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Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2009

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>A</b> For the 2009 calendar year, or tax year beginning _____, and ending _____																				
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td rowspan="6" style="width: 10%; text-align: center; vertical-align: middle;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width: 60%;"><b>C</b> Name of organization CITY CENTRO INC</td> <td style="width: 15%;"><b>D</b> Employer identification number 39-1672830</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>DOWNTOWN WEST BEND ASSOCIATION</td> <td><b>E</b> Telephone number 262-338-3909</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>Number and street (or P O box, if mail is not delivered to street address)</td> <td>Room/suite STE 1</td> </tr> <tr> <td><input type="checkbox"/> Termination</td> <td>128 S 6TH AVE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>City or town, state or country, and ZIP + 4</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td>WEST BEND WI 53095</td> <td></td> </tr> </table>	<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization CITY CENTRO INC	<b>D</b> Employer identification number 39-1672830	<input type="checkbox"/> Name change	DOWNTOWN WEST BEND ASSOCIATION	<b>E</b> Telephone number 262-338-3909	<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)	Room/suite STE 1	<input type="checkbox"/> Termination	128 S 6TH AVE		<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		<input type="checkbox"/> Application pending	WEST BEND WI 53095	
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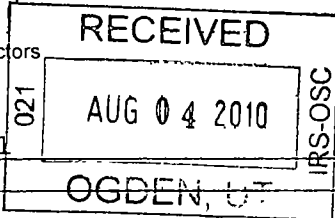
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

<b>I</b> Website: ▶ DOWNTOWNWESTBEND.COM	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> 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.	
<b>L</b> 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 ▶ \$ 203,730	

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

	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts		2	141,062
	3 Membership dues and assessments		3	
	4 Investment income		4	636
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		62,032
	b Less direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	62,032
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8 Other revenue (describe ▶ _____ )		8	
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	203,730
	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	74,488
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	10,800
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe ▶ SEE STATEMENT 1 _____ )		16	82,692
	17 <b>Total expenses.</b> Add lines 10 through 16		17	167,980
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	35,750
	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	198,362
	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	234,112



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 (See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	198,362	22 234,112
23	Land and buildings		23
24	Other assets (describe ▶ _____ )		24
25	<b>Total assets</b>	198,362	25 234,112
26	<b>Total liabilities</b> (describe ▶ _____ )	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	198,362	27 234,112

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)



**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," attached 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?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
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		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 <span style="float:right">▶</span> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
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		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>WI</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> JOSEPHINE MINSKEY Telephone no <span style="float:right">▶</span> 262-338-3909 128 S 6TH AVE STE 1 Located at <span style="float:right">▶</span> WEST BEND, WI ZIP + 4 <span style="float:right">▶</span> 53095		
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)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political activities, lobbying, school operation, and transfers to exempt organizations.

Table for line 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. Columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

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

Table for line 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. Columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

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

Sign Here: 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. Signature of officer: [Signature], Date: 6-27-10, Type or print name and title: Jon J Kieckheaf President.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying Number (See instr), Firm's name (or yours if self-employed), address, and ZIP + 4: THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.

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



## Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
OFFICE	9,202
CONFERENCES/MEETINGS	2,269
INSURANCE	2,669
PROMOTION	7,627
DESIGN	25,471
DOWNTOWN PUBLICATION	18,180
FACADE GRANT PROGRAM	12,500
ECONOMIC RESTRUCTURING	1,815
ORGANIZATION	2,959
TOTAL	<u>\$ 82,692</u>

Statement 2 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments


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Description

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VARIOUS RETAIL EVENTS

2010 DWBA Board of Directors

Name	Company/Address	Phone	Fax	E-Mail	Committee	Term Exp.
Brabender, Ron	1445 North 12th Avenue West Bend, WI 53090	338-0305/home 335-1530/Pruett's	335-2668	kiwronis@sbcglobal.net	organization	Dec 2010
Capelle, John Chair, Design	City of West Bend 1115 S Main Street West Bend, WI 53095	335-5122	335-5182	capelle@ci.west-bend.wi.us	design personnel committee	Dec 2011
Deiss, Kristine	City of West Bend 1115 S Main Street West Bend, WI 53095	335-5111		mayor@ci.west-bend.wi.us	economic restructuring	Dec 2010
Fischer, Peggy President Elect Jan. 2011	Shooting Star Travel 120 N Main Street, Suite 120 West Bend, WI 53095	335-9990	335-9970	peggy@shootingstartravels.com	promotion Germanfest	Dec. 2011
Hetzel, Ryan	Hetzel-Nelson Law Office 120 N Main St West Bend, WI 53095	334-4700	334-4800	ryan@hetzel-nelson.com	legal counsel	Dec. 2010
Kieckhafer, Jon President Chairperson, ER	Kieckhafer, Dietzler, Hauser 627 Elm Street West Bend, WI 53095	334-2341 ext 110	334-5773	jon@kdhcpa.com	economic restructuring personnel committee Germanfest	Dec. 2010
Muehlbauer, James Secretary	Washington County Courthouse 432 E Washington St West Bend, WI 53095	262-335-4345 262-707-1556/cell		jmuehlbauer@charter.net	Germanfest	Dec 2010
Reid, Graeme	Museum of Wisconsin Art 300 S Sixth Avenue West Bend, WI 53095	334-9638	334-8080	greid@wisconsinart.org	promotion	Dec. 2010
Otis, Teri	Westbury Bank 143 S Main St West Bend, WI 53095	335-6262		teri.otis@westburybankwi.com	promotion organization	Dec 2010

## 2010 DWBA Board of Directors

Name	Company/Address	Phone	Fax	E-Mail	Committee	Term Exp.
<b>Petitte, Rose</b> Treasurer	M&I Bank 321 N Main St West Bend, WI 53095	262-335-3119		<a href="mailto:rosemary.petitte@micorp.com">rosemary.petitte@micorp.com</a>	organization economic restructuring	Dec 2010
<b>Schmidt, Scott</b> Chair, Organization	Schmidt Funeral Home 629 Cedar Street West Bend, WI 53095	262-334-2301	334-2392	<a href="mailto:schmidt1333@yahoo.com">schmidt1333@yahoo.com</a>	organization Germanfest	Dec 2011
<b>Schultz, Kevin</b>	Mountain Outfitters 109 S Main Street West Bend, WI 53095	335-0424		<a href="mailto:mntout@sbcglobal.net">mntout@sbcglobal.net</a>	design organization	Dec 2011
<b>Sears, Julie</b> Chair, Promotion	Januli's 115 S Main Street West Bend, WI	306-3555	306-8158	<a href="mailto:julesaero@msn.com">julesaero@msn.com</a>	promotion organization	Dec 2010
<b>Tennies, Herb</b>	Tennies Ace Hardware 112 S Fifth Avenue PO Box 209 West Bend, WI 53095	338-2316	334-3269	<a href="mailto:tenneshardware@charterninternet.net">tenneshardware@charterninternet.net</a>	Germanfest	Dec. 2010
<b>Minskey, Josephine</b>	Downtown West Bend Association 128 S Sixth Avenue, Suite One West Bend, WI 53095	338-3909	338-0635	<a href="mailto:josie@downtownwestbend.com">josie@downtownwestbend.com</a>	Executive Director	

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>	Name of Exempt Organization <b>CITY CENTRO INC DOWNTOWN WEST BEND ASSOCIATION</b>	Employer identification number <b>39-1672830</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions <b>128 S 6TH AVE STE 1</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WEST BEND WI 53095</b>	

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

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

● The books are in the care of ► **JOSEPHINE MINSKEY**

Telephone No ► **262-338-3909** 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ►  calendar year **2009** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a 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	<b>3a</b>	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
3c <b>Balance Due</b> Subtract line 3b from line 3a 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	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions**