

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493304011382

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number **B** Check if applicable Jamestown College Address change 45-0231180 E Telephone number Doing Business As Name change (701) 252-3467 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 34,181,934 Terminated City or town, state or country, and ZIP + 4 Amended return Jamestown, ND 58405 Application pending Name and address of principal officer Is this a group return for Tom Heck 6088 College Lane Jamestown, ND 58405 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► www 1c edu K Form of organization
✓ Corporation
☐ Trust
☐ Association L Year of formation 1883 **M** State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 31 Number of independent voting members of the governing body (Part VI, line 1b) . 29 4 667 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 60 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 6,393 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 783 **Prior Year Current Year** 5,834,791 8 Contributions and grants (Part VIII, line 1h) . 2,126,265 18,085,475 19,259,752 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,649,210 1,517,050 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 72,567 77,609 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 21,933,517 26,689,202 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 6.121.005 7,011,572 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 8,439,280 8,794,507 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 828,191 6,587,329 7,012,305 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,147,614 22,818,384 19 Revenue less expenses Subtract line 18 from line 12 . 785,903 3,870,818 Net Assets or Fund Balances **Beginning of Current End of Year** Year 67,349,201 68,718,702 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . 8,997,559 9,024,068 22 Net assets or fund balances Subtract line 21 from line 20 58,351,642 59,694,634 Part II 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. ***** 2012-10-19 Signature of officer Sign Here Polly Peterson VP - Institutional Advancemen Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's 2012-10-04 Lisa Chaffee CPA (see instructions)

Firm's name (or yours

if self-employed), address, and ZIP + 4

EIDE BAILLY LLP

BISMARCK, ND 58502

May the IRS discuss this return with the preparer shown above? (see instructions) .

PO BOX 1914

Paid

Preparer's

Use Only

employed 🕨 🧧

P00193453

EIN 45-0250958

Phone no (701) 255-1091

Form	1990 (2011)	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. ৷
1	Briefly describe the organization's mission	
acad	estown college is a community dedicated to the development of wholeness in our students through the adherence to a curr lemic excellence which balances the ideals of the liberal arts tradition and sound professional preparation within a Christia elf-discipline, responsibility and concern for continuing growth of the individual	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amougrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 4,673,679 including grants of \$) (Revenue \$ 14,980	,230)
	Jamestown College is a residential, independent, four-year, coeducational, Liberal Arts College related to the Presbyterian Church (U S A) The conchartered in 1884. The first classes began in September 1886. Throughout its more than 100-year history, Jamestown College has consistently storexcellence and Christian principles in all that it does. The College offers Bachelor of Arts and Bachelor of Science degrees in 46 major areas of studing minors and 12 pre-professional and certification programs. Jamestown College has been a continuous accredited member of the North Central Ass 1920 Post-Secondary Education. Instruction - Academic programs with approximately 900 FTE students enrolled. Bachelor of Arts, Bachelor of Science degrees are awarded by the Institution.	od for academic ly, as well as 28 ociation since
4b	(Code) (Expenses \$ 7,011,572 including grants of \$ 7,011,572) (Revenue \$)
	Post-Secondary Education Student Aid - Institutional scholarships and work programs offered to students Aid is awarded both based upon need a achievement	nd scholastic
4c	(Code) (Expenses \$ 3,835,648 including grants of \$) (Revenue \$	0,033)
	Post-Secondary Education General Administrative Support - Physical plant, general institution and administrative support	
	(Code) (Expenses \$ 2,413,631 including grants of \$) (Revenue \$ 4,264 Post-Secondary Education Auxiliary Enterprises - Student housing, food services, bookstore, and office services	·,096)
	(Code	
	(Code) (Expenses \$ 1,991,639 including grants of \$) (Revenue \$ Post-Secondary Education Student Services - Counseling, financial aid, registrar, recruiting and academic assistance)
	(Code) (Expenses \$ 629,653 including grants of \$) (Revenue \$)
	Post-Secondary Education Other Sponsored Programs - Athletics, choir, band	
	(Code) (Expenses \$ 284,792 including grants of \$) (Revenue \$)
	Post-Secondary Education Library - Provide educational support via books, publications, periodicals, multimedia, and through other means to acade and students	lemic departments
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 5,319,715 including grants of \$) (Revenue \$ 4,264,096)
4e	Total program service expenses►\$ 20,840,614	

Part IV	Checklist of	Required	Schedules

			Voc	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a	Yes	
b	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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [고	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 1,313			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
L	return			
D	That least one is reported on line 2a, did the organization line all required lederal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	,			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7 -		NI a
_	contract?	7e 7f		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tay			
Ia	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No No	
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal			110
	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
_	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a convent the Form 200 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Tonya McIlonie Sletto 6088 College Lane

Jamestown, ND 58405 (701) 252-3467

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		per unless person is both week an officer and a (describe director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former					organiza	
See A	dditional Data Table											+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total		_		<u> </u>	_		<u> </u> ►						
c	Total from continuation sheets				<u> </u>	•		P						
d	Total (add lines 1b and 1c) .							►		322,312		0		34,403
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	receive	d more th	an			
											Г		Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch									t compens	ated employee	3		No
4	For any individual listed on line corganization and related organization individual											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										or individual for	5		No
	estion D. Indonesiant Com	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		(A) ne and business add	dress							Desc	(B)		(C Comper	
												_		
												_		
	Total number of independent cont \$100,000 of compensation from t			ot lin	nıted	to	those	liste	d above)	who recei	ved more than			

Part \	<u> </u>	Statement o	r kevenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	es 1b					
್≝	c	Fundraising eve	ents 1c	26,605				
£e	d		rations 1d					
ਰ≅ੂ		Government grants						
经法	e	_						
올높	f	All other contribution similar amounts no	ons, gifts, grants, and 1f	5,808,186				
ੂੰ	g		butions included in					
늍음		lines 1a-1f \$	4,650					
္မ	h		s 1 a - 1 f	▶	5,834,791			
				Business Code				
E E	2a	Tuition & Fees			14 000 220	14 000 220		
je K				611600	14,980,230	14,980,230		
윤	b	Auxillary Income		611710	4,264,096	4,264,096		
ψ.	C	Federal Aid Reimb		611600	28,303	28,303		
<u>5</u>	d	Student Loan Intere	est	611600	3,916	3,916		
Q.	e							
Program Service Revenue	f	All other progra	ım service revenue		-16,793	-23,186	6,393	
ሏ	g	Total. Add lines	s 2a – 2f		19,259,752			
	3		ome (including dividen	+				
		and other simila	aramounts)	. ▶	830,354			830,354
	4		tment of tax-exempt bond	F				
	5	Rovalties		▶ │	132,133			132,133
			(ı) Real	(II) Personal				
	6a	Gross rents	75,000	(,				
	ь	Less rental	132,851					
	-	expenses	F7 0F1					
	C	Rental income or (loss)	-57,851					
	d	Net rental incor	me or (loss)	🛌	-57,851			-57,851
			(ı) Securities	(II) Other				
	7a	Gross amount	8,008,277					
		from sales of assets other						
	l <u>.</u>	than inventory Less cost or	7,321,581					
	b	other basis and	7,321,301					
		sales expenses Gain or (loss)	686,696					
	c		·		686,696			686,696
	d		s)		080,090			080,090
Other Revenue	8a	¥						
<u> </u>		See Part IV, lin						
u i			а	24,595				
<u> 후</u>	b	Less direct exp	penses b	25,232				
5	С	Net income or (loss) from fundraising	events 🟲	-637			-637
	9a	Gross income fi	rom gaming activities					
		See Part IV, lin						
			a	17,032				
	ь	Less direct exp	penses b	13,068				
	С	Net income or (loss) from gaming activ	vities	3,964			3,964
	10a	Gross sales of returns and allo						
	ь	Less costofac	oods sold b					
	c		loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	b							
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
				*				
	12	Total revenue.	See Instructions .	· · •	26,689,202	19,253,359	6,393	1,594,659

3

5

7

10

11

12

14

15

16

17

18

19

20 21

22

23

Joint costs. Check here ► 🗀 If following

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 7,011,572 7,011,572 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 333,547 70,344 192,859 70,344 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 6,806,354 6,265,717 174,972 365,665 Pension plan contributions (include section 401(k) and section 260,163 7,410 403(b) employer contributions) 245,343 7,410 884,644 852,246 11,305 Other employee benefits 21,093 509,799 483,197 13,301 13,301 Fees for services (non-employees) Management 9,612 9,612 Legal Accounting 49,192 49,192 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees 208,891 208,891 Other g Advertising and promotion . . . 126,884 74,828 52,056 27,445 13 Office expenses 598,099 424,111 146,543 45,094 Information technology 45,094 Royalties . . 918,116 826,284 71,670 20,162 278,847 209,521 11,404 57,922 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20,034 500 19,534 166.178 166,178 Payments to affiliates Depreciation, depletion, and amortization 1,466,175 1,319,557 73,309 73,309 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Contract Food Services 1,297,705 1,297,705 Repair & Maintenance 20,161 524,798 504,637 Auxiliary Cost of Goods 503,214 503,214 Athletics/Music Program 334,782 334,782 d е All other expenses 464,684 371,962 40,280 52,442 25 Total functional expenses. Add lines 1 through 24f 22,818,384 20,840,614 1,149,579 828,191

Part X **Balance Sheet** (A) (B) Beginning of year End of year 15,398 20,374 1 1 2.851.691 5.037.133 2 2 3 6,000 531,733 3 274.098 4 312.244 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 318.242 8 352,100 9 25.745 9 27.965 Prepaid expenses and deferred charges 10a 57,356,191 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b b Less accumulated depreciation 27,367,131 29,756,227 10c 29,989,060 671,679 680,736 11 11 29,550,819 12 31,111,184 12 Investments—other securities See Part IV, line 11 13 1,857,410 13 1,738,270 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 461,527 15 478,268 15 67,349,201 68,718,702 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 889,118 17 1,457,163 17 Accounts payable and accrued expenses . 18 1.656,711 18 1.594.311 19 209,667 19 152,000 20 4.090.000 20 3.725.000 21 119.077 21 135,004 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 111.332 23 70,563 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,921,654 25 1,890,027 D 26 8,997,559 26 9,024,068 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 17,265,313 15,172,097 Unrestricted net assets 16,599,680 28 19,656,385 28 Temporarily restricted net assets Fund 29 24,486,649 29 24,866,152 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 58.351.642 33 59.694.634 67.349,201 34 Total liabilities and net assets/fund balances 34 68.718.702

Pai	Check if Schedule O contains a response to any question in this Part XI			. 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,6	589,20
2	Total expenses (must equal Part IX, column (A), line 25)	2			318,38
3	Revenue less expenses Subtract line 2 from line 1	3		3,8	370,81
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58,3	351,64
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,5	527,820
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		59,6	594,63
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No.
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	110
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Jamestown College 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 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 170(b)(1)(A)(iv). (Complete Part II) 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 in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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 509(a)(2) If the organization received a written determination from the IRS that it 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 45-0231180

Name: Jamestown College

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	2,413,631	including grants of \$) (Revenue \$	4,264,096)
ost-Secondary Education	Auxiliary Enterprise	s - Student ho	using, food services, bookstore,	, and office services	
(Code) (Expenses \$	1,991,639	including grants of \$) (Revenue \$)
ost-Secondary Education	Student Services - C	Counseling, fina	ancıal aıd, registrar, recruiting a	and academic assistance	
(Code) (Expenses \$	629,653	including grants of \$) (Revenue \$)
ost-Secondary Education	Other Sponsored Pro	ograms - Athle	tics, choir, band		
(Code) (Expenses \$	284,792	ıncludıng grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei			Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
James Unruh Chairman	3 00	×		Х				0	0	0	
Ed Nafus	2 00	х		Х				0	0	0	
1st Vice Chair Peggy Foss											
2nd Vice Chair	2 00	X		Х				0	0	0	
Kelly Krein Trustee	1 00	×						0	0	0	
James Harty Jr Trustee	1 00	х						0	0	0	
Alan Berg	1.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0	0	0	
Trustee	1 00	X						U	U	U	
Ruth Denault Trustee	1 00	Х						0	0	0	
Jeffrey Frommelt Trustee	1 00	×						0	0	0	
Karı Ness Trustee	1 00	х						0	0	0	
Steven Bietz	1 00	X						О	0	0	
Trustee Bart Holaday	1 00	Х						0	0	0	
Trustee John Jensen	1 00							0	0	0	
Trustee Jim Johnson								0	0		
Trustee Larry Langemo	1 00	X						0	0	0	
Trustee	1 00	Х						0	0	0	
Elizabeth Lemm Trustee	1 00	×						0	0	0	
Reuben Liechty Trustee	1 00	×						0	0	0	
C Alan Lindberg Trustee	1 00	х						0	0	0	
David Muhs Trustee	1 00	х						0	0	0	
Robert Platz Trustee	1 00	Х						0	0	0	
Elmer Schindel	1 00	X						0	0	0	
Trustee Jasper Schneider	1 00							0	0		
Trustee H George Schuler	+							0	0		
Trustee Jill Sisk	1 00								0	0	
Trustee	1 00	X						0	0	0	
Todd Steinwand Trustee	1 00	х						0	0	0	
Paul Sukut Trustee	1 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

I I I I I I I I I I I I I I I I I I I										
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Harrıs Wıdner Trustee	1 00	Х						0	0	0
Clark Wold Trustee	1 00	Х						0	0	0
Gary Purath Trustee	1 00	Х						0	0	0
Richard Hall Trustee	1 00	Х						0	0	0
Jo-Ida Hansen Trustee	1 00	Х						0	0	0
Robert Badal President	40 00			Х				187,091	0	18,623
Tom Heck VP - Bus Affairs/Treas	40 00			Х				101,660	0	9,657
Lız Hunt Secretary	40 00			х				33,561	0	6,123

DLN: 93493304011382

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number				
Jamestown College		45-0231180			
Part I Organizations Maintaining Donor A					
organization answered "Yes" to Form 9	190, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts			
L Total number at end of year	(a) Donor advised funds	(b) I unds and other accounts			
2 Aggregate contributions to (during year)					
Aggregate grants from (during year)					
4 Aggregate value at end of year					
5 Did the organization inform all donors and donor ad-					
funds are the organization's property, subject to the Did the organization inform all grantees, donors, an		☐ Yes ☐ No may be			
used only for charitable purposes and not for the be conferring impermissible private benefit		Yes No			
Part II Conservation Easements. Complete	e if the organization answered "Yes" to	o Form 990, Part IV, line 7.			
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation of an Preservation of a c	certified historic structure			
easement on the last day of the tax year	_				
		Held at the End of the Year			
a Total number of conservation easements		2a			
b Total acreage restricted by conservation easement	rs	2b			
${f c}$ Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c			
d Number of conservation easements included in (c)	acquired after 8/17/06	2d			
the taxable year - Number of states where property subject to conservation by the organization have a written policy regarding enforcement of the conservation easements it holds:	ng the periodic monitoring, inspection, hand	dling of violations, and			
Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easem	ents during the year ►			
A mount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easements	s during the year			
▶ \$					
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion Yes No			
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financial				
Part III Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.			
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or research	ch in furtherance of public service,			
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ir				
(i) Revenues included in Form 990, Part VIII, line	1	▶ \$			
(ii) Assets included in Form 990, Part X		► \$			
If the organization received or held works of art, his following amounts required to be reported under SF.		or financial gain, provide the			
a Revenues included in Form 990, Part VIII, line 1		► \$			
b Assets included in Form 990, Part X		▶ \$			

Par	TIP Organizations Maintaining Colle	ections of Art, H	ISTO	ric	<u>ai ireasi</u>	ires, or Oth	er Similar As	sets (con	itinued)
3	Using the organization's accession and other relatems (check all that apply)	ecords, check any of	the f	follo	owing that a	re a significant	use of its collect	ion		
а	Public exhibition	d	ι Γ	_	Loan or exc	hange program	s			
ь	Scholarly research	e	· [-	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ctions and explain h	ow th	hey	further the	organızatıon's e	exempt purpose	n		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to b							┌ Yes		┌ No
Par	Escrow and Custodial Arranger Part IV, line 9, or reported an amo	nents. Complete	ıf th	e c	rganızatıo		Yes" to Form ⁹	90,		
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedia	ry fo	rcc	ntributions	or other assets		┌ Yes		√ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	owing	g ta	ble		Δn	nount		
c	Paginning halange					1c		IOUIIC		
d	Beginning balance Additions during the year					1d				
e	Distributions during the year					10 1e	1			
f	Ending balance					1f	+			
20	-	000 Bart V June 2:	1 2					✓ Yes		 □ No
2a	Did the organization include an amount on Form	1990, Part X, IIIIe 2.	I '					y res		j NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete if t	he organization a	nswe	o re	d "Yes" to	Form 990 Pa	rt IV line 10			
			(b) Pri				d) Three Years Back	(e)Fou	r Ye	ears Back
1 a	Beginning of year balance	30,100,255		25,0	052,916	23,106,934	27,768,914	ŀ		
b	Contributions	640,072		4	164,264	445,292	2,691,20	5		
c	Investment earnings or losses	-443,250		6,	118,496	3,009,159	-5,412,45	5		
d	Grants or scholarships	1,100,851		9	981,690	965,121	1,184,74	+		
e	Other expenditures for facilities and programs	385,982			351,947	355,696	590,53:			
f	Administrative expenses	208,891			201,784	187,652	165,458	+		
g	End of year balance	28,601,353		30,1	100,255	25,052,916	23,106,934	<u> </u>		
2	Provide the estimated percentage of the year e	nd balance held as								
а	Board designated or quasi-endowment 🕨 1	0 440 %								
b	Permanent endowment ► 86 940 %									
c	Term endowment ► 2620 %									
3a	Are there endowment funds not in the possessi	on of the organizatio	n tha	it a	re held and	admınıstered fo	r the		—	
	organization by (i) unrelated organizations						3a((i) Ye	-	No
	(ii) related organizations		•	•			3a(' 	+	No
b	If "Yes" to 3a(II), are the related organizations						31		十	
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	ment	fur	nds					
Par	t VI Land, Buildings, and Equipment	L. See Form 990,	Part	Χ,	lıne 10.			_		
	Description of property				Cost or other (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Boo	k value
1a	Land		\top		1,335,416	763,82			2	,099,237
b	Buildings					42,547,216	17,144,01	7	25	,403,199
c	Leasehold improvements									
d	Equipment					6,173,864	5,194,57	2		979,292
е	Other	<u> </u>				6,535,874	5,028,54	2	1	,507,332
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Form</i>	990, Part X, column ((B), II	ne .	10(c).)				29	,989,060

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end of year market value
(2)Closely-held equity interests		
(3)0 ther		_
(A) HELD IN TRUST	29,550,819	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	29,550,819	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2, 200	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
Part X Other Liabilities. See Form 990, Part X		<u>'</u>
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ANNUITIES PAYABLE	1,890,027	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,890,027	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,689,20
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,818,38
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,870,81
4	Net unrealized gains (losses) on investments	4	-1,687,08
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-840,73
9	Total adjustments (net) Add lines 4 - 8	9	-2,527,82
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,342,99
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	24,083,81
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-2,605,38
3	Subtract line 2e from line 1	3	26,689,20
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,689,20
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	 	22,740,82
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	131,32
3	Subtract line 2e from line 1	3	22,609,49
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 208,891		
С	Add lines 4a and 4b	4c	208,89
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	22,818,38
Pa	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part IV, Line 2b	Jamestown College chartered clubs, student academic associations, and approved faculty and staff associations have established agency accounts
Description of Intended Use of Endowment Funds	Part V, Line 4	Endowment Funds are to be invested according to the Board approved Investment Policy Statement Distributions from the fund are also made according the Investment Policy Statement and used for the purposes set by the donors, including items such as scholarships, facility maintenance and programs
Description of Uncertain Tax Positions Under FIN 48	Part X	The College is a nonprofit organization that is exempt from federal income tax under Interal Revenue Code Section 501(c) (3) The College has adopted provisions of FASB Accounting Standards Codification Topic ASC 740-10 As of June 30, 2012, the unrecognized tax benefit accrual was zero The College will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred The College is no longer subject to federal tax examinations by tax authorities for the years before 2009 and state examinations for years before 2009
Part XI, Line 8 - Other Adjustments		(Increase) Decrease in CSV -36,938 Actuarial Gain (Loss) on Annuity Obligations -324,076 Change in Swap Liability - 479,724 Total to Schedule D, Part XI, Line 8 -840,738
Part XII, Line 2d - Other Adjustments		Special Events -3,327 Rental Expenses 132,851 Unrecognized Actuarial Losses -324,076 Decrease in Cash Surrender Value -36,938 UBI Costs 1,805 Change in Interest Rate Swap -479,724 Trustee Fees -208,891
Part XIII, Line 2d - Other Adjustments		Special Events -3,327 Rental Expenses 132,851 UBI Costs 1,805
Part XIII, Line 4b - Other Adjustments		Trustee Fees 208,891

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Schools

DLN: 93493304011382

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

Employer identification number

Jamestown College 45-0231180 Part I YES NO 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? 1 Yes 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? 2 Yes 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 use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d 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, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? No_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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," explain on Part II Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	Jamestown College employs direct mail in the solicitation for students. Written communications used in the solicitation process include a statement of the Jamestown College racially nondiscriminatory policy. Further, written communications used in the application process include the statement of our racially nondiscriminatory policy.
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	Jamestown College receives federal funding The major program was the Student Financial Aid cluster consisting of Federal Pell Grant Program, Federal Work Study Program, FSEOG Program, Perkins Loan Program, Federal Direct Student Loan Program, and Parents Loans for Undergraduate Students Loan Program

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493304011382

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Tressure

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

	al Revenue Service					Inspection						
	ne of the organization				Employer ide	ntification number						
Jam	estown College				45-0231180							
Pā	"Yes" to Form 990, Pa			he United States. C	complete if the organ	ization answered						
1	For grantmakers. Does the			ls to substantiate the	amount of the grants	or						
	assistance, the grantees' eli	- :	_									
	the grants or assistance? .					✓ Yes						
2	For grantmakers. Describe in Pa United States	art V the organiz	zation's procedui	res for monitoring the us	e of grant funds outside	the						
3	Activites per Region (Use Part V if additional space is needed)											
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for region/investments in region						
	Sub-Saharan Afrıca - Angola	0	4	Program Service	Instructional	30,19						
	East Asia and the Pacific	0	2	Program Service	Instructional	18,80						
	-											
		1	İ	i	†	1						

0

0

6

49,001

	Use Par	t V if additional s	pace is needed. (c) Region	(d) Purpose of	(e) A mount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of
•	(a) Name of organization	section and EIN (if applicable)	(C) Region	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
2	Enter total nu tax-exempt b	ımber of recıpıen ıy the IRS, or for	nt organizations lis r which the grante	ted above that are e e or counsel has pro	recognized as charit ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nu	ımber of other oı	rganızatıons or en	tities				. ▶	5

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
'	 	+ +	<u> </u>	-	+		
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					1		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	[·	. 1	۷o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	· N	۷o
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	⊳	. 1	۷o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	⊡	- N	۷o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	V	· N	۷o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<u>ح</u> ا		۷o

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see in	structions) required in Part I, line 2, and any additional
information	

information.		
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 The College was the recipient of a restricted gift to fund educational travel to Kenya The College monitored the use of the funds and required substantiation for al expenses
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 The accrual method of accounting is used to account for expenditures Substantiation is required for payments of all expenses
		Schedule F (Form 990) 2011

DLN: 93493304011382

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization Jamestown College 45-0231180 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes

3	List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1 Dine & Bid (event type)	(b) Event #2 Jimmie Scramble (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))				
Ж	1	Gross receipts	36,32	14,872		51,200				
Reveilue	2	Less Charitable contributions	26,60	5		26,605				
<u>~</u>	3	Gross income (line 1 minus line 2)	9,72	3 14,872		24,595				
	4	Cash prizes								
ဟ	5	Non-cash prizes								
Expenses	6	Rent/facility costs								
ă	7	Food and beverages		8,313		8,313				
Direct	8	Entertainment								
ឨ	9	Other direct expenses .	12,94	3,974		16,919				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	•	(25,232)				
	11	Net income summary Combine III	nes 3 and 10 in column	(d)		-637				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted more than				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))				
~	1	Gross revenue			17,032	17,032				
<u> </u>	2	Cash prizes			2,443	2,443				
Direct Expenses	3	Non-cash prizes			5,263	5,263				
ă	4	Rent/facility costs								
Dred	5	Other direct expenses			5,362	5,362				
	6	Volunteer labor	┌ Yes	Г Yes Г No	✓ Yes <u>85 370 %</u> ✓ No					
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		(13,068)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		3,964				
9 a b	Ist	Enter the state(s) in which the organization operates gaming activities ND Is the organization licensed to operate gaming activities in each of these states?								
	Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493304011382

Name of the organization Jamestown College Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the the selection criteria used to award the grants or assistance?	ete if the organ		▽ Yes 「
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the the selection criteria used to award the grants or assistance?	ete if the organ	ance, and	▽ Yes ┌
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the the selection criteria used to award the grants or assistance?	ete if the organ		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient that the state of the state		u more man \$5,000.	
Part IV and Schedule I-1 (Form 990) if additional space is needed			
(a) Name and address of or government (b) EIN (c) IRC Code section or government (d) Amount of cash grant cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
		_	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		_	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Merit Scholarships	852	4,220,490			
(2) Athletic Scholarships	467	1,675,218			
(3) Tuition Waivers	35	371,974			
(4) Fine Art Scholarships	109	212,171			
(5) Other Scholarships	363	531,719			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 Scholarships are awarded to students based upon criteria such as need, area of study, grade point average, among others, as established by scholarship documents and donor restrictions. Scholarships are applied to the students' accounts to help cover the costs of tuition, room, and board.
		The organization calculates the number of recipients for each type of grant or assistance by tallying those who actually received each scholarship

Schedule I (Form 990) 2011

DLN: 93493304011382

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Jamestown College

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			45-0231180			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro					
	990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	<u> </u>	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	ļ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	✓ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com _l	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in		·			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53,4958-6(c)?	e rebutt	able presumption procedure described in Regulations	٩		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) Robert Badal	(I) (II)	187,091 0	0	0	9,500 0	9,154 0	205,745 0	0

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	, ,	The President's spouse receives a \$1230 allowance for travel to board meetings which is properly reported as taxable income on the W-2 The College's policies regarding travel approval and reimbursement apply. The President receives a housing allowance which is properly reported as taxable income on the W-2.

Schedule J (Form 990) 2011

Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493304011382

Open to Public **Inspection**

Internal Revenue Service Name of the organization Jamestown College

Department of the Treasury

(Form 990)

Employer identification number

45-0231180

										15-023	1180			
P	art I Bond Issues (a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	е ((f) Description	of Purpose	(g) De	feased	(h) Beha Iss	alfof		Pool
									Yes	No	Yes	No	Yes	No
A	City of Jamestown	45-6002009		07-24-2007	1,100,0	00 Ren	novation of Tab	er Hall		х		X		X
В	City of Jamestown	45-6002009		07-10-2007	2,040,0	00 Add	dition to Larson	Center		Х		Х		Х
c	City of Jamestown	45-6002009		06-15-2004	1,900,0	00 Hea	Heating & Cooling Renovation			Х		Х		х
D	City of Jamestown	45-6002009	470630BZ6	07-17-2003	1,859,6	14 Ref	Refunding of 1994 Bond Series		5	Х		Х		Х
Pa	art II Proceeds					'			1		1			
					Α_		В	3	С			—	D	
1_	A mount of bonds retired													
	A mount of bonds defeased Total proceeds of issue											 		
3	Gross proceeds in reserve fur		1	,100,00	00	2,040,000		1,9	900,000	1	1	,859,614		
4	Capitalized interest from proc		1							+		22,101		
5	Proceeds in refunding escrow				+							+		
6 7	Issuance costs from proceed				+	22,00	20	30,500			30,000	+		
8	Credit enhancement from process				+	22,000				30,000	+			
9	Working capital expenditures											+		
10	Capital expenditures from pro	· · · · · · · · · · · · · · · · · · ·			1	1,078,000 2,009		2,009,500	1,870,000			,——		
11	O ther spent proceeds				†	,0,00	, ,	2,003,300		- /		+		,837,513
12	O ther unspent proceeds				+							+		,007,010
13	Year of substantial completio	n			2008		200	08		2005		<u> </u>	2004	,
					Yes	No	Yes	No	Yes		No	Yes	<u> </u>	No
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х		Х			Х	Х		
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х		Х			Х			Х
16	Has the final allocation of pro-	Х		Х		Х			Х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?						х		Х			х		
Pa	Private Business U	Use												
					A			3		Ç			D	
l					Yes	No	Yes	No	Yes		No	Yes	<u>; </u>	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued)

	Private Business Use (Continued)			1				1	
			A	В			С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		X		х		×
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 % 0 %			0 %				
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	

Part IV Arbitrage

	-	Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×		X		X
2	Is the bond issue a variable rate issue?	X		X		X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		x		×		х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		×		×		×
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
6	Did the bond issue qualify for an exception to rebate?		Х		×		×		Х

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493304011382

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ►See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

	of the organization wn College							Er	nployer i	dent if ica	tion numb	er		
Jamesto	wii college							4 !	5-02311	80				
Part I														
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, P	art IV, line 25a o	or 25b, c	or Form	990-EZ <u>,</u>	Part V , lı	ne 40b			
1	(a) Name of disqu	ualified	person			(b) Desc	crintion	of tranca	action		Cor	(c) rected?		
-	(,		F			(b) Desc	-iiptioii ·	or cranse	action		Yes	No		
											133			
2 Fn	ter the amount of tax impos	ed on th	ne orga	nization man	laders or	disqualified ners	ons duri	na the v	ear unde	r				
	ction 4958								. •	· • \$ ——				
3 En	ter the amount of tax, if any	, on line	2, abo	ve, reimburs	sed by th	e organızatıon .			🕨	- \$				
Dowt I	I Loans to and/or F		Tetore	stad Dave										
Pait.	Complete if the organiz					, Part IV , line 26	, or Forr	n 990-E	Z, Part V	', lıne 38	a			
			oan to			ĺ			(f)					
(a) Nar	ne of interested person and		m the	(c)Original			(e) I defau		Approved by board or		(g)Writi			
	purpose	organı	zation?	principal	amount	(d)Balance due	ueiau	11,	committee?		agreeme	:110		
		То	From				Yes	No	Yes	No	Yes	No		
								<u> </u>		-				
								<u> </u>						
Total		<u> </u>	<u> </u>		▶ \$	1		1						
Part II						Persons.	<u> </u>							
	Complete if the orga						/, line 2	27.						
	(a) Name of interested pers	on	(-	•	en interested per ganization	rson	(c) A m	ount of g	rant or ty	pe of assi	stance		
(1) Jack	Bietz		Far	nıly Member	of Trust	ee						5,500		
(2) Ashl	ey Lındberg		Far	nıly Member	of Trust	ee						8,000		
(3) Jess	3) Jessica Steinwand Fa			Family Member of Trustee					14,000					

Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493304011382

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

	ne of the organization estown College				Employer identificat	ion nu	mber	
u	Stown College				45-0231180			
Pä	Types of Property			•				
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of de contribution	etermii	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods			40.275	· D - 1 - 1			
	Cars and other vehicles	X	1	10,3/5	Dealer Appraisal			
	Boats and planes							
	Intellectual property		4	24.275	ille I - A MV C-f-I			
	Securities—Publicly traded . Securities—Closely held stock .	X	4	34,2/5	Hı-Lo Avg MV-Gıft [<u> </u>		
	Securities—Partnership, LLC,				+			
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other				+			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
ŀ	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
	If "Yes," describe in Part II If the organization did not report	revenues	ın column (c) for a type of p	roperty for which column (a	a) is checked,			

describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation				
Third Party Use	l	Brokers are engaged to sell securities Realtors are engaged to sell contributed property				

Schedule M (Form 990) 2011

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

Open to Public Inspection

Name of the organization Jamestown College **Employer identification number**

45-0231180

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 1a	Committees Acting on Behalf of Board From time to time the Board of Trustees will authorize subcommittees of the board to act on their behalf. These committees are always composed of members of the governing body. The authority varies as granted by the board.
	Form 990, Part VI, Section A, line 2	Family and Business Relationships James Harty, Jr (Treasurer) and Robert Platz (Trustee) have a family relationship Ed Nafus (1st Vice Chair) and James Unruh (Chairman) have a business relationship Bart Holaday (Trustee) and Steve Bietz (Trustee) have a business relationship
	Form 990, Part VI, Section B, line 11	Form 990 Review A copy of the full Form 990 will be distributed to the full board for their review and comment prior to filing with the IRS. The full board has also delegated authority to review and approve the Form 990 to the Business Affairs and Audit Committee, which is comprised of current board members. A final version of the full Form 990 is submitted to this committee for review and approval before filing with the IRS.
	Form 990, Part VI, Section B, line 12c	It is the policy of Jamestown College that no Trustee or committee member, or their family members, should derive any personal profit or gain, directly of indirectly, by reason of his or her association with Jamestown College Each shall disclose to the Board any personal interest which he or she, or any family member may have in any matter pending before the Board or Board Committee Any Trustee who is uncertain about a possible conflict of interest in any matter may request the Executive Committee for an advance determination whether a conflict of interest exists. Disclosure statements shall be submitted annually to the Chair of the Board of Trustees, who with the President shall be responsible for the administration of the policy. A Trustee, Board Committee member or officer who has declared or been found to have a conflict of interest in any proposed action or matter shall refrain from participating in consideration except to provide information as requested by a Trustee. He or she shall not vote on the matter and, if so requested by the Chair or any Trustee, shall not be present at the time of discussion and/or vote.
	Form 990, Part VI, Section B, line 15	Compensation Process Annually, the Independent Personnel Committee reviews compensation and submits recommended changes to the full Board for approval The committee uses various peer and industry surveys for comparability data, including College and University Professionals Association Human Resources information The recommended changes and approval are documented in the board meeting minutes
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and financial statements are available to the public upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -1,687,088 (Increase) Decrease in CSV -36,938 Actuarial Gain (Loss) on Annuity Obligations -324,076 Change in Swap Liability -479,724 Total to Form 990, Part XI, Line 5 - 2,527,826
Financial Oversight	Form 990, Part XII, Line 2c	There was no change from prior years

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493304011382

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions. Inspection **Employer identification number**

Jamestown College				45-0231180)		
Part I Identification of Disregarded Entities (Comp	lete if the organization	n answered "Yes'	' on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete the tax year.)	of the organization	n answered "Yes"	on Form 990, Pai	rt IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		(g) 512(b)(13 trolled nization No
(1) Jamestown College Foundation 6088 College Lane Jamestown, ND 58405 36-3447067	Fundraising	ND	501(C)(3)	509(A)(3)	N/A	Yes	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructi	ions for Form 990.	Cat No 50	D135Y		Schedule R (Form 990) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)			(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No					
	ote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO					
	ng the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-					
	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No					
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No					
	and the second s										
	Louis of four guarantees to of for refuted organization(s)										
e L	oans or loan guarantees by related organization(s)			1e	+	No					
f S	ale of assets to related organization(s)			1f		No					
	xchange of assets with related organization(s)			1h		No					
	ease of facilities, equipment, or other assets to related organization(s)			1i		No					
j L	j Lease of facilities, equipment, or other assets from related organization(s)										
-											
	Performance of services or membership or fundraising solicitations by related organization(s)										
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
n S	n Sharing of paid employees with related organization(s)										
o F	eimbursement paid to related organization(s) for expenses			10		No					
p F	eimbursement paid by related organization(s) for expenses			1 p		No					
q	ther transfer of cash or property to related organization(s)			1 q		No					
r C	ther transfer of cash or property from related organization(s)			1r		No					
2 I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transact	cion thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt					
1) 2)											
2)											
3)											
4)											
5)											
6)		1		I							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		(f) Share of total income	nare of end-of-year amo		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011