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Form **990-EZ**

Short Form 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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending	
В		ployer identification number
	Address change Please use IRS JAMESTOWN EMS EDUCATION INC 45	5-0456656
	lu liabelor los por rore	ephone number
	Initial return Type TAMECTOWN ND 59402-1916	01-251-2273
⊨	Specific	
┝	tions.	oup Exemption mber
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►	
ı		he organization is not Schedule B (Form 990,
J	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF).
K	Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sur	ally not more than
ī	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990	
	instead of Form 990-EZ	►\$ 30,536.
P	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr	uctions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 30,536.
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b	1
R	b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	F .
RE>EZUE	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	5c
E > E z	a Gross revenue (not including \$ of contributions	
⇒β̈́	reported on line 1)	i
∍ [b Less: direct expenses other than fundraising expenses 6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
JUL	7a Gross sales of inventory, less returns and allowances 7a	
,	b Less cost of goods sold	
u 7)	c Gross profit or the sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue-(describe-)	8
	9 Total revenue, Add lines 1,62,63, 4,50, 6c, 7c, and 8	9 30,536.
<u></u>	10 Grants and similar amounts paid (attach schedule) See Statement 1	10 10,000.
	11 Benefits paid to or for members	11
EXPENSE	12 Salaries, other compensation and employee benefits	12
P	13 Professional fees and other payments to independent contractors	13 4,582.
N S	14 Occupancy, rent, utilities, and maintenance	14
E S	15 Printing, publications, postage, and shipping	15 6,038.
_	16 Other expenses (describe ► See Statement 2)	7,134.
	17 Total expenses. Add lines 10 through 16	17 27 , 754.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,782.
N S E E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 4,747.
N S E S T T	20 Other changes in net assets or fund balances (attach explanation)	20
s	1 · · · · · · · · · · · · · · · · · · ·	21 7,529.
Pa	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	
	(See the instructions for Part II) (A) Beginning of year	
22		
23	Land and buildings	23
24		
25		25 7,529.
26		26 0.
27		
BA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Form 990-EZ (2009)

Form					EDUCATION INC			-045	56656 Page 2
Par					ervice Accomplishment				Expenses
Desc	ribe wh	nat was a	tions. ncise manner, each	501 (d orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional				
progr	am titl	<u>e</u>						for o	thers)
28	area		<u></u>	ncy/Medica 	l education to pers	in the su	rrounding 		
	(Gran	ts \$) If	this amount includes foreign gr	ants, check here	•	28a	24,881.
29				1					
							- -	1	
	Gran	 ts \$. – – – -) If	 this amount includes foreign gr		-	29 a	
30									
								<u> </u>	
	Gran	_ _			this amount includes foreign gr	 		30 a	
31	Other	program	n services	(attach schedu	le)		<u></u>		
~~	(Gran				this amount includes foreign gr ines 28a through 31a)	ants, check here	P .	31 a	24,881.
Par					s, Trustees, and Key En	nnlovees. List each o	ne even if not co		
FL MI	***	List	<u> </u>	013, 51100001	(b) Title and average hours	(c) Compensation (If	(d) Contribution	s to	(e) Expense account
		(a) Nam	ne and add	dress	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ins and ation	and other allowances
BJC	RN_R	RINGDA	HL		President	0.		0.	0.
		ENTIC	5, MN 5		_				
		MILLER		00331	Treasurer	0.		0.	0.
	<u> </u>								
			D 5840)1					
_AIG	KI_E	BERRET	<u>'H</u>	-	Vice President	0.		0.	0.
1.15	BON.	ND 5	8054		-				
		ISCHE			Director	0.		0.	0.
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Forn	· 1 990-EZ (2009) JAMESTOWN EMS EDUCATION INC 45-045665	6	F	age 3
Pai	Other Information (Note the statement requirements in the instrs for Part V.) See Statement requirements in the instriction of the statement requirements in the statement requirement requirement in the statement requirement req	ateme	ent	4
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			,,
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X
				<u> </u>
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, attach a statement explaining why the organization did not report the income on Form 990-T			
8	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
Ŀ	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	 	 ^
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			_
27.	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Did the organization file Form 1120-POL for this year?	37 b	1	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		<u> </u>
308	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	1	X
ŀ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:	1	1	
	Initiation fees and capital contributions included on line 9		1	
	Gross receipts, included on line 9, for public use of club facilities N/A	[
	Section 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.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
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			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		Х
41	List the states with which a copy of this return is filed None	100	L	
42 8	The organization's books are in care of ► NANCY MILLER Located at ► JAMESTOWN ND ZIP + 4 ► 58402	<u>51-2</u>	<u>273</u> 	
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42 b	Yes	No X
	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:	42.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
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		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		- [N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
BAA	Form 990 must be completed instead of Form 990-EZ	45 rm 990)-F7	(S00a)
_, ~	ILLAUGIEL VISUTU			(-UU)

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	nexempt charital	t charitable trusts only ble trusts must answer	y. All s questi	ectio ons	n
46 Did t	he organization engage in direct or indirec	et nolitical campaign acti	vities on hehalf of or	in apposition to candidates		Yes	No
for p	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	C, Part I	vities off behalf of of	in opposition to candidates	46		X
47 Did t	he organization engage in lobbying activiti	es? If 'Yes,' complete S	chedule C, Part II		47		X
	e organization a school as described in se		•	dule E	48		X
	he organization make any transfers to an	•	elated organization?		49a		X
b If 'Ye	es,' was the related organization a section	527 organization?			49b		
	plete this table for the organization's five to oyees) who each received more than \$100	0,000 of compensation fr	om 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 and deferred compensation	(e) Exp account other allo	nt and	<u> </u>
None_							
-							
f Total	number of other employees paid over \$1	00,000		<u> </u>			
51 Comp	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated inc none, enter 'None.'	lependent contractors	s who each received more the	an \$100,	000 of	f ——
None	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>
					-		
d Total	number of other independent contractors	each receiving over \$10	00,000	-			
	Under penalties of perjury) declare that have examinue, correct, and complete Declaration of preparer	nined this return, including according to the control of the contr	mpanying schedules and sta all information of which prep	atements, and to the best of my know parer has any knowledge	ledge and I	belief, it	ıs
٥:		No Vall		1			
Sign Here	Signature of officer	raco_		I Date			
пете	BJORN RINGDAHL			President			
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·	Tresident			
		111 1	Date	Check if Prepai	rer's Identif	ying Nu	mber
Paid Bro	Preparer's signature	ndlle!	5/12/10	self- employed P00	22488		
Pre- parer's	Firm's name (or Swenson, Saurer	, Gerber, Ander					
Use	yours if self- employed), > 122 N. Court St			EIN ► 91	-1315	373	
Only	ZIP + 4 Fergus Falls, M	N 56537		Phone no ► (218)	736-	5 <u>61</u> 8	
	S discuss this return with the preparer sh	own above? See instruc	tions		X Yes		No
BAA				F	Form 99 (D-EZ ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number JAMESTOWN EMS EDUCATION INC 45-0456656 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(bx1xAxiii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 exempt 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).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated d | | b Type III

Other Type II c l By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No Yes (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? 11 g (ii) (ii) a family member of a person described in (i) above? 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of Supported (iv) is the (v) Did you notify the organization in (vi) Is the organization in col (vii) Amount of Support nizátion in col Organizatio (i) listed in your col (i) of (i) organized in the (see instructions)) your support? No Yes No Yes No Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 JAMESTOWN EMS EDUCATION INC Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 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 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of čapital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

·	(Complete only if you ched	ked the box on lin	e 9 of Part I.)				
Sect	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')		1,000.	500.			1,500.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		30,107.	38,600.	40,240.	30,536.	139,483.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	31,107.	39,100.	40,240.	30,536.	140,983.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						•
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.		0.
8	Public support (Subtract line						140,983.
Saa	7c from line 6)	<u> </u>					140,963.
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ndar year (or fiscal yr beginning in) Amounts from line 6	0.	31,107.	39,100.	40,240.	30,536.	140,983.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	31,107.	39,100.	40,240.	30,330.	0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (add Ins 9, 10c, 11, and 12)						140,983.
14	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ [
	tion C. Computation of Pu			10 . (0)			100 0 %
	Public support percentage for 20	•		13, column (f))		15	100.0%
16 Sec	Public support percentage from 2 tion D. Computation of Inv			<u> </u>		16	100.0%
	Investment income percentage for	•			- (f)	17	0.0%
17 18	Investment income percentage fr	•	• • •	-	1 (1))	18	0.0%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this be	e organization did	not check the box	on line 14, and	line 15 is more that	an 33-1/3%, and li	
	33-1/3 support tests $-$ 2008. If this not more than 33-1/3%, check	e organization did this box and stop	not check a box of here. The organization	in line 14 or 19a, ation qualifies as	and line 16 is mor a publicly support	e than 33-1/3%, a ed organization	
20	Private foundation, if the organiz	ration did not chec	k a box on line 14	19a or 19b che	ck this box and se	ee instructions	▶

Schedule A	(Form 990 or 9	990-EZ) 2009	JAMESTOWN	EMS	EDUCAT	ION	INC	45-0456656	Page 4
Part IV	Supplemen	tal Informa	ation. Comple	e this	part to p	provi	de the	explanations required by Part II, line additional information. See instruc	e 10;
	Part II, line	1/a or 1/b	; and Part III,	line I	2. Provid	de ar	ny otnei	additional information. See instruc	tions.
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Schedule A (Form 990 or 990-EZ) 2009

BAA

2009	Federal Statements	Page 1
Client J4504566	JAMESTOWN EMS EDUCATION INC	45-0456656
5/12/10 Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid	d	01 13PM
Payments to Affiliates Name: Purpose of payment: Amount: Payments to Affiliates	JAMESTOWN AREA AMBULANCE JAMESTOWN, ND 58402 SHARED LABOR-TRAINERS FEE \$	10,000. 10,000.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Credit Card Fees Depreciation Equipment Rental Insurance Misc Program Expense Office Expenses Travel	\$ Total <u>\$</u>	684. 111. 2,073. 2,659. 175. 1,267. 165. 7,134.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets		
Furniture and Fixtures	Beginning \$ 556. \$ Total \$ 556. \$	Ending 445. 445.
Statement 4 Form 990-EZ, Part V Regarding Transfers Associated (a) Did the organization, indirectly, to pay premium (b) Did the organization, indirectly, on a personal	with Personal Benefit Contracts during the year, receive any funds, directly or s on a personal benefit contract? during the year, pay premiums, directly or benefit contract?	No No