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OMB No 1545-1150

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	235,154	22	166,806
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	29,228	24	25,916
25	Total assets	264,382	25	192,722
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	264,382	27	192,722

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose?		Expenses	
TO RETAIN AND ATTRACT BUSINESS TO MAYVILLE AND PORTLAND NORTH DAKOTA		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	PROVIDED INTEREST FREE LOANS TO RETAIN AND ATTRACT BUSINESS TO MAYVILLE AND PORTLAND NORTH DAKOTA (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	(Grants \$) If this amount includes foreign grants, check here	29a	
30	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV

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

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
















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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 	36	Yes
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed 		
42a	The organization's books are in care of  TOM CAPOUCH Telephone no  (701) 788-6104 PO BOX 171 Located at  PORTLAND, ND ZIP + 4  58274		
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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . .  43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(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
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Sign Here	***** Signature of officer		2012-06-06 Date	
	TOM CAPOUCH SECRETARY/TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Brian T Whalen	Date	2012-06-05
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's taxpayer identification number (See instructions)
	Drees Risky & Vallager LTD 1405 Library Circle Grand Forks, ND 58201			P00088799
				EIN 45-0338391
				Phone no (701) 746-4466
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.**

- ▶ **Attach certified copies of any articles of dissolution, resolutions or plans.**
- ▶ **Attach to Form 990 or 990-EZ.**

2011

Open to Public Inspection

Employer identification number

45-0405754

Part I

Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		
2b		
2c		
2d		

Part III **Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?		
b	Become an employee of, or independent contractor for, a successor or transferee organization?		
c	Become a direct or indirect owner of a successor or transferee organization?		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		

Part III

Supplemental Information.

Complete to provide the information required by Parts I and II,
and any additional information.

Identifier	Return Reference	Explanation
		Part II, Line 2e STEVE HASTINGS
		Part II, Line 2e ALDERMAN FOR THE CITY OF MAYVILLE, ND

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
MAY-PORT EDC**Employer identification number**

45-0405754

Identifier	Return Reference	Explanation
Rental Investment Income	Form 990-EZ, Part I, Line 4	Rental - Kind and Location of Property Amount 5,040
Other Revenue	Form 990-EZ, Part I, Line 8	Description INTEREST INCOME Amount 31
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification EDUCATION Grantee Name MAYVILLE STATE UNIVERSITY WELLNESS CENTER Grantee Address 330 THIRD STREET NE MAYVILLE, ND 58257 Grantee Relationship NONE Date of Gift 08/04/11 Amount Given 10,945
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification CHARITABLE Grantee Name MAYVILLE PORTLAND LIONS CLUB - SUMMERFEST Grantee Address PO BOX MAYVILLE, ND 58257 Grantee Relationship NONE Date of Gift 04/07/11 Amount Given 1,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification DEVELOPMENT Grantee Name CITY OF MAYVILLE Grantee Address 21 1ST STREET NE MAYVILLE, ND 58257 Property Description LAND Method Used to Determine Book Value ACTUAL COST Method Used to Determine FMV ACTUAL COST Book Value of Property 69,121 Date of Gift Various Amount Given 69,121 Total included on Form 990-EZ, line 10 81,066
Other Expenses	Form 990-EZ, Part I, Line 16	Description ADVERTISING Amount 22,261 Description MISCELLANEOUS EXPENSES Amount 4,407 Description TIF BOND PAYMENTS Amount 18,000 Description CHRISTMAS CASH PROMOTION Amount 8,710 Description INSURANCE Amount 128 Total to Form 990-EZ, line 16 53,506
Other Assets	Form 990-EZ, Part II, Line 24	Description ACCOUNTS RECEIVABLE Beg of Year Amount 16,728 End of Year Amount 13,416 Description STOCK Beg of Year Amount 12,500 End of Year Amount 12,500

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: MAY-PORT EDC

EIN: 45-0405754

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 45-0405754
Name: MAY-PORT EDC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEVE HASTINGS PO BOX 171 PORTLAND,ND 58274	PRESIDENT 0 00	0	0	0
RON BRASETH PO BOX 171 PORTLAND,ND 58274	VICE PRESIDENT 0 00	0	0	0
TOM CAPOUCH PO BOX 171 PORTLAND,ND 58274	SECRETARY/TREASURER 0 00	0	0	0
TAMI WOXLAND PO BOX 171 PORTLAND,ND 58274	BOARD MEMBER 0 00	0	0	0
JAY HENDRICKSON PO BOX 171 PORTLAND,ND 58274	BOARD MEMBER 0 00	0	0	0
JON EWEN PO BOX 171 PORTLAND,ND 58274	BOARD MEMBER 0 00	0	0	0