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Form **990**Department of the Treasury
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2006Open to Public
Inspection**A For the 2006 calendar year, or tax year beginning****and ending****B** Check if
applicable

- ☐ Address
change
- ☒ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☒ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C Name of organization****GRIGGS-STEELE EMPOWERMENT ZONE, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

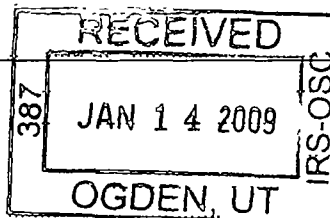
P.O. BOX 335

Room/suite

City or town, state or country, and ZIP + 4

FINLEY, ND 58230**D Employer identification number****45-0453134****E Telephone number****701-524-2240****F Accounting method** ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** ▶ **N/A****M Check** ☒ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **WWW.GRIGGS-STEELEEZ.ORG****J Organization type** (check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally **not** more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶**2,406,552.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	2,340,179.		
	e	Total (add lines 1a through 1d) (cash \$ 2,340,179. noncash \$)	1e	2,340,179.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	144,242.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	42,811.		
	5	Dividends and interest from securities	5			
Revenue	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe ▶)	7			
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming , check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
Revenue	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)	11	<120,680.>		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	2,406,552.		
	Expenses	13	Program services (from line 44, column (B))	13	1,239,616.	
		14	Management and general (from line 44, column (C))	14	249,062.	
		15	Fundraising (from line 44, column (D))	15		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 13 and 14, column (A)	17	1,488,678.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	917,874.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,102,149.		
	20	Other changes in net assets or fund balances (attach explanation)	20	34,285.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	6,054,308.		



SEE STATEMENT 1

832001
01-18-07

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

Form 990 (2006)

NE
13

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>307,638</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	25a 100,762.	0.	100,762.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B STMT 4	25b 2,280.	0.	2,280.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 128,892.	84,888.	44,004.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 27,432.	1,742.	25,690.	
29 Payroll taxes	29 17,974.	6,725.	11,249.	
30 Professional fundraising fees	30			
31 Accounting fees	31 6,363.	263.	6,100.	
32 Legal fees	32 9,836.	7,907.	1,929.	
33 Supplies	33 6,320.		6,320.	
34 Telephone	34 6,203.	1,422.	4,781.	
35 Postage and shipping	35 1,950.		1,950.	
36 Occupancy	36 15,970.	5,770.	10,200.	
37 Equipment rental and maintenance	37 3,361.		3,361.	
38 Printing and publications	38 93,172.	93,172.		
39 Travel	39 68,965.	57,385.	11,580.	
40 Conferences, conventions, and meetings	40 5,877.		5,877.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 12,007.	12,007.		
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g 673,676.	660,697.	12,979.	
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,488,678.	1,239,616.	249,062.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►

ECONOMIC DEVELOPMENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a ECONOMIC DEVELOPMENT IN GRIGGS AND STEELE COUNTIES IN NORTH DAKOTA

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ 1,239,616.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 1,239,616.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,049,842.	46 1,552,525.
	47 a Accounts receivable	47a 188,806.	
	b Less: allowance for doubtful accounts	47b	47c 188,806.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a 3,535,822.	
	b Less: allowance for doubtful accounts	51b 433,410.	51c 3,102,412.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	4,354.	53 3,684.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 6	885,250.	56 1,171,355.
57 a Land, buildings, and equipment: basis	57a 179,525.		
b Less: accumulated depreciation	57b 71,765.	57c 107,760.	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> INTEREST RECEIVABLE)		33,715.	58 51,736.
59 Total assets (must equal line 74). Add lines 45 through 58		5,149,298.	59 6,178,278.
Liabilities	60 Accounts payable and accrued expenses	47,149.	60 123,970.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
	66 Total liabilities. Add lines 60 through 65	47,149.	66 123,970.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	5,102,149.	67 6,054,308.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	5,102,149.	73 6,054,308.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,149,298.	74 6,178,278.

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	13		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	SEE STATEMENT 9	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"		75c	X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?		75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RICK THOMPSON RR 1 BOX 44 SHARON, ND 58277	0.	960.	0.	0.
TOM STRAND 226 MAIN STREET SHARON, ND 58277	0.	440.	0.	0.
KEN KROEPLIN HC1 BOX 39 HOPE, ND 58046	0.	120.	0.	0.
JOANN HAGLE 1106 HOWARD AVENUE COOPERSTOWN, ND 58425	0.	200.	0.	0.
JOY UST PO BOX 293 FINLEY, ND 58230	0.	560.	0.	0.

Part VI Other Information (See the instructions.) Yes No

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90b	NONE		
b	Number of employees employed in the pay period that includes March 12, 2006		4
91 a	The books are in care of		
91b	MANAGEMENT Telephone no. 701-524-2240		
	Located at P.O. BOX FINLEY, ND ZIP + 4 58230		
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		X
91b	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

☐ Yes ☒ NoIf "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

☐

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a INTEREST ON LOANS					135,611.
b LOAN FEE INCOME					8,631.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	42,811.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEE STATEMENT 10		<120,680.>			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<120,680.>		42,811.	144,242.
105 Total (add line 104, columns (B), (D), and (E))					66,373.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 THE ORGANIZATION OFFERS LOW INTEREST RATE LOANS TO BUSINESSES IN THE GRIGGS/STEELE COUNTIES IN AN ATTEMPT TO STIMULATE ECONOMIC GROWTH IN THE AREA. THE ORGANIZATION ALSO CHARGES A FEE FOR THESE LOANS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Please
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.

Elizabeth Th. Berge
Signature of officer

1/5/2010
Date

ELIZABETH BERGE, COO
Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature

Firm's name (or
yours if
self-employed),
address, and
ZIP + 4

Jeffrey A. Hansen

Date

12/30/08

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

EIN

Phone no. 701-280-2100

FIEBIGER, SWANSON, WEST & CO, PLLP
2537 S UNIVERSITY DR, STE 200
FARGO, ND 58103

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Name of the organization

GRIGGS-STEELE EMPOWERMENT ZONE, INC.

Employer identification number

45 0453134

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
BRENDA DISSETTE 107 7TH ST E, FINLEY, ND 58230	MARKETING DIR 40.00	55,060.		
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a **X**

b Lending of money or other extension of credit?

2b **X**

c Furnishing of goods, services, or facilities?

2c **X**

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990**

2d **X**

e Transfer of any part of its income or assets?

2e **X**

- 3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a **X**

b Did the organization have a section 403(b) annuity plan for its employees?

3b **X**

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c **X**

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d **X**

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a **X**

b Did the organization make any taxable distributions under section 4966?

N/A

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c

d Enter the total number of donor advised funds owned at the end of the tax year

► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► N/A

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 0.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,023,034.	1,852,131.	2,615,064.	1,681,031.	8,171,260.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	128,194.	250,672.	113,301.	69,678.	561,845.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24,052.	7,906.	6,477.	5,285.	43,720.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,175,280.	2,110,709.	2,734,842.	1,755,994.	8,776,825.
24 Line 23 minus line 17	2,047,086.	1,860,037.	2,621,541.	1,686,316.	8,214,980.
25 Enter 1% of line 23	21,753.	21,107.	27,348.	17,560.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	164,300.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	8,214,980.
d Add: Amounts from column (e) for lines: 18 43,720. 19 22 26b	26d	43,720.
e Public support (line 26c minus line 26d total)	26e	8,171,260.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.4678%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2005)	(2004)	(2003)	(2002)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2005)	(2004)	(2003)	(2002)
c Add: Amounts from column (e) for lines: 15 16 17 20 21	27c	N/A		
d Add: Line 27a total and line 27b total	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A	%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A	%	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A												
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Schedule K-1
(Form 1065)

2006

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Department of the Treasury
Internal Revenue Service

For calendar year 2006, or tax

year beginning

ending

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See separate instructions.

Part I Information About the PartnershipA Partnership's employer identification number
83-0353889

B Partnership's name, address, city, state, and ZIP code

LA RINASCENTE PASTA, LLC
P.O. BOX 190
HOPE, ND 58046-0190C IRS Center where partnership filed return
OGDEN, UTD ☐ Check if this is a publicly traded partnership (PTP)E ☐ Tax shelter registration number, if anyF ☐ Check if Form 8271 is attached**Part II Information About the Partner**G Partner's identifying number
45-0453134

H Partner's name, address, city, state, and ZIP code

GRIGGS STEELE EMPOWERMENT ZONE
PO BOX 335
FINLEY, ND 58230I ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberJ ☒ Domestic partner☐ Foreign partnerK What type of entity is this partner? **EXEMPT ORGANIZATION**

L Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.0000000%	35.7142854%
Loss	0.0000000%	35.7142854%
Capital	0.0000000%	35.7142854%

M Partner's share of liabilities at year end:

Nonrecourse	\$ 676,861.
Qualified nonrecourse financing	\$
Recourse	\$ 0.

N Partner's capital account analysis:

Beginning capital account	\$ 0.
Capital contributed during the year	\$ 500,000.
Current year increase (decrease)	\$ <84,560.
Withdrawals & distributions	\$
Ending capital account	\$ 415,440.

☐ Tax basis☒ GAAP☐ Section 704(b) book☐ Other (explain)**Part III Partner's Share of Current Year Income,
Deductions, Credits, and Other Items**1 Ordinary business income (loss) **<121,136.>** K 15 Credits **11,552.**

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

599.

6a Ordinary dividends

6b Qualified dividends

17 Alternative min tax (AMT) items
A **18,908.**

7 Royalties

8 Net short-term capital gain (loss)

9a Net long-term capital gain (loss)

18 Tax-exempt income and
nondeductible expenses
C* **STMT**

9b Collectibles (28%) gain (loss)

9c Unrecaptured sec 1250 gain

10 Net section 1231 gain (loss)

19 Distributions

20 Other information
A **599.**

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

A **143.**

14 Self-employment earnings (loss)

* See attached statement for additional information.

For IRS Use Only

4150.07

4150.07

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
LOSS FROM UNCONSOLIDATED SUBSIDIARIES		<1,835.>	
BOOK/TAX DIFFERENCES FROM LA RINASCENTE PASTA		36,120.	
TOTAL TO FORM 990, PART I, LINE 20		34,285.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	14,685.	12,130.	2,555.		
DUES AND					
SUBSCRIPTIONS	4,392.	3,607.	785.		
CONSULTING FEES	16,775.	16,775.			
BAD DEBTS	199,248.	199,248.			
CONTRACT LABOR	3,672.	2,760.	912.		
INSURANCE	2,351.		2,351.		
REGULATION PLANNING	50,585.	50,585.			
BUYDOWN EXPENSE	11,216.	11,216.			
LOAN FEE EXPENSE	3,329.	3,329.			
MISCELLANEOUS	14,013.	7,637.	6,376.		
OUTREACH SERVICES	733.	733.			
BUSINESS COACHING	15,769.	15,769.			
INVESTMENT SCOUTING	20,000.	20,000.			
LOAN SERVICING	9,408.	9,408.			
WRITE OFFS	307,500.	307,500.			
TOTAL TO FM 990, LN 43	673,676.	660,697.	12,979.		

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROGER MONSON	860.			860.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	860.			860.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONNA HANKINS	480.			480.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	480.			480.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEITH MONSON	940.			940.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	940.			940.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
WARREN ENYART	93,862.			93,862.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	93,862.			93,862.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CONNIE SWENSON	600.			600.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	600.			600.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
REV. RAY BRANSTITER	720.			720.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	720.			720.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEN GILBERTSON	400.			400.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	400.			400.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RON BERGE	480.			480.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	480.			480.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALAN JULIUSON	760.			760.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	760.			760.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DENNIS ERDMAN	520.			520.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	520.			520.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GREG STOMP	360.			360.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	360.			360.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DIANE JACOBSON	280.			280.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	280.			280.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
VICKI SAUDE	120.			120.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	120.			120.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BECKY SCHOEPFLIN	360.			360.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	360.			360.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRIAN TUIITE	20.			20.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	20.			20.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL 100,762.

TOTAL FUNDRAISING

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A 100,762.

FORM 990	FORMER OFFICER COMPENSATION ALLOCATION	STATEMENT	4
	PART II, LINE 25B		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICK THOMPSON	960.			960.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	960.			960.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TOM STRAND	440.			440.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	440.			440.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEN KROEPLIN	120.			120.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	120.			120.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOANN HAGLE	200.			200.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	200.			200.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOY UST	560.			560.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	560.			560.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL 2,280.

TOTAL FUNDRAISING

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25B 2,280.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
ECONOMIC DEVELOPMENT AURORA GROUP	11,371.
ECONOMIC DEVELOPMENT BINFORD EDC	21,426.
ECONOMIC DEVELOPMENT CCDA (COOPERSTOWN COMMUNITY DEVELOPMENT AUTHORITY)	30,669.
ECONOMIC DEVELOPMENT CCAA (COOPERSTOWN COMMUNITY ACTIVITIES AUTHORITY)	26,741.
ECONOMIC DEVELOPMENT CITY OF SHARON	5,000.
ECONOMIC DEVELOPMENT COOPER COUNTRY CLUB	1,456.
ECONOMIC DEVELOPMENT COOPERSTOWN FIRE DEPARTMENT	23,000.
ECONOMIC DEVELOPMENT FINLEY FIRE PROTECTION DISTRICT	12,370.
ECONOMIC DEVELOPMENT HANNAFORD PARK DISTRICT	3,275.

GRIGGS-STEELE EMPOWERMENT ZONE, INC.	45-0453134
ECONOMIC DEVELOPMENT HOPE AMERICAN LEGION	8,750.
ECONOMIC DEVELOPMENT HOPE PARK DISTRICT	570.
ECONOMIC DEVELOPMENT SONS OF HOPE AMERICAN LEGION	25,629.
ECONOMIC DEVELOPMENT CITY OF HANNAFORD	6,065.
ECONOMIC DEVELOPMENT GRIGGS COUNTY PUBLIC LIBRARY	404.
ECONOMIC DEVELOPMENT HOPE DEVELOPMENT CORPORATION	7,710.
ECONOMIC DEVELOPMENT CITY OF COOPERSTOWN	5,070.
ECONOMIC DEVELOPMENT FINLEY DAYS COMMITTEE	3,000.
ECONOMIC DEVELOPMENT HANNAFORD CENTENNIAL COMMITTEE	2,692.
ECONOMIC DEVELOPMENT HANNAFORD EDC	13,054.

ECONOMIC DEVELOPMENT
CITY OF BINFORD

7,354.

ECONOMIC DEVELOPMENT
CITY OF FINLEY

22,020.

ECONOMIC DEVELOPMENT
CITY OF HOPE

8,870.

ECONOMIC DEVELOPMENT
FINLEY EDC

4,544.

ECONOMIC DEVELOPMENT
HOPE EDC

4,715.

ECONOMIC DEVELOPMENT
PRAIRIE BILT INDUSTRIES, INC.

525.

ECONOMIC DEVELOPMENT
TOP TASTE, INC.

400.

ECONOMIC DEVELOPMENT
BINNFORD COMMERCIAL CLUB

809.

ECONOMIC DEVELOPMENT
COOPERSTOWN MEDICAL CENTER

7,427.

ECONOMIC DEVELOPMENT
COOPERSTOWN MUNICIPAL AIRPORT

170.

ECONOMIC DEVELOPMENT
COOPERSTOWN VET CLINIC

229.

ECONOMIC DEVELOPMENT
MICADA

1,485.

ECONOMIC DEVELOPMENT
SHEYENNE TOOLING

2,159.

ECONOMIC DEVELOPMENT
TOWN AND COUNTRY COOP

173.

ECONOMIC DEVELOPMENT
V-W MOTORS, INC.

5,864.

ECONOMIC DEVELOPMENT
OTHER

13,000.

ECONOMIC DEVELOPMENT
GRIGGS COUNTY TELEPHONE COMPANY

10,291.

ECONOMIC DEVELOPMENT
INTER COMMUNITY TELEPHONE

110.

ECONOMIC DEVELOPMENT
INVISIMAX INC.

8,600.

ECONOMIC DEVELOPMENT
MIDCONTINENT COMMUNICATIONS

441.

ECONOMIC DEVELOPMENT
POLAR COMMUNICATIONS

200.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

307,638.

FORM 990	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	VALUATION METHOD	AMOUNT
CENTER OF NORTH AMERICA CAPITAL FUND	COST	20,000.
LA RINASCENTE PASTA, LLC	COST	565,440.
TSR PARTS	COST	250,000.
INVISIMAX	COST	150,000.
SUMMERS HARVEST	COST	0.
METRO-TRAK, LLC	COST	0.
INTERNATIONAL TOOL	COST	7,750.
M-POWER ONE, LLC	COST	153,165.
BINFORD EAGLE FISHERIES	COST	25,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,171,355.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
LOAN FEE INCOME	8,631.
INVESTMENT INCOME	42,811.
LA RINASCENTE PASTA, LLC ORDINARY LOSS, INTEREST & CONTRIBUTIONS	<120,680.>
TOTAL TO FORM 990, PART IV-A	<69,238.>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 8
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROGER MONSON 306 ELBOW DRIVE FINLEY, ND 58230	TREASURER 1.00	860.	0.	0.
DONNA HANKINS P.O. BOX 27 HANNAFORD, ND 58448	PRESIDENT 1.00	480.	0.	0.
KEITH MONSON 1505 ROLLIN AVENUE SE COOPERSTOWN, ND 58425	DIRECTOR 1.00	940.	0.	0.
WARREN ENYART P.O. BOX 335 FINLEY, ND 58230	CEO 40.00	93,862.	0.	0.
CONNIE SWENSON 101 PARK AVE NW COOPERSTOWN, ND 58425	DIRECTOR 1.00	600.	0.	0.
REV. RAY BRANSTITER PO BOX 673 COOPERSTOWN, ND 58425	SECRETARY 1.00	720.	0.	0.
KEN GILBERTSON 710 WHINERY STREET BINFORD, ND 58416	DIRECTOR 1.00	400.	0.	0.
RON BERGE 11811 3RD ST SE COOPERSTOWN, ND 58425	DIRECTOR 1.00	480.	0.	0.
ALAN JULIUSON RR1 BOX 109A HOPE, ND 58046	VICE PRESIDENT 1.00	760.	0.	0.
DENNIS ERDMAN PO BOX 122 HOPE, ND 58046	DIRECTOR 1.00	520.	0.	0.
GREG STOMP 210 COUNTY RD 19 N COOPERSTOWN, ND 58425	DIRECTOR 1.00	360.	0.	0.

GRIGGS-STEELE EMPOWERMENT ZONE, INC.

45-0453134

DIANE JACOBSON	DIRECTOR			
RR1 BOX 26	1.00	280.	0.	0.
HOPE, ND 58046				
VICKI SAUDE	DIRECTOR			
PO BOX 122	1.00	120.	0.	0.
SHARON, ND 58277				
BECKY SCHOEPLIN	DIRECTOR			
RR1 BOX 59	1.00	360.	0.	0.
SHARON, ND 58277				
BRIAN TUIITE	DIRECTOR			
403 LINCOLN AVE	1.00	20.	0.	0.
FINLEY, ND 58230				
TOTALS INCLUDED ON FORM 990, PART V-A		100,762.	0.	0.

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	9
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<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
BETH BERGE	EMPLOYEE CFO

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
RON BERGE	DIRECTOR

EXPLANATION OF RELATIONSHIP
MARRIED

FORM 990	OTHER REVENUE	STATEMENT	10
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<u>DESCRIPTION</u>	<u>BUS CODE</u>	<u>UNRELATED BUSINESS INC</u>	<u>EXCL CODE</u>	<u>EXCLUDED AMOUNT</u>	<u>RELATED OR EXEMPT FUNC- TION INCOME</u>
LA RINASCENTE PASTA, LLC - ORD		<121,136.>			
LA RINASCENTE PASTA, LLC - INTEREST		599.			
LA RINASCENTE PASTA, LLC - CONTRIBUTION		<143.>			
TO FORM 990, PART VII, LINE 103		<120,680.>			

Schedule K - Reconciliation of Current Year Increases (Decreases)

Name LA RINASCENTE PASTA, LLC Federal ID Number 83-0353889Partner Name GRIGGS STEELE EMPOWERMENT ZONE

	Amount	Total
ORDINARY INCOME (LOSS)	<121,136.>	
INTEREST INCOME	599.	
CHARITABLE CONTRIBUTIONS	<143.>	
DEPRECIATION ON RETURN AND NOT ON BOOKS	45,989.	
NONDEDUCTIBLE EXPENSES	<12,816.>	
SECTION 263A ADJUSTMENT	451.	
AMORTIZATION	2,496.	
Total to item N, current year increases (decreases)		<84,560.>