

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09-19-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DOWNTOWN MOORHEAD INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
200 5TH STREET S STE 203

City or town, state or province, country, and ZIP or foreign postal code
MOORHEAD, MN 56560

D Employer identification number
81-3097290

E Telephone number
(218) 443-1361

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ NA

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 46,889

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	18,000
	2	Program service revenue including government fees and contracts	2	28,889
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	46,889	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	36,371
	13	Professional fees and other payments to independent contractors	13	2,244
	14	Occupancy, rent, utilities, and maintenance	14	2,200
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	5,638
17	Total expenses. Add lines 10 through 16 ▶	17	46,453	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	436
	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	0
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	78,903
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	79,339

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	83,030
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	0 25	83,030
26 Total liabilities (describe in Schedule O).	0 26	3,691
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	79,339

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
DOWNTOWN MOORHEAD INCORPORATED IS A PRIVATE, NON-PROFIT ORGANIZATION DEDICATED TO THE BENEFICIAL ECONOMIC GROWTH AND BUSINESS DEVELOPMENT OF DOWNTOWN MOORHEAD WE ACCOMPLISH THIS THROUGH POLICY DEVELOPMENT, ADVOCACY, AND PROGRAM MANAGEMENT FUNCTIONS CONDUCTED ON BEHALF OF DOWNTOWN STAKEHOLDERS/INVESTORS, AND IN COOPERATION WITH PUBLIC AND OTHER PRIVATE-SECTOR PARTNERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

	28a	29a	30a	31a	32
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>					

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVE ANDERSON	2 00	0	0	0
BOARD CHAIR				
DERRICK LAPOINT	40 00	98,692	2,570	0
PRESIDENT/CEP				
LISA BORGEN	2 00	0	0	0
VICE CHAIR/SECRETARY				
JOE WATZKE	2 00	0	0	0
TREASURER				
ANNE BLACKHURST	1 00	0	0	0
DIRECTOR				
BILL CRAFT	1 00	0	0	0
DIRECTOR				
CARRIE BRIMHALL	1 00	0	0	0
DIRECTOR				
SHERI LARSON	1 00	0	0	0
DIRECTOR				
TED HORAN	1 00	0	0	0
DIRECTOR				
MARCIA PULCZINSKI	1 00	0	0	0
DIRECTOR				
MICHAEL BURNS	1 00	0	0	0
DIRECTOR				
BRANDON LUNAK	1 00	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of MANAGEMENT Telephone no (218) 443-1361 Located at 200 5TH STREET S STE 203 MOORHEAD, MN ZIP + 4 56560

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	2019-05-14 Date
DERRICK LAPOINT PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEREMY ULMER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01218756
	Firm's name ▶ FIEBIGER SWANSON WEST & COPLLP			Firm's EIN ▶ 41-6134264	
	Firm's address ▶ 2537 S UNIVERSITY DRIVE FARGO, ND 58103			Phone no (701) 280-2100	

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

Additional Data

Software ID:

Software Version:

EIN: 81-3097290

Name: DOWNTOWN MOORHEAD INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 FORMATION OF THE ORGANIZATION AND DETERMINING THE ORGANIZATION'S ROLE AND PRIORITIES HELPED WITH THE CREATION OF MOORHEAD'S RENAISSANCE ZONE PROGRAM AS AN ECONOMIC TOOL HELPED ESTABLISH A 500 IN 5 HOUSING GOAL THE HOPE IS TO CREATE A NEIGHBORHOOD IN DOWNTOWN MOORHEAD BY ESTABLISHING 500 HOUSING UNITS OVER THE NEXT 5-YEARS WE WILL BE WELL ON OUR WAY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: DOWNTOWN MOORHEAD INC

EIN: 81-3097290

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
DOWNTOWN MOORHEAD INC

Employer identification number

81-3097290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INTERNET AMOUNT 15 DESCRIPTION MEMBERSHIP DUE AMOUNT 302 DESCRIPTION CONFERENCE & TRAVEL AMOUNT 68 DESCRIPTION CELLPHONE AMOUNT 395 DESCRIPTION OFFICE SUPPLIES AMOUNT 18 DESCRIPTION PAYROLL TAXES AMOUNT 3,381 DESCRIPTION INSURANCE AMOUNT 1,459 TOTAL TO FORM 990-EZ, LINE 16 5,638

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION FUND TRANSFER AMOUNT 78,903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 3,691