efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492134031529 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 09-19-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization DOWNTOWN MOORHEAD INC ☐ Address change 81-3097290 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☑ Initial return 200 5TH STREET S STE 203 ☐ Final return/terminated (218) 443-1361 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MOORHEAD, MN 56560 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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 \checkmark 1 18,000 2 2 Program service revenue including government fees and contracts 28,889 3 Membership dues and assessments 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events **6**c 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 . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 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 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 13 Professional fees and other payments to independent contractors 2,244 14 14 Occupancy, rent, utilities, and maintenance . . . 2,200 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 5,638 17 17 Total expenses. Add lines 10 through 16 46,453 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 436 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 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 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

Part ${\mathbb I}$	Balance Sheets (see the instruction Check if the organization used Schedule		uestion in this Part II			
	Shock if the organization about behicually	o to respond to any o	·	Beginning of year		(B) End of year
22 Cash, sa	ivings, and investments			C	22	83,030
	d buildings				23	·
24 Other as	sets (describe in Schedule O)				24	_
25 Total as	ssets			С	25	83,030
26 Total lia	abilities (describe in Schedule O)			С	26	3,691
27 Net ass	ets or fund balances (line 27 of columi			С	27	79,339
Part Ⅲ	Statement of Program Service	-		_	(Bos	Expenses juired for section 501(c)
DOWNTOWN BENEFICIAL THIS THROU BEHALF OF I SECTOR PAR Describe the	organization's program service accompl	ATE, NON-PROFIT ORG EVELOPMENT OF DOWN AND PROGRAM MANAC S, AND IN COOPERATION	ANIZATION DEDICATEI ITOWN MOORHEAD WI GEMENT FUNCTIONS CO ON WITH PUBLIC AND s three largest program	E ACCOMPLISH DNDUCTED ON OTHER PRIVATE-	(3) a	and 501(c)(4) nizations, optional for
	y expenses In a clear and concise manno nd other relevant information for each pr		s provided, the number	or persons		
28	·					
See Addıtıor	nal Data Table					
				_		
(Grants \$)	If this amour	nt includes foreign gran	its, check here	. ▶ 🗆	28a	
29					29a	
				_		
(Grants \$)	If this amour	nt includes foreign gran	its, check here	. ▶ □		
30					30a	
(Grants \$)	If this amour	nt includes foreign gran	its, check here	. ▶ 🗆		
31 Other pr	ogram services (describe in Schedule 0)				+ +	
(Grants \$)			its, check here	. ▶ □	31a	
	ogram service expenses (add lines 28					
Part IV	List of Officers, Directors, Trustees,				e instruct	ions for Part IV)
	Check if the organization used Schedule	e O to respond to any q	juestion 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,	(d) Health ben contributions to e benefit plans, deferred comper	mployee and	(e) Estimated amount of other compensation
DAVE ANDE	DCON.	2.00	enter -0-)			
DAVE ANDE	RSON	2 00	0		0	0
BOARD CHA	IR					
DERRICK LA	POINT	40 00	98,692		2,570	0
PRESIDENT/	CEP					
LISA BORGE	N	2 00	0		0	0
VICE CHAID	/CECDETARY					
JOE WATZKI	/SECRETARY =	2 00	0		0	0
JOE WAIZKI	-	2 00			U	ľ
TREASURER						
ANNE BLACI	KHURST	1 00	0		0	0
DIRECTOR						
BILL CRAFT		1 00	0		0	0
DIRECTOR						
CARRIE BRI	MHALL	1 00	0		0	0
DIRECTOR	ON	1.00				
SHERI LARS	ON	1 00	0		0	0
DIRECTOR						
TED HORAN		1 00	0		0	0
DIRECTOR						
MARCIA PUL	CZINSKI	1 00	0		0	0
]		Í	
DIRECTOR	IDNC	1.00	_			
MICHAEL BU	CKIAN	1 00	0		0	0
DIRECTOR						
BRANDON L	UNAK	1 00	0		0	0
DIRECTOR						
		1	1	1		Form 990-F7 (2018)

Form	990-EZ (2018)			Page 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	е	
	ınstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			
	on Schedule O (see Instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	List the states with which a copy of this return is flied •			
	e organization's books are in care of ► MANAGEMENT Telephone no ►	(218)	443-136	1
	Located at ▶ 200 5TH STREET S STE 203 MOORHEAD , MN ZIP + 4 ▶	56560	١	
	200 STIT STREET S STE 203 MOOKITEAD , MIN	30300	<u> </u>	
			Yes	No No
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42b		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	720		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No_
(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	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
445	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		Yes	<u>No</u>
→ +d	of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44Ь		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		•		

	he organization engage, directly or indire	the in political campaid	n activities on behalf s	f or in apposition to			
	ne organization engage, directly of indire idates for public office? If "Yes," complete			of the opposition to			
art VI	Section 501(c)(3) organization	<u> </u>			46		No
art VI	All section 501(c)(3) organizations	=	ons 47- 49b and 52	, and complete the tabl	es for li	nes 50	and
	51. Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI			[]
	-					Yes	No
	he organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	during the tax year?	47		
	es," complete Schedule C, Part II				47		
	e organization a school as described in se	. , , , , , ,	, ,	edule E	49a		
	he organization make any transfers to an	,	related organization?		49b		
	es," was the related organization a section	-					\
	plete this table for the organization's five each received more than \$100,000 of cor				and key	employ	ees)
(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		imated r compe	
Comp	al number of other employees paid over solete this table for the organization's five bensation from the organization. If there i	highest compensated in s none, enter "None "			han \$100	0,000 of	
Comp	plete this table for the organization's five	highest compensated in s none, enter "None "			han \$100		 ;
Comp	plete this table for the organization's five bensation from the organization If there i	highest compensated in s none, enter "None "					
Comp	plete this table for the organization's five bensation from the organization If there i	highest compensated in s none, enter "None "					
Comp	plete this table for the organization's five lensation from the organization. If there is (a) Name and business address of o	highest compensated in s none, enter "None " each independent contra	actor	(b) Type of service (c			
Comp comp	plete this table for the organization's five bensation from the organization If there i	rs each receiving over s	\$100,000	(b) Type of service (c		ensation	
Comp comp	colete this table for the organization's five pensation from the organization. If there is the color of the organization complete Schedule A? The color of the organization complete Schedule A	rs each receiving over some this return, including mined this return, including the some contract of the second co	\$100,000	(b) Type of service (c	Yed to the	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization complete Schedule A? It is true, correct, and complete owledge	rs each receiving over some this return, including mined this return, including the some contract of the second co	\$100,000	t attach a	Yed to the	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization of the organization. If there is all number of other independent contractor of the organization complete Schedule A? It is of perjury, I declare that I have examined belief, it is true, correct, and complete owledge	rs each receiving over some this return, including mined this return, including the some contract of the second co	\$100,000	(b) Type of service (c	Yed to the	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization complete Schedule A? It is true, correct, and complete owledge	rs each receiving over some this return, including mined this return, including the some contract of the second co	\$100,000	t attach a	Yed to the	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization complete. Schedule A? It is of perjury, I declare that I have example the organization of the organization of the organization of the organization complete. Schedule A? It is of perjury, I declare that I have example the organization of the org	rs each receiving over some this return, including mined this return, including the some contract of the second co	\$100,000	t attach a edules and statements, an is based on all information 2019-05-14 Date Check I if PTIN P0121	Yed to the of which	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization of the organization. If there is all number of other independent contractor of the organization complete Schedule A? It is schedule A? It is schedule A? It is schedule A? It is true, correct, and complete owledge DERRICK LAPOINT PRESIDENT Type or print name and title Print/Type preparer's name JEREMY ULMER CPA	rs each receiving over s NOTE. All section 501(c) mined this return, include Declaration of prepair	\$100,000	st attach a edules and statements, an is based on all information 2019-05-14 Date PTIN	Yed to the of which	s \(\simet\)	
Compcomp d Tota Diccor er pena wledge a any kno n re id epare	al number of other independent contractors of the organization of the organization. If there is all number of other independent contractors of the organization complete Schedule A? It is sched	rs each receiving over s NOTE. All section 501(commined this return, include Declaration of prepair	\$100,000	(b) Type of service (constitution of the constitution of the const	Yed to the of which	s \(\simet\)	
Comp comp	al number of other independent contractor of the organization of the organization. If there is all number of other independent contractor of the organization complete Schedule A? mpleted Schedule A	rs each receiving over s NOTE. All section 501(commined this return, include Declaration of prepair	\$100,000	(b) Type of service (constitution of the constitution of the const	Yed to the of which	s \(\simet\)	

Form 990-EZ (2018)

Page **4**

Additional Data

Software ID: Software Version:

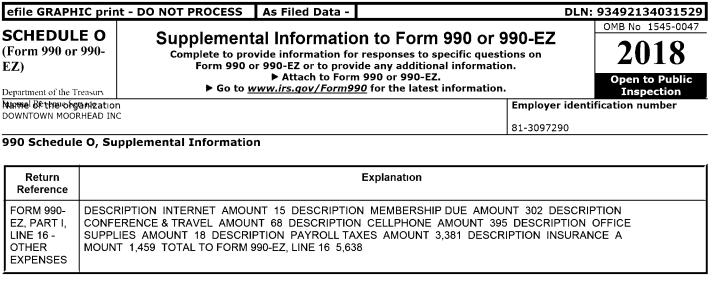
EIN: 81-3097290

Name: DOWNTOWN MOORHEAD INC

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

Describe the organization's progran services, as measured by expenses. number of persons benefited, and o	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
WITH THE CREATION OF MOORHEAD'S ESTABLISH A 500 IN 5 HOUSING GOAL BY ESTABLISHING 500 HOUSING UNITS	ND DETERMINING THE ORGANIZATION'S ROLE AND PRIORITIES HELPED RENAISSANCE ZONE PROGRAM AS AN ECONOMIC TOOL HELPED THE HOPE IS TO CREATE A NEIGHBORHOOD IN DOWNTOWN MOORHEAD OVER THE NEXT 5-YEARS WE WILL BE WELL ON OUR WAY If this amount includes foreign grants, check here	28a	0

DLN: 93492134031529 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.



Return Reference Explanation

FORM 990- DESCRIPTION FUND TRANSFER AMOUNT 78.903

990 Schedule O, Supplemental Information

EZ, PART I,
LINE 20 OTHER
CHANGES
IN NET
ASSETS

Return Explanation
Reference
FORM 990- DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 3,691

990 Schedule O, Supplemental Information

EZ, PART II, LINE 26 -OTHER LIABILITIES