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▶ 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*

F Group Exemption
Number 

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

Form **990-EZ** (2012)

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	166,806	22	30,026
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	25,916	24	26,249
25 Total assets	192,722	25	56,275
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)	192,722	27	56,275

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
TO RETAIN AND ATTRACT BUSINESS TO MAYVILLE AND PORTLAND NORTH DAKOTA

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.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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 Located at  PO BOX 171 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 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  and enter the amount of tax-exempt interest received or accrued during the tax year  43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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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
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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		2013-05-24 Date				
	TOM CAPOUCH SECRETARY/TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature Brian T Whalen	Date 2013-05-24	Check <input type="checkbox"/> if self-employed	PTIN P00088799		
	Firm's name ▶ Drees Riskey & Vallager LTD			Firm's EIN ▶ 45-0338391			
	Firm's address ▶ 1405 Library Circle Grand Forks, ND 58201			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

Additional Data

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE HASTINGS PRESIDENT	0 00	0	0	0
RON BRASETH VICE PRESIDENT	0 00	0	0	0
TOM CAPOUCH SECRETARY/TREASURER	0 00	0	0	0
TAMI WOXLAND BOARD MEMBER	0 00	0	0	0
JAY HENDRICKSON BOARD MEMBER	0 00	0	0	0
JON EWEN BOARD MEMBER	0 00	0	0	0

OMB No 1545-0047

▶ **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.**

Employer identification number

45-0405754

2012

Open to Public Inspection

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
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[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 I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

3

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

3

Yes

No

4a

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

4a

Yes

No

b

If "Yes," did the organization provide such notice?

4b

Yes

No

5

Did the organization discharge or pay all of its liabilities in accordance with state laws?

5

Yes

No

6a

Did the organization have any tax-exempt bonds outstanding during the year?

6a

Yes

No

b

Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

6b

Yes

No

c

If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

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

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	LAND		141,779	ACTUAL COST	45-6002783	CITY OF MAYVILLE 21 1ST ST NE MAYVILLE,ND 58257	GOVERNMENTAL

2

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

2a

Yes

No

a

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

2a

Yes

No

b

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

2b

Yes

No

c

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

2c

Yes

No

d

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

2d

Yes

No

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 Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide 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

2012**Open to Public
Inspection**Name of the organization
MAY-PORT EDC**Employer identification number**

45-0405754

Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	INTEREST INCOME 32
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification CHARITABLE Grantee Name VARIOUS Grantee Relationship NONE Amount Given 1,400
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 141,779 Date of Gift Various Amount Given 141,779 Total included on Form 990-EZ, line 10 143,179
Other Expenses	Form 990-EZ, Part I, Line 16	Description ADVERTISING Amount 35,233 Description MISCELLANEOUS EXPENSES Amount 2,822 Description TIF BOND PAYMENTS Amount 18,000 Description CHRISTMAS CASH PROMOTION Amount 2,521 Total to Form 990-EZ, line 16 58,576
Other Assets	Form 990-EZ, Part II, Line 24	Description ACCOUNTS RECEIVABLE Beg of Year Amount 13,416 End of Year Amount 13,749 Description STOCK Beg of Year Amount 12,500 End of Year Amount 12,500

TY 2012 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.