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

- ▶ Sponsoring 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.

OMB No 1545-1150

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **MAY 1, 2009** and ending **APR 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization**JAMESTOWN UNITED WAY**

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

P. O. BOX 85

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

JAMESTOWN, ND 58402-0085**D** Employer identification number**45-0277715****E** Telephone number**701-952-8929****F** Group Exemption

Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** 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 ▶ \$ **220,115.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	219,267.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	848.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule-G). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
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	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	220,115.
10	Grants and similar amounts paid (attach schedule) STMT 5 STMT 4	10	137,574.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	20,409.
13	Professional fees and other payments to independent contractors	13	670.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	171.
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	5,853.
17	Total expenses. Add lines 10 through 16	17	164,677.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,438.
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	163,068.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	218,506.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	139,363.	198,416.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	141,496.	121,904.
25 Total assets	280,859.	320,320.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	117,791.	101,814.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	163,068.	218,506.

932171
02-08-10

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

Form **990-EZ** (2009)

9-8

SCANNED AUG 24 2011

Expenses

Net Assets

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **UNITED WAY CAMPAIGN**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PAYMENTS TO PARTICIPATING ORGANIZATIONS, ADMINISTERING UNITED WAY CAMPAIGN, OBTAINING PLEDGES, COLLECTING PLEDGES AND DISBURSING FUNDS TO PARTICIPATING ORGANIZATIONS(Grants \$) If this amount includes foreign grants, check here ☐**28a 142,279.****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 (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 142,279.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(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
KARLA BACHMEIER, 2605 CIRLCE DRIVE, JAMESTOWN, ND 58401	EXECUTIVE DIRECTOR	30.00	18,958.	0.
MARY ENGELS		0.00	0.	0.
8071 36 ST SE, JAMESTOWN, ND 58401		0.00	0.	0.
TAL ELSETH	SECRETARY	0.00	0.	0.
2410 4 ST SE, JAMESTOWN, ND 58401		0.00	0.	0.
AMANDA LARSON	2ND VICE PRESIDENT	0.00	0.	0.
817 17 ST NE, JAMESTOWN, ND 58401		0.00	0.	0.
DINA LASKOWSKI		0.00	0.	0.
319 7 AVE NE, JAMESTOWN, ND 58401		0.00	0.	0.
RICKI RAMLO		0.00	0.	0.
419 5 STREET NE, JAMESTOWN, ND 58401		0.00	0.	0.
CHRIS RATHJEN	PRESIDENT	0.00	0.	0.
1205 10 AVE SE, JAMESTOWN, ND 58401		0.00	0.	0.
BEN SHANNON	1ST VICE PRESIDENT	0.00	0.	0.
417 3 ST SW, JAMESTOWN, ND 58401		0.00	0.	0.
MARLEE SIEWERT		0.00	0.	0.
723 2 ST NE, JAMESTOWN, ND 58401		0.00	0.	0.
KARLI SKJERET	PRESIDENT	0.00	0.	0.
1104 12 ST NE #8, JAMESTOWN, ND 58401		0.00	0.	0.
JESSICA STENVOLD		0.00	0.	0.
1115 15 ST SW, JAMESTOWN, ND 58401		0.00	0.	0.
LYNETTE STODDART		0.00	0.	0.
1114 16 ST SW, JAMESTOWN, ND 58401		0.00	0.	0.
SUE STOUDT, 3122 W LAKESIDE RD, JAMESTOWN, ND 58401		0.00	0.	0.
JOHN CONWAY		0.00	0.	0.
1509 10 ST NE, JAMESTOWN, ND 58401		0.00	0.	0.
CARLA EDINGER, 300 2 AVE NE STE 226, JAMESTOWN, ND 58401		0.00	0.	0.
JENNIFER BARNARD		0.00	0.	0.
1010 4 AVE NE, JAMESTOWN, ND 58401		0.00	0.	0.
JODIE MJOEN		0.00	0.	0.
2111 4 ST NE, JAMESTOWN, ND 58401		0.00	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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.		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a 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.		
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 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		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of KARLA BACHMEIER Telephone no (701) 952-8929		
Located at P O BOX 85 JAMESTOWN, ND ZIP + 4 58402-0085		
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)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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.		
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 0.		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Karla Bachmeier</i>	Date 8/10/11	
Paid Preparer's Use Only	Type of print name and title <i>KARLA BACHMEIER EXECUTIVE DIRECTOR</i>		
	Preparer's signature <i>Robert G. List</i>	Date 8-8-11	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 SCHAUER & ASSOCIATES, P.C. P O BOX 1808 JAMESTOWN, ND 58402-1808		Preparer's identifying number (See Instr.) EIN Phone no. (701) 252-5422

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

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 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 any "unusual grants.")	182,876.	189,870.	215,641.	216,730.	219,267.	1024384.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	182,876.	189,870.	215,641.	216,730.	219,267.	1024384.
5 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)						59,293.
6 Public support. Subtract line 5 from line 4						965,091.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	182,876.	189,870.	215,641.	216,730.	219,267.	1024384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,068.	1,912.	2,423.	1,876.	848.	8,127.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1032511.
12 Gross receipts from related activities, etc. (see instructions)					12	
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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.47 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.02 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and 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 checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
OFFICE SUPPLIES	12.
TELEPHONE AND INTERNET	630.
CAMPAIGN EXPENSE	3,725.
INSURANCE	1,366.
MISCELLANEOUS	120.
TOTAL TO FORM 990-EZ, LINE 16	5,853.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONTRIBUTIONS RECEIVABLE	135,572.	115,366.
EMPLOYEE RECEIVABLE	0.	614.
OTHER DEPRECIABLE ASSETS	5,924.	5,924.
TOTAL TO FORM 990-EZ, LINE 24	141,496.	121,904.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
AGENCIES PAYABLE	117,791.	101,450.
PAYROLL TAXES PAYABLE	0.	364.
TOTAL TO FORM 990-EZ, LINE 26	117,791.	101,814.

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 4

AFFILIATE'S NAMEAFFILIATES ADDRESS

UNITED WAY OF AMERICA

PO BOX 630568
BALTIMORE, MD 212630568PURPOSE OF PAYMENTAMOUNT

PAYMENTS TO AFFILIATES

2,156.

AFFILIATE'S NAMEAFFILIATES ADDRESS

CHAMBER OF COMMERCE

120 2ND ST SE
JAMESTOWN, ND 58401PURPOSE OF PAYMENTAMOUNT

MEMBERSHIP DUES

152.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

2,308.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
AMERICAN RED CROSS - BUFFALO VALLEY PO BOX 944 JAMESTOWN, ND 58402	NONE	10,680.
CAMP ROKIWAN PO BOX 484 JAMESTOWN, ND 58402	NONE	1,780.
CARING PROGRAM FOR CHILDREN 4510 13 AVE SW FARGO, ND 58121	NONE	3,326.
CHILD CARE RESOURCE AND REFERRAL 300 2 AVE NE #224 JAMESTOWN, ND 58401	NONE	1,780.
CONSUMER CREDIT COUNSELING SERVICE PO BOX 9859 FARGO, ND 58106	NONE	665.
JAMES RIVER FAMILY YMCA 918 7 ST NE JAMESTOWN, ND 58401	NONE	30,260.
JAMES RIVER SENIOR CITIZENS PO BOX 1092 JAMESTOWN, ND 58402	NONE	23,140.
JAMESTOWN COMMUNITY CORRECTIONS 109 1 STREET W JAMESTOWN, ND 58401	NONE	4,005.
JAMESTOWN YOUTHS INC PO BOX 1773 JAMESTOWN, ND 58402	NONE	2,670.

LEGAL ASSISTANCE OF NORTH DAKOTA PO BOX 1893 BISMARCK, ND 58502	NONE	1,780.
NORTHERN LIGHTS BOY SCOUT COUNCIL 301 S 7 ST FARGO, ND 58103	NONE	3,560.
PINE TO PRAIRIE GIRL SCOUTS 702 28 AVE N STE 100 FARGO, ND 58102	NONE	3,560.
SAFE SHELTER PO BOX 1934 JAMESTOWN, ND 58402	NONE	19,580.
SALVATION ARMY 320 1 AVE N JAMESTOWN, ND 58401	NONE	10,680.
SENIOR COMPANION PROGRAM 1325 11 ST S FARGO, ND 58103	NONE	3,560.
SOUTH CENTRAL MENTAL HEALTH ASSOCIATION PO BOX 4106 BISMARCK, ND 58502	NONE	1,780.
ALANO SOCIETY PO BOX 774 JAMESTOWN, ND 58402	NONE	1,780.
AMERICAN DIABETES ASSOCIATION 1323 23 ST S #C FARGO, ND 58103	NONE	445.
ART AFTER SCHOOL 115 SW 2 ST JAMESTOWN, ND 58401	NONE	4,450.

JAMESTOWN UNITED WAY		45-0277715
RETIRE	NONE	1,780.
RETIRED SENIOR VOLUNTEERS PROGRAM		
502 10 AVE SE		
JAMESTOWN, ND 58401		
PATH	NONE	4,005.
300 2 AVE NE #202		
JAMESTOWN, ND 58401		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		135,266.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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