

# WESTOWN ASSOCIATION OF MILWAUKEE, INC.

RETURN OF ORGANIZATION EXEMPT FROM  
INCOME TAX

FOR THE TAX YEAR ENDED DECEMBER 31, 2009

**PUBLIC  
DISCLOSURE  
COPY**

THIS COPY MAY BE USED TO SATISFY THE PUBLIC DISCLOSURE  
RULES OF CODE SECTION 6104(d)

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2009**

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>		
		WESTOWN ASSOCIATION OF MILWAUKEE, INC.		39-1600531		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
		633 W. WISCONSIN AVENUE		409	414-276-6696	
City or town, state or country, and ZIP + 4				<b>F Group Exemption Number</b>		
MILWAUKEE, WI 53203						

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**I Website:** WWW.WESTOWN.ORG  
**J Tax-exempt status** (check only one) -  501(c)(3) (insert no.)  4947(a)(1) or  527  
**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** \$ **280,381.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	94,728.	10		18	<29,175.>
2	Program service revenue including government fees and contracts	2	164,559.	11		19	153,259.
3	Membership dues and assessments	3	17,275.	12	126,514.	20	
4	Investment income	4	2,003.	13	11,547.	21	124,084.
5a	Gross amount from sale of assets other than inventory	5a		14			
5b	Less: cost or other basis and sales expenses	5b		15	4,039.		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	167,456.		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	309,556.		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a					
6b	Less: direct expenses other than fundraising expenses	6b					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
7a	Gross sales of inventory, less returns and allowances	7a					
7b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe <b>MISC INCOME</b> )	8	1,816.				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	280,381.				
10	Grants and similar amounts paid (attach schedule)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12	126,514.				
13	Professional fees and other payments to independent contractors	13	11,547.				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15	4,039.				
16	Other expenses (describe <b>SEE STATEMENT 1</b> )	16	167,456.				
17	<b>Total expenses.</b> Add lines 10 through 16	17	309,556.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19					
20	Other changes in net assets or fund balances (attach explanation)	20					
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21					

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	133,601.	22	123,265.	
23	Land and buildings		23		
24	Other assets (describe <b>SEE STATEMENT 2</b> )	20,332.	24	4,554.	
25	<b>Total assets</b>	153,933.	25	127,819.	
26	<b>Total liabilities</b> (describe <b>SEE STATEMENT 3</b> )	674.	26	3,735.	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	153,259.	27	124,084.	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	WESTOWN ASSOCIATION OF MILWAUKEE, INC.	39-1600531
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	633 W. WISCONSIN AVENUE, NO. 409	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MILWAUKEE, WI 53203	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**STEVE COSTELLO**

• The books are in the care of **633 W. WISCONSIN AVENUE, SUITE 409 - MILWAUKEE, WI 53203**  
 Telephone No. **414-276-6696** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **TREASURER** Date



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. <u>WI</u>		
42a	The organization's books are in care of <u>STEVE COSTELLO</u> Telephone no. <u>414-276-6696</u> Located at <u>633 W. WISCONSIN AVENUE, SUITE 409, MILWAUKEE, W</u> ZIP + 4 <u>53203</u>		
b	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 account)?	42b	X
	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46 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 | 46  | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           | 47  | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                 | 48  | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           | 49a | X  |
| b If "Yes," was the related organization a section 527 organization?                                                                                                                    | 49b |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: STEVE COSTELLO, TREASURER  
 Date: \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature: JOEL JOYCE Date: 08/16/10 Check if self-employed:   
 Preparer's identifying number (See instr.): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: REILLY, PENNER & BENTON LLP  
1233 NORTH MAYFAIR RD, SUITE 302  
MILWAUKEE, WI 53226-3255  
 EIN: \_\_\_\_\_ Phone no.: (414) 271-7800

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	285,781.	278,232.	259,725.	331,920.	295,050.	1,450,708.
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	285,781.	278,232.	259,725.	331,920.	295,050.	1,450,708.
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)						
6 Public support. Subtract line 5 from line 4						1,450,708.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	285,781.	278,232.	259,725.	331,920.	295,050.	1,450,708.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,847.	6,937.	8,898.	5,501.	2,003.	27,186.
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.)						
11 Total support. Add lines 7 through 10						1,477,894.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.16 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.42 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

**WESTOWN ASSOCIATION OF MILWAUKEE, INC.**

**39-1600531**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSES		15,145.	
INSURANCE		4,011.	
CONFERENCES AND MEETINGS		6,475.	
INFORMATION TECHNOLOGY		600.	
DUES AND SUBSCRIPTIONS		2,213.	
PROGRAM EXPENSES		136,231.	
DEPRECIATION		1,116.	
MISCELLANEOUS		1,664.	
TOTAL TO FORM 990-EZ, LINE 16		167,456.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	15,000.	260.	
PREPAID EXPENSES	3,568.	1,971.	
DUE FROM BID	503.	502.	
OTHER DEPRECIABLE ASSETS	1,261.	1,821.	
TOTAL TO FORM 990-EZ, LINE 24	20,332.	4,554.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED WAGES	0.	2,723.	
PAYROLL TAXES PAYABLE	0.	1,012.	
ACCOUNTS PAYABLE	674.	0.	
TOTAL TO FORM 990-EZ, LINE 26	674.	3,735.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOAN BARTELS FARRELL, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE,	PRESIDENT 1.50	0.	0.	0.
STEVEN COTTINGHAM, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	VICE PRESIDENT 1.50	0.	0.	0.
STEVE COSTELLO, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	TREASURER 1.50	0.	0.	0.
MELISSA ULM, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	SECRETARY 1.50	0.	0.	0.
MIKE KENNEY , 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	PAST PRESIDENT 1.50	0.	0.	0.
JOE DONAHUE, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
DENISE GARCZYNSKI, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
JOHN HENNESSY, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
MICHAEL KLEBER, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
JEFF KRUESEL, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
STEVE MAGNUSON, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
GEORGE MEYER, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
RALPH PETERMAN, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.
TODD RIZZO, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203	DIRECTOR 1.50	0.	0.	0.

WESTOWN ASSOCIATION OF MILWAUKEE, INC.

39-1600531

<u>DAVE SALKIN, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203</u>		DIRECTOR			
	1.50		0.	0.	0.
<u>LARRY STEPHENS, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203</u>		DIRECTOR			
	1.50		0.	0.	0.
<u>DEBRA USINGER, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203</u>		DIRECTOR			
	1.50		0.	0.	0.
<u>STACIE CALLIES, 633 W. WISCONSIN AVE, SUITE 409, MILWAUKEE, WI 53203</u>		EXECUTIVE DIRECTOR			
	40.00		62,583.	0.	0.
 TOTALS INCLUDED ON FORM 990-EZ, PART IV			<u>62,583.</u>	<u>0.</u>	<u>0.</u>

THE ORGANIZATION CHAMPIONS SOCIAL AND ECONOMIC DEVELOPMENT OF THE WESTOWN NEIGHBORHOOD THROUGH SPECIAL EVENT MARKETING, BUSINESS RESOURCES, GROWTH INITIATIVES AND PUBLIC/PRIVATE PARTNERSHIPS THAT IMPROVE THE QUALITY OF LIFE AND VITALITY OF THE DISTRICT.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 7

DESCRIPTIONGRANTSEXPENSES

WESTOWN ASSOCIATIONS SPONSORED AND MANAGED THE INDOOR  
(WINTER) FARMER'S MARKET WHICH HELPED INCREASE  
AWARENESS OF THE WESTOWN AREA OF DOWNTOWN MILWAUKEE

0. 8,839.

WESTOWN ASSOCIATION SPONSORED RIVER FLICKS, A FREE  
OUTDOOR MOVIE FESTIVAL HELD IN THE WESTOWN AREA OF  
DOWNTOWN MILWAUKEE

0. 18,497.

WESTOWN ASSOCIATION SPONSORED VARIOUS EVENTS/SERVICES  
IN DOWNTOWN MILWAUKEE WHICH HELPED INCREASE AWARENESS  
OF THE WESTOWN AREA OF DOWNTOWN MILWAUKEE

0. 13,747.

TOTAL TO FORM 990-EZ, LINE 31

41,083.