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Short Form  
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

2011

Open to Public  
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A For the 2011 calendar year, or tax year beginning		January	, 2011, and ending	December	, 2011	
B Check if applicable		C Name of organization		D Employer identification number		
<input type="checkbox"/> Address change		DOWNTOWN EAU CLAIRE INC.		03-0376253		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number		
<input type="checkbox"/> Initial return		203 S FARWELL ST		715-839-6047		
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►		
<input type="checkbox"/> Amended return		EAU CLAIRE WI 54701				
<input type="checkbox"/> Application pending						
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
I Website: ► <a href="http://www.downtown-eauclaire.com">www.downtown-eauclaire.com</a>						
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.						
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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 128,399		
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. <input checked="" type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	30,378	
	2 Program service revenue including government fees and contracts			2	66,650	
	3 Membership dues and assessments			3	11,350	
	4 Investment income			4	75	
	5a Gross amount from sale of assets other than inventory	5a			5c	
	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)					
	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)						
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)						
8 Other revenue (describe in Schedule O)						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		►				
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	5,250	
	11 Benefits paid to or for members			11		
	12 Salaries, other compensation, and employee benefits			12		
	13 Professional fees and other payments to independent contractors			13	63,097	
	14 Occupancy, rent, utilities, and maintenance			14	4,383	
	15 Printing, publications, postage, and shipping			15	16,191	
	16 Other expenses (describe in Schedule O)			16	677	
	17 Total expenses. Add lines 10 through 16		►		17	89,598
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	38,801	
	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	93,477	
	20 Other changes in net assets or fund balances (explain in Schedule O)			20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		►		21	132,278
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**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 . . . . .	93,477	22	132,278
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
25 Total assets . . . . .	93,477	25	132,278
26 Total liabilities (describe in Schedule O) . . . . .		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	93,477	27	132,278

**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 . . . What is the organization's primary exempt purpose? **Redevelopment of Downtown Area**

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 and section 4947(a)(1) trusts; optional for others )

28 Coordinated festivals/programs to promote DECI and the downtown area. These include: Our City, The Urban Living Tour, Summerfest, Int'l Fall Festival, Downtown Trick or Treating, and Christmas in the City. DECI also assisted with the Green Event and the Holiday Season Opener. Attendance exceeded 50,000 total. (Grants \$ 5,250 ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	28a	81,041
29 United downtown business owners, stakeholders, and the general public by holding meetings, discussion forums, and events that encourage public input and individual opinions on various subjects relating to downtown revitalization. Approximately 500 active participants. (Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	29a	8,557
30 Fostered various redevelopment projects by working with the Redevelopment Authority and private developers to reach agreements and move forward with new projects. No cash outlay  (Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ►	32	89,598

**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 address	(b) Title and 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
Lorraine Dixon - 2803 E Hamilton Ave Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Jennifer Dooley - 3628 Alf Ave Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Marty Fisher-Blakeley-115 W Grand Ave Eau Claire, WI 54703	Board Member 3Hrs/Mo	0	0	0
Brad Groseth-PO Box 1510 Eau Claire, WI 54702	Board Member 3Hrs/Mo	0	0	0
Paula Kimbllin-PO Box 8 Eau Claire, WI 54702	Board Member 3Hrs/Mo	0	0	0
Kerry Kincaid-4441 S Lowes Creek Rd Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Robert Krause-6 S Barstow St Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Jason Manz-1608 Spooner Ave Altoona, WI 54720	Board Member 3Hrs/Mo	0	0	0
Jeff Mares-112 E Grand Ave Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Nick Meyer-17 S Barstow St Eau Claire, WI 54701	Board Member 3Hrs/Mo	0	0	0
Geoff Moeding-PO Box 865 Eau Claire, WI 54702	Board Member 3Hrs/Mo	0	0	0
Dale Peters - 203 S Farwell St Eau Claire, WI 54702	Board Member 3Hrs/Mo	0	0	0

**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

	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	✓
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	✓
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	✓
b 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	
c 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	
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year? . . . . .	38a	✓
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? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9 . . . . .	40a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	40c	
section 4911 ► NA ; section 4912 ► NA ; section 4955 ► NA	40d	
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 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 . . . . .	40e	✓
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 . . . . . ►		
d Section 501(c)(3) and 501(c)(4) 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 transaction? If "Yes," complete Form 8886-T. . . . .		
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► Telephone no. ►		
Located at ► ZIP + 4 ►		
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: ►	42b	✓
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 the U.S.? . . . . .	42c	✓
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"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	✓
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 . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
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	✓

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 . . . . . Yes  No  46 ✓

**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 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."		

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

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

<b>Sign Here</b>		5-11-12
	Signature of officer	Date
	Mike Schatz, Executive Director	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

## 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.

OMB No 1545-0047

2011

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Inspection

Name of the organization

PART I LINE 8 - ADVERTISING REVENUE \$8,771 + MISC REVENUE 11,175 = \$19,946

Employer identification number

PART I LINE 10 - Jump Start Grant \$3,750 + Donation to Eau Claire Community Foundation for Sculpture Tour \$1,500 = \$5,250

PART I LINE 16 - Bank Charges \$36 + Supplies \$510 + Misc Costs \$131 = \$677

PARK III LINE 31 - Submitted and coordinated information and photographs for promotional videos for the City of Eau Claire and DECI

websites, the League of Cities conference and a segment that was featured on TV show "Today in America," hosted by Terry Bradshaw.

No cash outlay.

### PART IV LIST OF OFFICERS AND DIRECTORS (CONTINUED FROM 990 EZ FORM)

Mike Rindo - UWEC/Schofield/2004B, Eau Claire, WI 54701	Board Member 3Hrs/ Month	0	0	0
Caroline Roback - 129 N. Barstow St, Eau Claire, WI 54701	Board Member 3Hrs/ Month	0	0	0
Linda Soltis-Schroeder - 216 William Street, Eau Claire, WI 54703	Board Member 3Hrs/ Month	0	0	0
Ken Van Es - 700 Graham Ave, Eau Claire, WI 54701	Board Member 3Hrs/ Month	0	0	0
Mark Willer - 200 Riverfront Terrace, Eau Claire, WI 54703	Board Member 3Hrs/ Month	0	0	0
Cindy Wing-Reed - 313 S Barstow St, Eau Claire WI 54703	Board Member 3Hrs/ Month	0	0	0
Jennifer Pruden - 327 W Spruce St, Chippewa Falls, WI 54729	Board Member 3Hrs/ Month	0	0	0
Shawn Rauckman - 402 Graham Ave, PO Box 187, Eau Claire, WI 54702	Board Member 3Hrs/ Month	0	0	0
Ben Richgruber - 316 Eau Claire St, Eau Claire, WI 54701	Board Member 3Hrs/ Month	0	0	0