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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation THE JAMF NATION GLOBAL FOUNDATION		A Employer identification number 46-1591030	
Number and street (or P O box number if mail is not delivered to street address) 301 4TH AVENUE SOUTH NO 1075		B Telephone number (see instructions) (612) 605-6625	
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 104,584		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	105,825			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	105,825	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	1,800	0		1,800
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	1,652	0		1,652
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	40	0		40
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	3,492	0		3,492
	25 Contributions, gifts, grants paid . . . . .	73,094			73,094
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	76,586	0		76,586
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	29,239			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	75,345	104,584	104,584
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule). . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	75,345	104,584	104,584
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	75,345	104,584	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	75,345	104,584	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . .	75,345	104,584	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 75,345
2	Enter amount from Part I, line 27a . . . . .	2 29,239
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3 . . . . .	4 104,584
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 104,584

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	24,655	56,263	0.438210	
2012				
2011				
2010				
2009				
2	Total of line 1, column (d). . . . .		2	0.438210
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .		3	0.438210
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .		4	140,557
5	Multiply line 4 by line 3. . . . .		5	61,593
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		6	0
7	Add lines 5 and 6. . . . .		7	61,593
8	Enter qualifying distributions from Part XII, line 4. . . . .		8	76,586
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1

Date of ruling or determination letter \_\_\_\_\_ (attach copy of letter if necessary—see instructions)

1

0

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2. . . . .

3

0

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

0

6

Credits/Payments

a

2014 estimated tax payments and 2013 overpayment credited to 2014

6a

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868) . . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

0

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .

9

0

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .

10

11

Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded

11

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .

1b

No

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c

Did the foundation file Form 1120-POL for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .

2

No

If "Yes," attach a detailed description of the activities.

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .

5

No

If "Yes," attach the statement required by General Instruction T.

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)

▶ MN

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .

8b

Yes

9


Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?

9

No

If "Yes," complete Part XIV . . . . .

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.  . . . . .

10

Yes

Form 990-PF (2014)

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of DANIEL J KINSELLA Telephone no (612) 605-6625 Located at 301 4TH AVENUE SOUTH STE 1075 MINNEAPOLIS MN ZIP +4 55415			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions ).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Form 990-PF (2014)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	0



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	142,697
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	142,697
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	142,697
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	2,140
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	140,557
6	Minimum investment return. Enter 5% of line 5. . . . .	6	7,028

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	7,028
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	7,028
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	7,028
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	7,028

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	76,586
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	76,586
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	76,586

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				7,028
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .				
b From 2010. . . . .				
c From 2011. . . . .				
d From 2012. . . . .				
e From 2013. . . . .				21,842
f Total of lines 3a through e. . . . .	21,842			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 76,586				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2014 distributable amount. . . . .				7,028
e Remaining amount distributed out of corpus	69,558			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	91,400			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	91,400			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				21,842
e Excess from 2014. . . .				69,558

## Part XIV

\_\_\_\_\_

4942(j)(3) or 4942(j)(5)

**3** Complete 3a, b, or c for the alternative test relied upon

## Part XV

**1**

• List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

## 2

other conditions, complete items 2a, b, c, and d

**b** The form in which applications should be submitted and information and materials they should include

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	73,094
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes


Form **990-PF** (2014)



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation


(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAMES W HANSEN	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
CHRISTOPHER J PEARSON	DIRECTOR/CHAIRMAN 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
JASON WUDI	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
DANIEL J KINSELLA	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
R ZACHARY HALMSTAD	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
KATIE BOSCH	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
RACHEL KJOS	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
BEN MICHAEL	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
JASON WUDI	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
JIM HANSEN	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
JILL PUTNAM	DIRECTOR/TREASURER 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
MEGHAN HUTCHINS	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				
ADAM SEGAR	DIRECTOR 0 50	0	0	0
301 4TH AVENUE S MINNEAPOLIS,MN 55415				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALS ASSOCIATION 27001 AGOURA RD SUITE 250 CALABASAS HILLS,CA 91301	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	455
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	75
AMERICAN REFUGEE COMMITTEE 615 1ST AVE N MINNEAPOLIS,MN 55413	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	4,960
ALS THERAPY DEVELOPMENT INST 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE,MA 02139	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
AMERICAN CANCER SOCIETY 2520 PILOT KNOB RD SUITE 150 MENDOTA HEIGHTS,MN 55120	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	430
BIG BROTHERS BIG SISTERS OF NW WI 424 GALLOWAY STREET EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	155
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE NEW YORK,NY 10001	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	325
BLESSED NUNO SOCIETY 1240 WEST FRONTAGE RD STILLWATER,MN 55082	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	2,000
BOLTON REFUGE HOUSE PO BOX 482 EAU CLAIRE,WI 54702	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	300
BROOKLYN PARK LIONS DRUM & BUGLE CORPS 8818 JERSEY AVE N BROOKLYN PARK,MN 55445	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	700
CHICAGO PUBLIC MEDIA 848 E GRAND AVE CHICAGO,IL 60611	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	40
GIRLS WHO CODE 919 THIRD AVE NEW YORK,NY 10010	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	25
CHILDREN'S OF MN 2910 CENTRE POINTE DRIVE ROSEVILLE,MN 55113	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	100
GUADALUPE MONTESSORI SCHOOL 1731 N ALABAMA ST SILVER CITY,NM 88061	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
CHIPPEWA VALLEY HABITAT FOR HUMANITY 2233 GOLF ROAD EAU CLAIRE,WI 54701	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
<b>Total . . . . .</b>  <b>3a</b>				73,094




Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CODEORG 1301 FIFTH AVE SUITE 1225 SEATTLE,WA 98101	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS,CO 80921	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	424
DOWNTOWN EAU CLAIRE INC 204 S FARWELL ST PO BOX 5148 EAU CLAIRE,WI 54702	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	1,800
DEPARTMENT OF HUMAN RESOURCES 721 OXFORD AVE EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	1,000
EAU CLAIRE COMMUNITY FOUNDATION 306 S BARSTOW ST SUITE 104 EAU CLAIRE,WI 54701	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	400
UNIV OF WISCONSIN - EAU CLAIRE FDN SCHOFIELD HALL 214 EAU CLAIRE,WI 54702	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
EAU CLAIRE HUSKY HOOPS 2845 WELLINGTON DR W EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	3,300
EAU CLAIRE REGIONAL ARTS CENTER 316 EAU CLAIRE STREET EAU CLAIRE,WI 54701	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	475
EAU CLAIRE CHILDREN'S THEATER 1814 N OXFORD AVE EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	200
FEED MY PEOPLE 2610 ALPINE RD EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	1,000
FRIENDS OF THE MISSISSIPPI RIVER 360 NORTH ROBERT ST SUITE 400 SAINT PAUL,MN 55101	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
HEIFER INTERNATIONAL 1 WORLD AVE LITTLE ROCK,AR 72202	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	340
HMONG MUTUAL ASSISTANCE ASSOCIATION 423 WISCONSIN ST EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	2,500
LIZ LOGELIN FOUNDATION 2201 ESSEX RD MINNETONKA,MN 55305	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	75
MACC FUND 10000 W INNOVATION DR SUITE 135 MILWAUKEE,WI 53226	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	50
<b>Total . . . . .</b>  <b>3a</b>				73,094

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
METRO RELIEF PO BOX 560962 THE COLONY,TX 75056	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	300
MIDWEST ANIMAL RESCUE 83RD AVE N BROOKLYN PARK,MN 55443	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	6,355
MILKWEED EDITION 1011 WASHINGTON AVE SOUTH SUITE 300 MINNEAPOLIS,MN 55415	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
MINNESOTA PUBLIC RADIO 480 CEDAR ST SAINT PAUL,MN 55101	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	500
MINNSTAR 2186 MAILAND ROAD E ST PAUL,MN 55119	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	100
MOVEMBER FOUNDATION PO BOX 1595 CULVER CITY,IA 90232	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	25
NORTH DAKOTA STATE UNIVERSITY 1241 N UNIVERSITY DR FARGO,ND 58102	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	250
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVESUITE 200 MANHATTAN BEACH,CA 90266	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	100
PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS,MN 55415	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
PREVENT CHILD ABUSE AMERICA 228 SOUTH WABASH AVE CHICAGO,IL 60604	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	250
RAGOM 5800 BAKER ROAD SUITE 120 MINNETONKA,MN 55345	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	75
SBC STEMLINK5 2 PINE TREE DR SUITE 101 ARDEN HILLS,MN 55112	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE SAINT PAUL,MN 55109	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	750
SPECIAL OLYMPICS 1133 19TH STREET NW 12TH FLOOR WASHINGTON,DC 20036	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,035
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	200
<b>Total . . . . .</b>  <b>3a</b>				73,094

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TALAHY COMMUNITY SCHOOL 1321 UNIVERSITY DR SE ST CLOUD,MN 56304	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	1,700
THE COMMUNITY TABLE 320 PUTNAM ST EAU CLAIRE,WI 54703	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
THE SANNEH FOUNDATION 2090 CONWAY ST SAINT PAUL,MN 55119	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	75
TREE TRUST 2231 EDGEWOOD AVE S ST LOUIS PARK,MN 55426	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	5,000
TURTLE LAKE ELEMENTARY PTA 1141 LEPAK CT SHOREVIEW,MN 55126	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	250
UNITED CEREBRAL PALSEY 1825 K STREET NW SUITE 600 WASHINGTON,DC 20006	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	50
UNIVERSITY OF MN FOUNDATION MCNAMARA ALUMNI CENTER 200 OAK ST SOUTH SUITE 500 MINNEAPOLIS,MN 55455	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	150
WILDLIFE REHABILITATION AND RELEASE E 9356 830TH AVE COLFAX,WI 54730	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	3,000
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVE MADISON,WI 53706	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	100
YMCA OF EAU CLAIRE 700 GRAHAM AVE EAU CLAIRE,WI 54701	NONE	PUBLIC CHARITY	PROGRAM SUPPORT	200
<b>Total . . . . .</b>  <b>3a</b>				73,094

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Name of the organization	Employer identification number
THE JAMF NATION GLOBAL FOUNDATION	46-1591030

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMF SOFTWARE LLC 301 4TH AVENUE S  MINNEAPOLIS, MN 55415	\$ 105,825	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

<b>Name of organization</b> THE JAMF NATION GLOBAL FOUNDATION	<b>Employer identification number</b> 46-1591030
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Part II

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

<b>Name of organization</b> THE JAMF NATION GLOBAL FOUNDATION	<b>Employer identification number</b> 46-1591030
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

## TY 2014 Accounting Fees Schedule

**Name:** THE JAMF NATION GLOBAL FOUNDATION

**EIN:** 46-1591030

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	1,800	0		1,800



**TY 2014 Other Expenses Schedule****Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	15	0		15
MN REGISTRATION FEES	25	0		25

## TY 2014 Substantial Contributors Schedule

**Name:** THE JAMF NATION GLOBAL FOUNDATION

**EIN:** 46-1591030

Name	Address
JAMF SOFTWARE LLC	301 4TH AVE SOUTH SUITE 1075 MINNEAPOLIS, MN 55415