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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

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

**B** Check if  
applicable

- ☐ Address  
change
- ☒ Name  
change
- ☐ Initial  
return
- ☐ Termina-  
tion
- ☒ 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**

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****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 ▶**1,853,497.****M** Check ☒ if the organization is not required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**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	<b>1,724,972.</b>
	e	Total (add lines 1a through 1d) (cash \$ <b>1,724,972.</b> noncash \$ )		1e	<b>1,724,972.</b>
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	<b>159,279.</b>
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	<b>73,579.</b>
	5	Dividends and interest from securities		5	
	6a	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		
8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses		8a		
c	Gain or loss (attach schedule)		8b	<b>1,454.</b>	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	<b>&lt;1,454.&gt;</b>	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		STMT 1		
a	Gross revenue (not including \$ of contributions reported on line 1b)		9a		
b	Less: direct expenses other than fundraising expenses		9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c		
10a	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	<b>&lt;104,333.&gt;</b>	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	<b>1,852,043.</b>	
Expenses	13	Program services (from line 44, column (B))		13	<b>1,040,836.</b>
	14	Management and general (from line 44, column (C))		14	<b>204,519.</b>
	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	<b>1,245,355.</b>
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	<b>606,688.</b>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	<b>6,054,308.</b>
	20	Other changes in net assets or fund balances (attach explanation)		20	<b>10,054.</b>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	<b>6,671,050.</b>

723001  
12-27-07

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

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SCANNED JAN 29 2010

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**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
<b>22a</b> 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"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>395,785</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>	<u>395,785.</u>	<u>395,785.</u>	<b>STATEMENT 4</b>	
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	<u>99,828.</u>	<u>0.</u>	<u>99,828.</u>	<u>0.</u>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<b>c</b> 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) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	<u>149,919.</u>	<u>113,938.</u>	<u>35,981.</u>	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	<u>30,894.</u>	<u>23,479.</u>	<u>7,415.</u>	
<b>29</b> Payroll taxes <b>29</b>	<u>19,445.</u>	<u>14,778.</u>	<u>4,667.</u>	
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	<u>7,098.</u>	<u>59.</u>	<u>7,039.</u>	
<b>32</b> Legal fees <b>32</b>	<u>15,987.</u>	<u>13,718.</u>	<u>2,269.</u>	
<b>33</b> Supplies <b>33</b>	<u>8,418.</u>		<u>8,418.</u>	
<b>34</b> Telephone <b>34</b>	<u>6,676.</u>	<u>1,487.</u>	<u>5,189.</u>	
<b>35</b> Postage and shipping <b>35</b>	<u>2,138.</u>		<u>2,138.</u>	
<b>36</b> Occupancy <b>36</b>	<u>14,129.</u>	<u>3,929.</u>	<u>10,200.</u>	
<b>37</b> Equipment rental and maintenance <b>37</b>	<u>3,635.</u>		<u>3,635.</u>	
<b>38</b> Printing and publications <b>38</b>	<u>39,282.</u>	<u>39,282.</u>		
<b>39</b> Travel <b>39</b>	<u>43,131.</u>	<u>34,547.</u>	<u>8,584.</u>	
<b>40</b> Conferences, conventions, and meetings <b>40</b>	<u>14,622.</u>	<u>11,469.</u>	<u>3,153.</u>	
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>	<u>9,254.</u>	<u>9,254.</u>		
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> <b>43a</b>				
<b>b</b> <b>43b</b>				
<b>c</b> <b>43c</b>				
<b>d</b> <b>43d</b>				
<b>e</b> <b>43e</b>				
<b>f</b> <b>43f</b>				
<b>g</b> <b>SEE STATEMENT 3</b> <b>43g</b>	<u>385,114.</u>	<u>379,111.</u>	<u>6,003.</u>	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	<u>1,245,355.</u>	<u>1,040,836.</u>	<u>204,519.</u>	<u>0.</u>

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 ☒ NoIf "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 ☐

1,040,836.

**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)

1,040,836.

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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	
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	1,552,525.	46 2,120,297.	
	47 a Accounts receivable	47a 161,849.		
	b Less: allowance for doubtful accounts	47b	47c 161,849.	
	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 3,110,237.		
	b Less: allowance for doubtful accounts	51b 337,593.	51c 2,772,644.	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,684.	53 4,654.	
	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 5	1,171,355.	56 1,497,228.	
57 a Land, buildings, and equipment: basis	57a 1,396,181.			
b Less: accumulated depreciation	57b 79,565.	107,760.	57c 1,316,616.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 6 )		51,736.	58 29,695.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		6,178,278.	59 7,902,983.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	123,970.	60 614,946.	
	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	STMT 7	64b 616,987.	
	65 Other liabilities (describe <input type="checkbox"/> )		65 0.	
66 <b>Total liabilities.</b> Add lines 60 through 65		123,970.	66 1,231,933.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	6,054,308.	67 6,671,050.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		6,054,308.	73 6,671,050.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		6,178,278.	74 7,902,983.

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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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). 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
88b			
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 ▶ 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 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 ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	4
91 a	The books are in care of ▶ BETH BERGE Telephone no. ▶ 701-524-2240		
	Located at ▶ P.O. BOX 335, 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 ▶ N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		



**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

X

If "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 <b>INTEREST ON LOANS</b>					156,779.
b <b>LOAN FEE INCOME</b>					2,500.
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	73,579.	
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			18	<1,454.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>SEE STATEMENT 11</b>		<104,333.>			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<104,333.>		72,125.	159,279.
105 Total (add line 104, columns (B), (D), and (E))					127,071.

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

X No

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

Yes

X 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	----- ----- -----			
<b>Totals</b>				

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

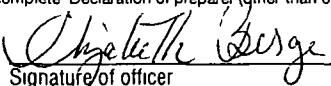
Yes	No
-----	----

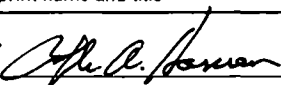
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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
-----	----

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.

Please Sign Here:  Date 1/5/2010  
 Signature of officer  
**ELIZABETH BERGE, COO**  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature  Date 12-10-09 Check if self-employed ☐  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **FIEBIGER, SWANSON, WEST & CO, PLLP**  
**2537 S UNIVERSITY DR, STE 200**  
**FARGO, ND 58103**  
 EIN ☐ Preparer's SSN or PTIN (See Gen. Inst. X)  
 Phone no. **701-280-2100**

Form 990 (2007)

**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

**2007**

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 1 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	61,308.	3,782.	
ELIZABETH BERGE 11811 3RD ST SE, COOPERSTOWN, ND 5842	CFO 40.00	50,050.	3,087.	

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
UNITED BUILDING CENTER 1905 8TH AVE SW, JAMESTOWN, ND 58401	CONSTRUCTION CONTRACTOR	620,730.
ARTEKTA, INC 1513 5TH STREET S, FARGO, ND 58103	ARCHITECTURE SERVICES	101,768.

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?

4b X

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

4c

N/A

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) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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	
<b>Total</b> ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,340,179.	2,023,034.	1,852,131.	2,615,064.	8,830,408.
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	144,242.	128,194.	250,672.	113,301.	636,409.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	42,811.	24,052.	7,906.	6,477.	81,246.
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	2,527,232.	2,175,280.	2,110,709.	2,734,842.	9,548,063.
24 Line 23 minus line 17	2,382,990.	2,047,086.	1,860,037.	2,621,541.	8,911,654.
25 Enter 1% of line 23	25,272.	21,753.	21,107.	27,348.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 178,233.
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 2003 through 2006 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 8,911,654.
d Add: Amounts from column (e) for lines: 18 81,246. 19					26d 81,246.
22 26b					26e 8,830,408.
e Public support (line 26c minus line 26d total)					26f 99.0883%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
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 2003 through 2006, 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
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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.)	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> 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.)	<b>32d</b>	
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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 -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.)

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

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



<b>Part VII.</b>	<b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable</b>
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**Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

**b Other transactions:**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

Schedule K-1  
(Form 1065)**2007**☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2007, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See separate instructions

**Part I Information About the Partnership**A 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 58046-0190**C IRS Center where partnership filed return  
**OGDEN, UT**D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's identifying number

**45-0453134**

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

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

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

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

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

L Partner's capital account analysis:

Beginning capital account	\$	415,440.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-88,366.
Withdrawals & distributions	\$	
Ending capital account	\$	327,074.

☐ 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) **-103,628.** 15 Credits **8,824.**

2 Net rental real estate income (loss)

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

**59.**

6a Ordinary dividends

6b Qualified dividends

17 Alternative min tax (AMT) items

**6,280.**

7 Royalties

8 Net short-term capital gain (loss)

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

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

19 Distributions

9c Unrecaptured sec 1250 gain

10 Net section 1231 gain (loss)

20 Other information

**A 59.**

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

**A 764.**

14 Self-employment earnings (loss)

\*See attached statement for additional information.

For IRS Use Only

4150 07

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
OPTRA LASER			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,908.	0.	1,454.	<1,454.>
TO FM 990, PART I, LN 8		2,908.	0.	1,454.	<1,454.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
LOSS FROM UNCONSOLIDATED SUBSIDIARIES	<5,913.>
LA RINASCENTE BOOK/TAX DIFFERENCES	15,967.
TOTAL TO FORM 990, PART I, LINE 20	10,054.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	11,492.	8,708.	2,784.	
DUES AND SUBSCRIPTIONS	4,070.	3,481.	589.	
CONSULTING FEES	20,103.	20,103.		
BAD DEBTS	188,170.	188,170.		
CONTRACT LABOR	6,528.	6,468.	60.	
INSURANCE	2,971.	401.	2,570.	
LOAN FEE EXPENSE	5,930.	5,930.		
MISCELLANEOUS	9,198.	9,198.		
BUSINESS COACHING	14,516.	14,516.		
INVESTMENT SCOUTING	48,000.	48,000.		
LOAN SERVICING	1,820.	1,820.		
WRITE OFFS	20,250.	20,250.		
FEASIBILITY PROGRAM EXPENSES	46,740.	46,740.		
INTEREST EXPENSE	5,326.	5,326.		
TOTAL TO FM 990, LN 43	385,114.	379,111.	6,003.	

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FORM-990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
ECONOMIC DEVELOPMENT BINFORD EDC	54,540.
ECONOMIC DEVELOPMENT CCDA (COOPERSTOWN COMMUNITY DEVELOPMENT AUTHORITY)	34,162.
ECONOMIC DEVELOPMENT CCAA (COOPERSTOWN COMMUNITY ACTIVITIES AUTHORITY)	5,000.
ECONOMIC DEVELOPMENT CITY OF BINFORD	3,630.
ECONOMIC DEVELOPMENT CITY OF FINLEY	26,565.
ECONOMIC DEVELOPMENT CITY OF HANNAFORD	2,395.
ECONOMIC DEVELOPMENT CITY OF HOPE	2,607.
ECONOMIC DEVELOPMENT COOPER THEATRE	24,500.
ECONOMIC DEVELOPMENT COOPERSTOWN COUNTRY CLUB	35.

ECONOMIC DEVELOPMENT  
COOPERSTOWN GRIGGS EDC

9,000.

ECONOMIC DEVELOPMENT  
COOPERSTOWN MEDICAL CENTER

864.

ECONOMIC DEVELOPMENT  
COOPERSTOWN MUNICIPAL AIRPORT AUTHORITY

153.

ECONOMIC DEVELOPMENT  
COOPERSTOWN VET CLINIC

706.

ECONOMIC DEVELOPMENT  
COUNTRY HARVEST 4-H CLUB

5,000.

ECONOMIC DEVELOPMENT  
FINLEY DAYS COMMITTEE

3,000.

ECONOMIC DEVELOPMENT  
FINLEY EDC

27,061.

ECONOMIC DEVELOPMENT  
FINLEY HOUSING CORPORATION

5,130.

ECONOMIC DEVELOPMENT  
GRIGGS COUNTY TELEPHONE COMPANY

19,247.

ECONOMIC DEVELOPMENT  
GRIGGS STEELE COMMUNITY LEARNING WELLNESS & ACTIVITY CENTER

28,714.

GRIGGS-STEELE EMPOWERMENT ZONE, INC.	45-0453134
ECONOMIC DEVELOPMENT GRIGGS COUNTY COURTHOUSE	8,000.
ECONOMIC DEVELOPMENT GRIGGS COUNTY MUSEUM	1,925.
ECONOMIC DEVELOPMENT HANNAFORD COMMUNITY CENTER	200.
ECONOMIC DEVELOPMENT HANNAFORD EDC	15,462.
ECONOMIC DEVELOPMENT HANNAFORD HOUSING CORPORATION	2,700.
ECONOMIC DEVELOPMENT HOPE DEVELOPMENT CORPORATION	3,418.
ECONOMIC DEVELOPMENT HOPE FIRE DEPARTMENT	10,500.
ECONOMIC DEVELOPMENT HOPE'S 125TH CELEBRATION	2,468.
ECONOMIC DEVELOPMENT INVISIMAX INC.	2,456.
ECONOMIC DEVELOPMENT LIVERNE DEVELOPMENT CORPORATION	2,356.

GRIGGS-STEELE EMPOWERMENT ZONE, INC.	45-0453134
ECONOMIC DEVELOPMENT NDSU	2,500.
ECONOMIC DEVELOPMENT OTHERS	14,500.
ECONOMIC DEVELOPMENT PRAIRIE BILT INDUSTRIES, INC.	355.
ECONOMIC DEVELOPMENT RIGHT-A WAY APPLICATORS, INC.	552.
ECONOMIC DEVELOPMENT RURAL LEADERSHIP NORTH DAKOTA	1,375.
ECONOMIC DEVELOPMENT SHEYENNE TOOLING	330.
ECONOMIC DEVELOPMENT STEEL COUNTY SHERIFF'S DEPARTMENT	2,500.
ECONOMIC DEVELOPMENT STEEL COUNTY SOIL CONSERVATION DISTRICT	1,500.
ECONOMIC DEVELOPMENT TOP TASTE INC.	150.
ECONOMIC DEVELOPMENT CITY OF COOPERSTOWN	7,567.

ECONOMIC DEVELOPMENT  
V-W MOTORS, INC.

2,662.

ECONOMIC DEVELOPMENT  
CITY OF FINLEY

20,000.

ECONOMIC DEVELOPMENT  
CITY OF COOPERSTOWN

20,000.

ECONOMIC DEVELOPMENT  
CITY OF HOPE

20,000.

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

395,785.

FORM 990

OTHER INVESTMENTS

STATEMENT

5

DESCRIPTION	VALUATION METHOD	AMOUNT
CENTER OF NORTH AMERICA CAPITAL FUND	COST	20,000.
LA RINASCENTE PASTA, LLC	COST	477,074.
TSR PARTS	COST	250,000.
INVISIMAX	COST	120,000.
INTERNATIONAL TOOL	COST	0.
M-POWER ONE, LLC	COST	165,252.
BINFORD EAGLE FISHERIES	COST	12,500.
DATAKOM INTERNATIONAL, INC.	COST	300,000.
ZONE INVESTMENTS, INC.	COST	152,402.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,497,228.



FORM 990

OTHER ASSETS

STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INTEREST RECEIVABLE	51,736.	24,373.
INTANGIBLES	0.	5,322.
TOTAL TO FORM 990, PART IV, LINE 58	51,736.	29,695.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 7

LENDER'S NAME	TERMS OF REPAYMENT
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NORTH DAKOTA DEVELOPMENT FUND	\$763.44/MONTH
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/19/07	12/19/12	80,000.	5.50%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
REAL ESTATE MORTGAGE	INCUBATOR BUILDING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	80,000.

LENDER'S NAME	TERMS OF REPAYMENT
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CITIZENS STATE BANK	\$3,169.03/MONTH
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/10/07	10/10/37	538,000.	5.75%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
INCUBATOR BUILDING	INCUBATOR BUILDING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	536,987.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	616,987.
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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
LA RINASCENTE PASTA, LLC ORDINARY LOSS, INTEREST & CONTRIBUTIONS		<104,333.>	
TOTAL TO FORM 990, PART IV-A		<104,333.>	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEITH MONSON 11932 5TH STREET NE COOPERSTOWN, ND 58425	SECRETARY 1.00	1,200.	0.	0.
WARREN ENYART P.O. BOX 335 FINLEY, ND 58230	CEO 40.00	93,428.	0.	0.
CONNIE SWENSON P.O. BOX 70 COOPERSTOWN, ND 58425	DIRECTOR 1.00	480.	0.	0.
RON BERGE 11811 3RD ST SE COOPERSTOWN, ND 58425	VICE PRESIDENT 1.00	360.	0.	0.
ALAN JULIUSON RR1 BOX 109A HOPE, ND 58046	PRESIDENT 1.00	760.	0.	0.
DENNIS ERDMAN PO BOX 122 HOPE, ND 58046	DIRECTOR 1.00	200.	0.	0.
GREG STOMP 210 COUNTY RD 19 N COOPERSTOWN, ND 58425	DIRECTOR 1.00	520.	0.	0.
DIANE JACOBSON RR1 BOX 26 HOPE, ND 58046	DIRECTOR 1.00	320.	0.	0.

## GRIGGS-STEELE EMPOWERMENT ZONE, INC.

45-0453134

VICKI SAUDE PO BOX 122 SHARON, ND 58277	DIRECTOR 1.00	360.	0.	0.
BECKY SCHOEPFLIN RR1 BOX 59 SHARON, ND 58277	DIRECTOR 1.00	280.	0.	0.
BRIAN TUIITE 104 GRANT ST. FINLEY, ND 58230	TREASURER 1.00	660.	0.	0.
HOLLY STROMSODT RR1 FINLEY, ND 58230	DIRECTOR 1.00	260.	0.	0.
DIANE ENGEL P.O. BOX 633 COOPERSTOWN, ND 58425	DIRECTOR 1.00	240.	0.	0.
JAN GOPLEN P.O. BOX 57 HANNAFORD, ND 58448	DIRECTOR 1.00	480.	0.	0.
DENNIS GOETZ 1561 JACOB DR. BINFORD, ND 58416	DIRECTOR 1.00	280.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		99,828.	0.	0.

FORM 990	EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT 10
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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	VICE PRESIDENT

EXPLANATION OF RELATIONSHIP  
MARRIED

FORM 990	OTHER REVENUE	STATEMENT 11
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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 - ORDINARY LOSS		<103,628.>			
LA RINASCENTE PASTA - INTEREST		59.			
LA RINASCENTE PASTA - CONTRIBUTIONS		<764.>			
TO FORM 990, PART VII, LINE 103		<104,333.>			

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2007**Attachment  
Sequence No **67**

Business or activity to which this form relates

Identifying number

**GRIGGS-STEELE EMPOWERMENT ZONE, INC.****FORM 990 PAGE 2****45-0453134****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9,203.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	9,203.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use.

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use

		%			S/L -		
		%			S/L -		
		%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2007 tax year:

SEE STATEMENT 15					51.
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**43** Amortization of costs that began before your 2007 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44

51.

## FORM 4562 TOTALS

## AMORTIZATION

STATEMENT 15

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZE AMOUNT	(D) IRC SECTION	(E) PERIOD OR PERCENT	(F) AMORTIZATION THIS YEAR
LOAN CLOSING COSTS	12/19/07	800.	0	5	13.
LOAN CLOSING COSTS	10/09/07	3,000.	0	30	25.
LOAN CLOSING COSTS	12/20/07	1,522.	0	10	13.
TOTAL TO FORM 4562, LINE 42					51.