions of Ch. 181. Wis. Stats.

By Members that Class Voting - Refer to sec. 181-1004 for specific information on class voting by , members.

- C. Approval by Other Person Amendment of the articles of incorporation may require the approval of a person other than the board or members, if so specified in the articles of incorporation under sec. 181.1030.
- D. Enter the date of execution and the name and title of the person signing the document. The document must be signed by one of the following: An officer of the corporation (or incorporator if directors have not been elected), or a court-appointed receiver, trustee or fiduciary. A director is not empowered to sign.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

DPI/CCS104I(R11/12)

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for		Search Records Search Name Availability
Corporate Re	cords	Result of lookup for P032420 (at 6/4/2014 10 35 AM)
MILWA	UKEE URBAN ST	RATEGIC INVESTMENT CORP.
You can: File an	Annual Report - Request a Certificate o	Status - File a Registered Agent/Office Update Form
Vital Statistics		
Entity ID	P032420	
Registered Effective Date	10/02/1996	
Period of Existence	PER	

Status

Incorporated/Qualified/Registered Request a Certificate of Status

Status Date

10/02/1996

Entity Type

Non-Stock Corporation

Annual Report Requirements

Non-stock Corporations are required to file an Annual Report under s 181 1622 WI Statutes

Addresses

Registered Agent

Office

F&L CORP

777 E WISCONSIN AVE MILWAUKEE, WI 532025367

File a Registered Agent/Office Update Form

Principal Office

756 N MILWAUKEE ST STE 400 MILWAUKEE , WI 53202

UNITED STATES OF AMERICA

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2013	111	1111	paper	ımage
2012	111	1111	paper	ımage
2011	111	_1111	paper	ımage
2010	111	1111	paper	ımage

ATTACHMENT 8

2009	111	1111	paper	ımage
2008	111	1111	paper	ımage
2007	111	1111	paper	ımage
2006	111	1111	paper	ımage
2005	111	1111	paper	ımage
2004	111	1111	paper	ımage
2003	111	1111	paper	ımage
2002	110	0092	paper	microfilm
2001	109	2354	рарег	microfilm
2000	110	0311	paper	microfilm
1999	108	1894	paper	microfilm
1998	109	0318	paper	microfilm
1997	108	0013	paper	mıcrofilm

File an Annual Report - Order a Document Copy

Certificates of Newly-elected Officers/Directors None

Old Names

Change Date	Name
Current	MILWAUKEE URBAN STRATEGIC INVESTMENT CORP
05/15/2013	PARTNERSHIP TO DEVELOP WESTOWN, INC

Chronology

Effective Date	Transaction	Filed Date	Description
10/02/1996	Incorporated/Qualified/Registered	10/02/1996	
05/15/2013	Amendment	05/16/2013	Old Name = PARTNERSHIP TO DEVELOP WESTOWN, INC

Order a Document Copy

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Internal Revenue	e Service Information about Form 6	obs and its	Instructions is at www.iis	.gov/form8888.			
	filing for an Automatic 3-Month Extension,					▶ X	
	filing for an Additional (Not Automatic) 3-M plete Part II unless you have already been gra					8	
Electronic fi a corporation 8868 to req Return for	ling (e-file). You can electronically file Form n required to file Form 990-T), or an addition puest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	8868 if yo nal (not au forms liste al Benefit	ou need a 3-month aut tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	omatic extension of timesion of time. You can into the exception of Fit be sent to the IRS	ne to file (6 electronical orm 8870, in paper f	months fo ly file Form Information format (see	
	tomatic 3-Month Extension of Time. Or						
	n required to file Form 990-T and requesting			·— · · · · · · · · · · · · · · · · · ·	mplete		
Part I only .						▶□	
All other cor	porations (including 1120-C filers), partnersh	nps, REMIC	Cs, and trusts must use	Form 7004 to request ar	n extension o	of time	
to file incom			···	Enter filer's identifyi	ng number, se	e instructions	
Type or	Name of exempt organization or other filer, see in	structions		Employer identification n	umber (EIN) o	Or .	
	orint						
File by the	MINIMANUE ORDAN STRATEGIC INVESTMENT CORP. 39-1004004						
due date for	e date for Social security number (SSN)						
filing your return See	filing your 756 N. MILWAUKEE ST.						
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions MILWAUKEE, WI 53202							
Enter the Return code for the return that this application is for (file a separate application for each return)							
Application Return Application Return							
Is For Code Is For Code							
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Form 990-BL 02 Form 1041-A 08						08	
Form 4720 (individual) 03 Form 4720 (other than individual) 09							
Form 990-PF 04 Form 5227 10							
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11							
Form 990-T	(trust other than above)	06	Form 8870			12	
Telephone If the orga If this is fo	s are in the care of ► MANDEL PROPERT No ► 414 270-2757 Inization does not have an office or place of the range of the	Fousiness in ousiness in or digit Gro	FAX No ▶ the United States, checup Exemption Number (GEN)	If the		
1 I reques	st an automatic 3-month (6 months for a cor	poration re	quired to file Form 990	-T) extension of time			
	08/15_, 20_14_, to file the	exempt org	janization return for the	organization named a	bove The ex	tension is	
	organization's return for						
	calendar year 20 13 or	00					
P 1	tax year beginning	, 20	, and ending	'	20		
2 If the ta	x year entered in line 1 is for less than 12 m	onths, chec	k reason Initial re	eturn Final retur	n		
Cı	nange in accounting period						
	application is for Form 990-BL, 990-PF, 99	0-T, 4720,	, or 6069, enter the	tentative tax, less any			
	ndable credits. See instructions				3a \$	0	
	application is for Form 990-PF, 990-T,						
	ed tax payments made Include any prior year				3b \$	0	
	e due. Subtract line 3b from line 3a Include		ent with this form, if red	quired, by using EFTPS			
	onic Federal Tax Payment System) See instruc		· · · · · · · · · · · · · · · · · · ·		3c \$	0	
	are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868, se	e ⊢orm 8453-EO and Form	n 8879-EO for	payment	
For Privacy Ad	t and Paperwork Reduction Act Notice, see instr	uctions			Fa 9060 /	Day 4 224 2	
. Jucy A	apoi moi n i todaccioni Act Notice, see ilistii	46110115.			Form 8868 (Rev 1-2014)	