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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

<u> </u>	or the	20 12 calendar year, or tax year beginning and	enaing				
B cr	heck if	C Name of organization		D Employer identifi	cation number		
		JAMESTOWN/STUTSMAN DEVELOPMENT					
느	Addres change Name change	CORPORATION		45 0	424540		
\vdash	Ichange Initial return	Doing Business As Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
-	Termin	· ·	Room/suite)252-6861		
\vdash	Jated]Amend	F. U. BOX 293	<u> </u>	G Gross receipts \$	1,227,876.		
\vdash	ireturn Applica tion	JAMESTOWN, ND 58402-0293					
	Jtion pendin	F Name and address of principal officer:GARY RIFFE		H(a) Is this a group refer affiliates?	Yes X No		
		, JAMESTOWN, ND 58401		H(b) Are all affiliates in			
1 T	nv ove	empt status:	or 527		list. (see instructions)		
		e: WWW · GROWINGJAMESTOWN · COM	01 321	H(c) Group exemption			
		organization: X Corporation Trust Association Other	1 Year		M State of legal domicile: ND		
	rt I	Summary	L I Cai	Oriormation. 1991	VI State of legal dofficite, 14D		
		Briefly describe the organization's mission or most significant activities: ECON	IOMTC I	TEVELOPMENT			
Activities & Governance	•	briefly describe the organization's mission of most significant activities. <u>1001</u>	IOTIT C I	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
nar	2	Check this box if the organization discontinued its operations or dispo	nsed of more	e than 25% of its net as	ssets		
Ver				3	15		
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			15		
S		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		· ···· · · · · · · · · · · · · · · · ·	6		
itie		Total number of volunteers (estimate if necessary)			0		
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ā		Net unrelated business taxable income from Form 990-T, line 34			0.		
~~	~	,		Prior Year	Current Year		
Revenue013	8	Contributions and grants (Part VIII, line 1h)		1,379,471.	1,057,298.		
ئق		Program service revenue (Part VIII, line 2g)		62,344.	31,281.		
~ο ~ο		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<2,792.	> 61,621.		
T.	ľ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,923.	71,779.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,485,946.			
<u> </u>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 1	359,042.	343,300.		
\Box	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
in a	ı	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,077.	189,644.		
Sec	1	Professional fundraising fees (Part IX, column (A), line-11e)		0.	0.		
SEXPENSES ED		Total fundraising expenses (Part IX, column (D) June 25)	" ö.				
朔	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,002,153.	702,340.		
	18	Total expenses. Add lines 13-17 (must equal Rart IX, column (A), line 25)	·	1,561,272.	1,235,284.		
	19	Revenue less expenses Subtract line 18 from line 12		<75,326.	<13,305·>		
Net Assets or Fund Balances		B.	В	eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16) OGDEN IIT		3,729,438.	3,744,893.		
ASS	21	Total liabilities (Part X, line 26)		66,552.	95,312.		
캺	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	3,662,886.	3,649,581.		
Pa	art II	Signature Block					
		alties of perjury, I dealare that I have examined this return, including accompanying schedul			y knowledge and belief, it is		
true,	, correc	ct, and complete. Decky on of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.			
		7 Marke					
Sig	n	Signature of Officer		Date			
Her	'e	GARY RIFFE, PRESIDENT					
		Type or print name and title		<u>. </u>			
	Print/Type preparer's name Preparer's signature Date Check PTIN						
Paid	j	DUANE R. DUNN delane K. Du	m	5-8-13 self-employ			
	parer	Firm's name SCHAUER & ASSOCIATES, PC	_	Firm's EIN	45-0350118		
Use	Only	Firm's address PO BOX 1808					
	JAMESTOWN, ND 58402-1808 Phone no. (701)252-5422						
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
2320	01 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form 990 (2012)		

ţ JAMESTOWN/STUTSMAN DEVELOPMENT 45-0424540 Page 2 CORPORATION Part III | Statement of Program Service Accomplishments Briefly describe the organization's mission: IN CONCERT WITH THE CITY OF JAMESTOWN AND STUTSMAN COUNTY AND UTILIZING THEIR SUPPLIED FUNDING, JSDC IS DEDICATED TO AREA ECONOMIC DEVELOPMENT GROWTH AND DIVERSIFICATION WITH SPECIFIC FOCUS ON INCREASING AND/OR PRESERVING PRIMARY SECTOR JOBS, BUSINESS AND Did the organization undertake any significant program services during the year which were not listed on If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 873,253. including grants of \$ 343,300.) (Revenue \$ ATTRACT NEW BUSINESS AND INDUSTRY AND SUPPORT EXISTING BUSINESS AND INDUSTRY (Code:) (Expenses \$ including grants of \$) (Revenue \$

				
				
				······································
				
łd	Other program services (Describe in S	schedule O)		
_	(Expenses \$	Including grants of \$) (Revenue \$)
le	Total program service expenses	873,253.		

Form 990 (2012)

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Porm 990 (2012) CORPORATION
Part IV Checklist of Required Schedules

			Yes	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_	L	<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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? If "Yes," complete Schedule C, Part II	4		
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		_X_
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 I	6		_X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		_X_
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 V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
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		X
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
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, Parts I and IV	14b		<u>X</u>
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2012) CORPORATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		Х
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
Ŭ		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
ZJA	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			**
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		35b		
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		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2012) CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance 45-0424540 Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	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 return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ĺ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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	}		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		—
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ĺ
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ł
	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i
11	Section 501(c)(12) organizations. Enter:			ł
a	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			ľ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	, , , , , , , , , , , , , , , , , , , ,			1
_	organization is licensed to issue qualified health plans			ĺ
	Enter the amount of reserves on hand	1/10		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14D		100.45

Form 990 (2012) CORPORATION

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 'No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI	<u> </u>			
Sec	tion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing		}		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u> </u>	1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	<u>5</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2_	ļ <u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4	L	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5	ļ	<u> X</u>
6	Did the organization have members or stockholders?		6		. X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				İ
	persons other than the governing body?		7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	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 boo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
Ŭ	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approv		1 3 3		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
2	The organization's CEO, Executive Director, or top management official		15a	x	ĺ
	Other officers or key employees of the organization		15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	1		
ioa	•		16a	ļ	х
h	taxable entity during the year?	to its participation	100		 **
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
			16b		
500	exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	100	L	<u> </u>
	· - · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501/a)(3)e anivi	availal	ole	
18		r (George Jorgo)s Offic	avallal	,.c	
	for public inspection. Indicate how you made these available. Check all that apply.	un Schodula Ol			
		n in Schedule O)	nd fine	nois!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	ornilict of interest policy, a	no rina	icial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books a	ina records of the organiz	สแดก:		_
	CONNIE J. OVA - (701) 252-6861	 			
	120 2ND STREET SE. JAMESTOWN. ND 58401				

rm 990 (2012)	CORPORATION

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

Check if Schedule O contains a response to any question in this Part VII

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. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and 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.

(A) Name and Title	(B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) GERALD HORNER	0.00										
DIRECTOR	0.00	X			_	<u> </u>		0.	0.	0.	
(2) CHRIS RATHJEN DIRECTOR	0.00	x			ŀ			0.	0.	0.	
(3) NICHOLAS SCHMIDT	0.00	^	-			\vdash	 	0.			
DIRECTOR		x						0.	0.	0.	
(4) TODD HUDSPETH	0.00		<u> </u>								
DIRECTOR		Х				<u> </u>		0.	0.	0.	
(5) ERIC TUCHSCHER	0.00				l		ļ	1			
DIRECTOR	<u> </u>	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(6) BOB TOSO	0.00	ļ									
DIRECTOR	0.00	X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.	
(7) MARK KLOSE	0.00	۱,,							0		
DIRECTOR	0.00	X		-		┢┈	-	0.	0.	0.	
(8) SHIRLEY JACKSON DIRECTOR	0.00	x						0.	0.	0.	
(9) DALE MARKS	0.00	Λ		-		 	-		0.	<u> </u>	
DIRECTOR	0,00	x						0.	0.	0.	
(10) KATIE ANDERSEN	0.00										
DIRECTOR		X						0.	0.	0.	
(11) RAMONE GUMKE	0.00										
DIRECTOR		X						0.	0.	0.	
(12) JAMES BOYD	0.00								_		
PAST PRESIDENT				X				0.	0.	0.	
(13) ALEX SCHWEITZER	0.00	-									
PRESIDENT	0.00	_	<u> </u>	X		-		0.	0.	0.	
(14) DENNIS ELLEFSON	0.00	ł		٦,				ĺ		0	
SECRETARY- TREASURER	0.00	-		X	┝	┢╾		0.	0.	0.	
(15) GARY RIFFE	0.00			x				0.	0.	0.	
VICE PRESIDENT	 	_	-	^				0.	0.	<u> </u>	
		1									
							\vdash				
		1									

Page 8

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A) *Name and title .	(B) Average hours per week (list any hours for	(do box offi	not c , unle cer an	Pos heck ss pe	ition more rson recto	than is bot or/trus	one h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) timate nount o other pensat om the	of
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	(W-2/1099-MISC)		and	anization d relate anization	ed
			_	_								, •-	
			-				-						
													
													-
			ļ 										
c	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					>		0. 0.	0 0			0. 0.
	Total number of individuals (including but no compensation from the organization						e) wh	no re			•1	·	0
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	or I	nighest compensated e	mplovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual					••••				3	-	X_
	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4	_	X
Sect	rendered to the organization? If "Yes," comition B. Independent Contractors	plete Scheduk	e <i>J f</i>	or su	ıch j	oers	on_			<u></u>	5		X
1	Complete this table for your five highest co the organization. Report compensation for		-							•	sation fr	rom	
	(A) Name and business	address	NC	ONE	C			_	(B) Description of s	ervices	(C Comper		
													
			 .					+	· - · · · ·			·	
	Total number of independent contractors (i	-	ot lır	nite	d to	_		ted	above) who received m	ore than			
	\$100,000 of compensation from the organi	∡αιι∪ι1 ▶				(Гогт С	200 (0)	24.0)

Form 990 (2012) CORPORATION
Part VIII | Statement of Revenue

	_	Check if Schedule O contains a	response	to any question	in this Part VIII			[]
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f.	1b 1c 1d 1e	999,480.		-	-	
O B	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<u></u>	1,057,298.	· · ·		
	_	COLLEGETON OF TAXES		Business Code				
မှို	2 a	COLLECTION OF INTE	REST	525990	. 31,281.	31,281.		
re j	b						· · · · · · · · · · · · · · · · · · ·	
m Sel	С						···	
Re	d							
Program Service Revenue	е							
<u>. </u>	f	All other program service revenue		ļ				
	9	Total. Add lines 2a-2f			31,281.			
	3	Investment income (including divide		•				
		other similar amounts)						
	4	Income from investment of tax-exer		•				
	5	Royalties		il .				
) Real	(II) Personal				
	6 a		,346.			i		
	b	Less: rental expenses	0.					
	С		,346.	<u> </u>				
	d	Net rental income or (loss)			.39,346.	39,346.		
	7 a	, 	ecurities	(ii) Other				
			,518.			İ		
	b	Less: cost or other basis						
			<u>,897.</u>					
	С	·	,621.					
	d	J ()		<u> </u>	61,621.	61,621.		
e E	8 a	Gross income from fundraising ever	ts (not					
Other Reven		including \$	of		ļ			
Re		contributions reported on line 1c). S						
ře		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fundraisin	-	<u></u>				
	9 a	Gross income from gaming activities					İ	
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming ac		<u> ▶</u>				···
	10 a	Gross sales of inventory, less return						
		and allowances	_					
		Less: cost of goods sold		L				
}	с	Net income or (loss) from sales of in	ventory	>				
1		Miscellaneous Revenue	TONTO	Business Code	17 040	17 040		
		EXPENSE REIMBURSEM		525990	17,240.	17,240.		
		CHAMBER REIMBURSEM	<u>ги.т.</u>	525990	14,693.	14,693.		.
	C	All attaches		E25000	F 7 7	F00		
	d			525990	500.	500.		
		Total. Add lines 11a-11d		🟲	32,433.	164 601		
23200	12	Total revenue. See instructions.		🕨	<u>1,221,979.</u>	164,681.	0.	0.

Form 990 (2012) CORPORATION
Part IX Statement of Functional Expenses

	Control of Tunctional Expens									
Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response to any question in this Part IX									
Do i	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	. 343,300.	343,300.							
2	Grants and other assistance to individuals in		<u> </u>							
_	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,				 					
•	organizations, and individuals outside the									
A	United States. See Part IV, lines 15 and 16				-					
4	Benefits paid to or for members				 					
5	Compensation of current officers, directors,									
_	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	157,764.		157,764.						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	5,891.		5,891.						
9	Other employee benefits	. 13,962.		13,962.						
10	Payroll taxes	12,027.		12,027.						
11	Fees for services (non-employees):			, ==						
а	Management]					
b	Legal	<1,250.	>	<1,250.	>					
	Accounting	20,906.	·	20,906.						
d		. 20,500		20,200.						
u	Professional fundraising services. See Part IV, line 17									
4			 							
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	_								
12	Advertising and promotion	20 604		20.00						
13	Office expenses	32,681.		32,681.						
14	Information technology									
15	Royalties		/							
16	Occupancy	74,905.	2,855.	72,050.						
17	Travel	966.		966.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	· 24,628.		. 24,628.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	. 37,609.	20,480.	• 17,129.						
23	Insurance	1,801.	· · · · · · · · · · · · · · · · · · ·	1,801.						
24	Other expenses. Itemize expenses not covered	, , , , , ,								
	above. (List miscellaneous expenses in line 24e. If line	}			-					
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	REPAYMENT OF PRINCIPAL	. 154,741.	154,741.	/						
h	WRITE OFF NOTE RECEIVAB	140,740.	140,740.	1 Grants	SECA					
	PROJECTS	77,714.	· 77,714.	15.807 - 1000	+907					
ن بر	MARKETING & RECRUITING	64,332.	64,332.	13,001	 					
- -	All other expenses	72,567.	69,092.	. 3,475.	 					
25	Total functional expenses. Add lines 1 through 24e	.1,235,284.	· 873,253.	. 362,030.	0.					
26	Joint costs. Complete this line only if the organization			,, .,						
	reported in column (B) joint costs from a combined		+ 66,238	- 66,239						
	educational campaign and fundraising solicitation.	1,235,283	801 015	428,268						
	Check here if following SOP 98-2 (ASC 958-720)		04	10-10	000 (200)					

Form 990 (2012)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
		`	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	366,810.	1	345,821.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	31,128.	4	17,680.
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete			
	ļ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	=		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,496,951.	7	1,552,535.
As	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges	26,056.	9	26,621.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,958,021?			
	b	Less: accumulated depreciation	1,733,493.	10c	1,727,236.
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	75,000.	13	75,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,729,438.	16	3,744,893.
	17	Accounts payable and accrued expenses	66,552.	17	70,707.
	18	Grants payable		18	··· •
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u></u>
Þİİ	22	Loans and other payables to current and former officers, directors, trustees,			
Lia		key employees, highest compensated employees, and disqualified persons.		00	
	00	Complete Part II of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	24,605.
		Other liabilities (including federal income tax, payables to related third		24	24,005.
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Schedule D Total liabilities. Add lines 17 through 25	66,552.	26	95,312.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	00,73321	20	7375221
S		complete lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	565,711.	27	618,365.
alar	28	Temporarily restricted net assets	000,,220	28	220/001
ã	29	Permanently restricted net assets	3,097,175.	29	3,031,216.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here		 -	<u> </u>
P.	-	and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
žΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3,662,886.		3,649,581.
	34	Total liabilities and net assets/fund balances	3,729,438.	34	3,744,893.
					Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2012) CORPORATION	45-042	4540	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,221	L,9	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,235	5,2	<u>84.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<13	3,3	<u>05.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,662	2,8	<u>86.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	3,649	, 5	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			_
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			•	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

Form **990** (2012)

ŠCHEDULE D

(Førm 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

JAMESTOWN/STUTSMAN DEVELOPMENT CORPORATION

Employer identification number 45-0424540

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	, , , , , , , , , , , , , , , , , , ,
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	5 5	•
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	Processory.	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic str		1 - 1
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	•	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	**	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1 1		
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenues included in Form 990, Part VIII, line 1		• \$
h	Assets included in Form 990, Part Y		▶ \$

	dule D (Form 990) 2012 CORPORAT				 			<u>45-04</u>			ige 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Simil	<u>ar Asse</u>	ts(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	is, chec	k any of the	following tha	ıt are a sig	nificant	use of its	collection	items	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
¢	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or								_		_
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's co	ollection?	<u></u>	<u></u> .	<u>L</u>	Yes		No_
Par	t IV Escrow and Custodial Arrang		et e if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded		_	_	_
	on Form 990, Part X?							□	Yes	L.,	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c		_		
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217						_ Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>		<u> </u>
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10		 			
	ļ.	(a) Current year	(b) F	rior year	(c) Two year	rs back (i) Three y	ears back	(e) Four	years l	oack_
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses			_					 		
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses								<u> </u>		
g	End of year balance								L		
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for the	e organiz	ation	٦		
	by:									Yes	<u>No</u>
	(i) unrelated organizations								3a(i)	\rightarrow	
	(ii) related organizations								3a(ii)		
	If "Yes" to 3a(ii), are the related organizations								3b		
HDO:	Describe in Part XIII the intended uses of the						•				
Pai	t VI Land, Buildings, and Equipm				1						
	Description of property	(a) Cost or o			or other		cumulate		(d) Book	value)
	l and	basis (investr	nem)		(other)	debi	eciation			- ~	7.
	Land				5,976.		67 6			5,9'	
	Buildings				8,431.	<u>· 1</u>	67,6	2	1,080	1, 14	<u> </u>
	Leasehold improvements			11	2 614		62 0	04) E	20
	Equipment			7.7	3,614.		63,0	74.		5, 5	<u>4U.</u>
	Other	15 5	· ·	(7) ((0(-))				1 725	7 7	26
<u>i ota</u>	I. Add lines 1a through 1e. (Column (d) must ed	quai rorm 990, Part	x, colur	nn (8), line 1	U(C).) .				1,727	<u>, 4</u> .	<u> </u>

Schedule D (Form 990) 2012 CORPORATION			45	-0424540 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	i-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)		·		
(D)			<u></u>	
(E)				
	···			
(H)			 	
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990 Part V			·
(a) Description of investment type	(b) Book value	(c) Method of v	/aluation: Cost or end	l-of-year market value
		(0)		or your marrier raise
(2)				
(3)				
(4)				
(5)	- · ·			
(6)				
(7)				
(8)				·-· ·
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			, ,	
Part IX Other Assets. See Form 990, Part X, line 1	5.		· · · · · · · · · · · · · · · · · · ·	
(a) C	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(7)	·			
(8)				
(9)				
(10)		<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.) </u>	<u> </u>	<u> ,</u> ▶	
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.		T	
1. (a) Description of liability		(b) Book value	1	
(1) Federal income taxes			<u> </u>	
(2)				
(3)				
(4)		-		
(5)			-	
(6)			-	
	_		-	
(8)			-	
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text		_		
liability for uncertain tax positions under FIN 48 (ASC 74	iu). Check here if the	e text of the footnote has	peen provided in Par	T XIII

	dule D (Form 990) 2012 CORPORATION	45-(1424540 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	1,221,979.
2	Amounts 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		
	Recoveries of prior year grants2c		
	<u></u>		
	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		1,221,979.
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		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,221,979.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements		1,235,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2/200/2014
- а	Donated services and use of facilities		
b			
c			
d			
_	Other (Describe in Part XIII.)		0.
	Add lines 2a through 2d		1,235,284.
3	Subtract line 2e from line 1		1,233,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	 ,	0
_	Add lines 4a and 4b		$\frac{0.}{1,235,284.}$
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,233,204.
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, II e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		
			
			·

Schedule D (Form 990) 2012

CHEDULE			OMB No. 1545-0047	•
orm 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	2012	•
epartment of the Treasury	he Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public	
ternal Revenue Service	re Service	► Attach to Form 990.	Inspection	
ame of the	e organization	ame of the organization JAMESTOWN/STUTSMAN DEVELOPMENT	Employer identification number	
	ı	CORPORATION	45-0424540	
Part I	General Inform	General Information on Grants and Assistance		
1 Does	the organizatio	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	u	

2 |

X Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

criteria used to award the grants or assistance?

Schedule I (Form 990) (2012)					ions for Form 990.	see the Instruct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
1.		. :		isted in the line 1 table	ganizations listed in the	nd government or	Enter total number of section 501 (c)(3) and government organizations leaded to the local state.
		;					
				45,000.			CARBONTEC ENERGY CORPORATION 923 E INTERSTATE AVE BISMARCK, ND 58503
				.000			ENDLESS HARVEST 1202 POKEGAMA LAKE ROAD GRASSTON, MN 55030
				25,000,			PHARMAKON SOLUTIONS, LLC 5610 ROWLAND ROAD, SUITE 130 MINNETONKA, MN 55343
			0	208,300.			BUFFALO CITY TOURISM FOUNDATION 404 LOUIS L'AMOUR LANE JAMESTOWN, ND 58401
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
/, line 21, for any	res" to Form 990, Part IV	anization answered "Y	omplete if the orga	• United States. Conal space is need	d Organizations in the be duplicated if addıti	Governments and 55,000. Part II can	Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

232101 12-18-12

Page 2

45-0424540

CORPORATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III Grants and Other

tance							0) (2012)
(f) Description of non-cash assistance							Schedule I (Form 990) (2012)
(t) Desc			nformation.				
(e) Method of valuation (book, FMV, appraisal, other)			i (b), and any other additional ii				
(d) Amount of non- cash assistance			line 2, Part III, column				
(c) Amount of cash grant			n required in Part I,				
(b) Number of recipients			de the information				
(a) Type of grant or assistance			Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				2-18-12
			Part IV				232102 12-18-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JAMESTOWN/STUTSMAN DEVELOPMENT CORPORATION

Employer identification number 45-0424540

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDUSTRIAL DEVELOPMENT, CREATING, FOSTERING, AND MAINTAINING BUSINESS
AND TRADE ACTIVITIES, ENCOURAGING AND PROVIDING INCENTIVES FOR BUSINESS
ENTREPRENEURS TO LOCATE/RELOCATE TO OUR COMMUNITY
FORM 990, PART VI, SECTION B, LINE 11: A COPY IS PROVIDED TO THE EXECUTIVE
BOARD AT A MEETING WHERE IT IS REVIEWED AND APPROVED FOR FILING
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST
DECLARATION IS THE SECOND ITEM ON THE MONTHLY BOARD AGENDAS FOR DIRECTORS
TO DECLARE REGARDING BUSINESS TO BE CONDUCTED AT THE MEETING
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE BOARD ANNUALLY
EVALUATES THE EXECUTIVE DIRECTOR AND APPROVES ANY CHANGES IN COMPENSATION
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS ARE POSTED
ON THE ORGANIZATIONS WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED
ON THE MONTHLY AGENDA AND THE BOARD MEETINGS ARE OPEN TO THE PUBLIC. THE
EXECUTIVE DIRECTOR'S ANNUAL REPORT IS POSTED ON THE WEBSITE AND THE ANNUAL
AUDIT IS DISTRIBUTED AT THE ANNUAL MEETING
THE EXECUTIVE BOARD SERVES AS THE OVERSIGHT COMMITTEE FOR THE AUDIT AND
THIS PROCEDURE HAS NOT CHANGED FROM THE PRIOR YEAR