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Amended  
Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Department of the Treasury  
Internal Revenue Service(7)

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

## A For the 2007 calendar year, or tax year beginning

, 2007, and ending

## B Check if applicable

- Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

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

## C Name of organization

MOWA Band of Choctaw Indians

Number and street (or P O box if mail is not delivered to street addr) Room/suite

1080 Reservation Road

City, town or country

State ZIP code + 4

Mt. Vernon

AL 36560

## D Employer Identification Number

63-0820577

## E Telephone number

(251) 829-5500

## F Accounting method:

 Cash  Accrual Other (specify) ►

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

## G Web site: ► N/A

J Organization type  
(check only one)►  501(c) 3 ◀ (insert no)  4947

527

K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,801,360.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates?  Yes  No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included?  Yes  No  
(If 'No,' attach a list. See instructions)H (d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ►

M Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

## D Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

- a Contributions to donor advised funds  
b Direct public support (not included on line 1a)  
c Indirect public support (not included on line 1a)  
d Government contributions (grants) (not included on line 1a)  
e Total (add lines 1a through 1d) (cash \$ 234,879. noncash \$ 1,357,500.)

1a	
1b	1,392,390.
1c	
1d	199,989.

1e 1,592,379.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 1,729.

5 Dividends and interest from securities

5

6a Gross rents

6a	22,372.
6b	

6c 22,372.

b Less rental expenses

c Net rental income or (loss) Subtract line 6b from line 6a

7 Other investment income (describe) ►

7

8a Gross amount from sales of assets other than inventory

## (A) Securities

## (B) Other

8a	112,350.
8b	44,762.
8c	67,588.

8d 67,588.

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule) See L-8 SEnt REFILED

d Net gain or (loss) Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule) If any amount is from gaming, check here ► 

a Gross revenue (not including \$ 81,150 of contributions reported on line 1b)

9a	
9b	

9c

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

10a	
10b	

10c

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

STATUTE UNIT  
RECEIVED

JUL 25 2014
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12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

TPR BRANCH  
OPEN

18 Excess or (deficit) for the year Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

EX-  
PENSESASSET-  
TAXESRec in  
Branch  
Date  
JUL 23 2014

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct*)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	<b>(A) Total</b>	<b>(B) Program services</b>	<b>(C) Management and general</b>	<b>(D) Fundraising</b>
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here ► <input type="checkbox"/>				
<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <i>See LIn</i>	<b>23</b> 97,888.	<b>97,888.</b>		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <i>See L-25a Stmt</i>	<b>25a</b> 46,512.	<b>46,512.</b>	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 38,323.	0.	<b>38,323.</b>	0.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b> 18,826.	<b>10,742.</b>	<b>8,084.</b>	0.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 246.	14.	<b>232.</b>	0.
<b>34</b> Telephone	<b>34</b> 11,217.	<b>7,863.</b>	<b>3,354.</b>	0.
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 56.	56.	0.	0.
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 15,435.	<b>15,435.</b>	0.	0.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 10,590.	0.	<b>10,590.</b>	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 11,818.	0.	<b>11,818.</b>	0.
<b>43</b> Other expenses not covered above (itemize)				
<b>a Admin/miscellaneous</b>	<b>43a</b> 14,887.	<b>8,245.</b>	<b>6,642.</b>	0.
<b>b Youth athletics</b>	<b>43b</b> 2,164.	0.	<b>2,164.</b>	0.
<b>c Election expense</b>	<b>43c</b> 2,306.	0.	<b>2,306.</b>	0.
<b>d Insurance</b>	<b>43d</b> 557.	0.	<b>557.</b>	0.
<b>e Bank charges</b>	<b>43e</b> 210.	0.	<b>210.</b>	0.
<b>f Utilities</b>	<b>43f</b> 101.	0.	<b>101.</b>	0.
<b>g Other general expense</b>	<b>43g</b> 83,169.	0.	<b>10,528.</b>	<b>72,641.</b>
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 354,305.	<b>186,755.</b>	<b>94,909.</b>	<b>72,641.</b>

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

►  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services

\$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Public Charity</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<u>a Assisted over 300 local community members qualifying as low-income based upon government guidelines with utility subsidies to include payments for electricity and natural gas</u>	
(Grants and allocations \$ <u>77,770.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>77,770.</u>
<u>b Assisted over 300 members by providing food subsidy from the local area food bank</u>	
(Grants and allocations \$ <u>16,452.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>20,118.</u>
<u>c Provided administrative and managerial support including office overhead charges to administer needs-based community programs to include social service counseling</u>	
(Grants and allocations \$ <u>0.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>88,867.</u>
<u>d</u>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<u>e Other program services</u>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ► <u>186,755.</u>	

BAA

Form 990 (2007)

## Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
ASSETS	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
45 Cash – non-interest-bearing		52,385.	45	124,483.	
46 Savings and temporary cash investments		11,000.	46	15,000.	
47a Accounts receivable		47a 132.			
b Less allowance for doubtful accounts		47b	132.	47c 132.	
48a Pledges receivable		48a			
b Less allowance for doubtful accounts		48b		48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)		51a			
b Less allowance for doubtful accounts		51b		51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54a Investments – publicly-traded securities		► Cost	FMV	54a	
b Investments – other securities (attach sch)		► Cost	FMV	54b	
55a Investments – land, buildings, & equipment basis		55a			
b Less accumulated depreciation (attach schedule)		55b		55c	
56 Investments – other (attach schedule)				56	
57a Land, buildings, and equipment basis		57a 1,700,242.			
b Less accumulated depreciation (attach schedule)		57b 137,210.	261,039.	57c 1,563,032.	
58 Other assets, including program-related investments (describe ► _____)				58	
59 Total assets (must equal line 74) Add lines 45 through 58				324,556. 59 1,702,647.	
60 Accounts payable and accrued expenses				21,396. 60 1,368.	
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				127,359. 64b 110,517.	
65 Other liabilities (describe ► See Line 65 Stmt _____)				129,233. 65 28,550.	
66 Total liabilities. Add lines 60 through 65				277,988. 66 140,435.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted				46,568. 67 1,562,212.	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)				46,568. 73 1,562,212.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73				324,556. 74 1,702,647.	

**Part V Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)**

- a Total revenue, gains, and other support per audited financial statements  
 b Amounts included on line a but not on Part I, line 12

- 1 Net unrealized gains on investments  
 2 Donated services and use of facilities  
 3 Recoveries of prior year grants  
 4 Other (specify) \_\_\_\_\_

-----  
 Add lines b1 through b4

- c Subtract line b from line a  
 d Amounts included on Part I, line 12, but not on line a:

- 1 Investment expenses not included on Part I, line 6b  
 2 Other (specify) \_\_\_\_\_

-----  
 Add lines d1 and d2

- e Total revenue (Part I, line 12) Add lines c and d

b1
b2
b3
b4

a \_\_\_\_\_

d1
d2

b \_\_\_\_\_

c \_\_\_\_\_

d1
d2

d \_\_\_\_\_

e \_\_\_\_\_

**Part V Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

- a Total expenses and losses per audited financial statements  
 b Amounts included on line a but not on Part I, line 17:

- 1 Donated services and use of facilities  
 2 Prior year adjustments reported on Part I, line 20  
 3 Losses reported on Part I, line 20  
 4 Other (specify) \_\_\_\_\_

-----  
 Add lines b1 through b4

- c Subtract line b from line a  
 d Amounts included on Part I, line 17, but not on line a:

- 1 Investment expenses not included on Part I, line 6b  
 2 Other (specify) \_\_\_\_\_

-----  
 Add lines d1 and d2

- e Total expenses (Part I, line 17) Add lines c and d

b1
b2
b3
b4

a \_\_\_\_\_

d1
d2

b \_\_\_\_\_

c \_\_\_\_\_

d1
d2

d \_\_\_\_\_

e \_\_\_\_\_

**Part VI Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the 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 plans	(E) Expense account and other allowances
Wilford Taylor 1080 Red Fox Road Mt Vernon AL 36560	Coordinator 40.00	31,032.	0.	0.
Christine Weaver 1080 Red Fox Road Mt Vernon AL 36560	Admin Assistant 40.00	15,480.	0.	0.
Edward Orso 1080 Red Fox Road Mt Vernon AL 36560	Chairman 4.00	0.	0.	0.
Kesler Weaver, Sr 65 Clements Weaver Rd McIntosh AL 36553	Vice-Chairman 4.00	0.	0.	0.
Darren Snow 1080 Red Fox Road Mt Vernon AL 36560	Secretary 4.00	0.	0.	0.

See List of Officers, Directors, Trustees, & Key Employees Statement



## Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	12,000.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. ; section 4955 ► 0.		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	2
91a The books are in care of ► <u>Framon Weaver, Chief</u> Telephone number ► (251) 829-5500 Located at ► <u>1080 Reservation Road</u> <u>Mt. Vernon</u> <u>AL</u> ZIP + 4 ► <u>36560</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	91b	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

 Yes  No

If 'Yes,' enter the name of the foreign country ►

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here

 91c 

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated

93 Program service revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees &amp; contracts from government agencies

94 Membership dues and assessments

95 Interest on savings &amp; temporary cash invmts

96 Dividends &amp; interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from pers prop

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a \_\_\_\_\_

b Pow Wow Event

c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ► 164,219.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

N/A

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

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

 Yes  No

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

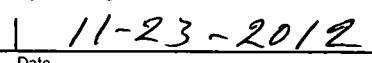
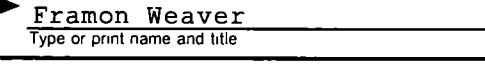
 Yes  No

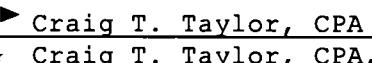
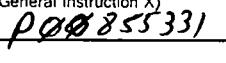
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No
106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					
<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
		Date			
	Signature of officer				
		Type or print name and title	Tribal Chief		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See General Instruction X)
	► 	11/23/12	<input type="checkbox"/>	
Firm's name (or yours if self-employed). address, and ZIP + 4	Craig T. Taylor, CPA, PC P. O. Box 504 Saraland		EIN	► 14-1856599
			Phone no	► (251) 331-2860

BAA

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

**2007**

Name of the organization

**MOWA Band of Choctaw Indians**

Employer identification number

63-0820577

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are 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 and other allowances
None				
Total number of other employees paid over \$50,000	►	None		

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	►	None

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	►	None

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

Schedule A (Form 990 or 990-EZ) 2007

Statements About Activities (See instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
2a	a Sale, exchange, or leasing of property?		X	
2b	b Lending of money or other extension of credit?		X	
2c	c Furnishing of goods, services, or facilities?		X	
2d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X	
2e	e Transfer of any part of its income or assets?		X	
3a	3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		X	
3b	b Did the organization have a section 403(b) annuity plan for its employees?		X	
3c	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X	
3d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X	
4a	4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X	
4b	b Did the organization make any taxable distributions under section 4966?		X	
4c	c Did the organization make a distribution to a donor, donor advisor, or related person?		X	
d	d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____ 13			
g	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____ 124,483.			

**Reason for Non-Private Foundation Status (See instructions.)**

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )

11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12  An organization that normally receives **(1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975** See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ►

Type II  Type III-Functionally Integrated  Type III-Other

Provide the following information about the supported organizations. (See instructions )					
(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

**Part 1A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18 Gross income from interest, dividends, amounts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24

► 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

► 26b

► 26c

c Total support for section 509(a)(1) test: Enter line 24, column (e)

► 26d

d Add: Amounts from column (e) for lines:

18 \_\_\_\_\_

19 \_\_\_\_\_

22 \_\_\_\_\_

26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

► 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

► 26f

%

**27 Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) ----- (2005) ----- (2004) ----- (2003) -----

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) ----- (2005) ----- (2004) ----- (2003) -----

c Add: Amounts from column (e) for lines:

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

21 \_\_\_\_\_

► 27c

d Add: Line 27a total

and line 27b total

► 27d

e Public support (line 27c total minus line 27d total)

► 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

► 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

► 27g

%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

► 27h

%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Private School Questionnaire (See instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
29		

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

-----

-----

-----

**32** Does the organization maintain the following:

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

32a		
-----	--	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b		
-----	--	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c		
-----	--	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32d		
-----	--	--

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

-----

-----

-----

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

33a		
-----	--	--

**b** Admissions policies?

33b		
-----	--	--

**c** Employment of faculty or administrative staff?

33c		
-----	--	--

**d** Scholarships or other financial assistance?

33d		
-----	--	--

**e** Educational policies?

33e		
-----	--	--

**f** Use of facilities?

33f		
-----	--	--

**g** Athletic programs?

33g		
-----	--	--

**h** Other extracurricular activities?

33h		
-----	--	--

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

-----

-----

-----

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

34a		
-----	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

35		
----	--	--

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► **a** If the organization belongs to an affiliated group      Check ► **b** If you checked 'a' and 'limited control' provisions apply

## Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred )

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	organizations	0 .
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		0 .
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		0 .
41	Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>		<b>The lobbying nontaxable amount is –</b>		
Not over \$500,000		20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000		\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		0 .
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		0 .
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		0 .
<b>Caution: If there is an amount on either line 43 or line 44, you must file Form 4720</b>				

#### **4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
  - b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
  - c** Media advertisements
  - d** Mailings to members, legislators, or the public
  - e** Publications, or published or broadcast statements
  - f** Grants to other organizations for lobbying purposes
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i** Total lobbying expenditures (add lines **c** through **h**.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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BAA

Schedule A (Form 990 or 990-EZ) 2007

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
  - (ii) Other assets

## ↳ Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

**d** If the answer to any of the above is 'Yes', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51 a (i)	X	
a (ii)	X	
b (i)	X	
b (ii)	X	
b (iii)	X	
b (iv)	X	
b (v)	X	
b (vi)	X	
c	X	

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If 'Yes,' complete the following schedule:

**Form 990  
Line 8(A) and 8(B)  
Statement**

## Schedule of Gains and Losses from Sale of Assets Other than Inventory

2007

► Attach to return

Name <u>MOWA Band of Choctaw Indians</u>	Employer Identification Number <u>63-0820577</u>
---	---

**Part I, Line 8, Column (A)**

## Securities

## Public Securities

Description	Gross Sales Price	Basis	
<u>Publicly Traded Securities</u>		Cost	
		Selling Expenses	
		Basis	

## Nonpublic Securities

**Part I. Line 8. Column (B)**

### Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
<u>Unimproved Land</u>				Cost	44,762.
				Depreciation	0.
				Basis	44,762.
	<u>Various</u> Donated	<u>12/31/07</u> Housing Auth	112,350.	Donation FMV	
				Cost	
				Depreciation	
				Basis	
				Donation FMV	
				Cost	
				Depreciation	
				Basis	
				Donation FMV	
				Cost	
				Depreciation	
				Basis	
				Donation FMV	
<b>Total Other Assets</b>			112,350.		44,762.
<b>Gain or (Loss) from Sale of Other Assets</b>					67,588.

Name as Shown on Return  
MOWA Band of Choctaw Indians

Employer Identification No  
63-0820577

**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilford Taylor	<input type="checkbox"/>	31,032.	31,032.		
Christine Weaver	<input type="checkbox"/>	15,480.	15,480.		
Edward Orso	<input type="checkbox"/>	0.			
Kesler Weaver, Sr	<input type="checkbox"/>	0.			
See Compensation	<input type="checkbox"/>				
Total Compensation					
Received		46,512.	46,512.		

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilford Taylor	<input type="checkbox"/>	0.			
Christine Weaver	<input type="checkbox"/>	0.			
Edward Orso	<input type="checkbox"/>	0.			
Kesler Weaver, Sr	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilford Taylor	<input type="checkbox"/>	0.			
Christine Weaver	<input type="checkbox"/>	0.			
Edward Orso	<input type="checkbox"/>	0.			
Kesler Weaver, Sr	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ►		46,512.	46,512.		

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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 and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X John Byrd 20155 Richard Weaver Rd Mt Vernon AL 36560	Treasurer 4.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X				

Form 990, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
Proir period adjustment	113,351.
Total	<u>113,351.</u>

Form 990, Page 2, Part II, Line 23

**Specific Assistance to Individuals**

Line 23 - Specific Assistance to Individuals: Class of Activity	Total Amount	Program Services Amount
LIHEAP Program Utility Assistance	77,770.	77,770.
Emergency Fund Food Assistance Mobile County	10,031.	10,031.
Emergency Fund Food Assistance Washington County	10,087.	10,087.
Total	<u>97,888.</u>	<u>97,888.</u>

Foirm 990, Part II Line 25a

**Compensation**

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Darren Snow	<input type="checkbox"/>	0.			
John Byrd	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

**Employee Benefit Plans & Deferred Compensation Plans****Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Darren Snow	<input type="checkbox"/>	0.			
John Byrd	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

**Expense Account and Other Allowances****Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Darren Snow	<input type="checkbox"/>	0.			
John Byrd	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land -Tribal Acreage	84,196.	0.	84,196.
Equipment	12,347.	12,347.	0.
Land - Dr. Wilbur Heard Building	28,500.	0.	28,500.
Dr. Wilbur Heard Museum Building	135,285.	49,604.	85,681.
Youth Athletic Equipment	15,398.	9,292.	6,106.
Communications Tower	500,000.	0.	500,000.
Land - Reed's Chapel Property	50,000.	0.	50,000.
Buildings - Reed's Chapel Property	700,000.	0.	700,000.
Building - Pow Wow Pavilion	8,573.	24.	8,549.
Building - Vulcan Property	100,000.	0.	100,000.
Equipment - GLT Asset Group	65,943.	65,943.	0.
Total	<u>1,700,242.</u>	<u>137,210.</u>	<u>1,563,032.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Payroll liabilities	25,427.	28,550.
Escrow deposits	15,000.	0.
Refundable advances	88,806.	0.
Total	<u>129,233.</u>	<u>28,550.</u>

**Supporting Statement of:**

Form 990 p 1/Line 1e - Cash

Description	Amount
CSBG Grant Drawing	104,477.
LIHEAP Grant Drawing	79,060.
Emergency Fund Grant	16,452.
Other	34,890.
Total	<u>234,879.</u>

**Supporting Statement of:**

Form 990 p 4/Line 46, column (A)

Description	Amount
Pow Wow CD	5,000.
Pow Wow CD FCB	6,000.
Total	<u>11,000.</u>

**Supporting Statement of:**

Form 990 p 4/Line 46, column (B)

Description	Amount
Pow Wow CD	5,000.
Pow Wow CD FCB	10,000.
Total	<u>15,000.</u>

**Supporting Statement of:**

Form 990 p 4/Line 64b, column (A)

Description	Amount
Colonial Bank Realty Note	20,404.
Credit Line AMHCU	24,092.
Other Long-term Notes	82,863.
Total	<u>127,359.</u>

**Supporting Statement of:**

Form 990 p 4/Line 64b, column (B)

Description	Amount
Line of Credit AMHCU	18,956.
Other Long-term Notes	91,561.
Total	<u>110,517.</u>

**Supporting Statement of:**

Form 990 p 8/Line 95(B)

Description	Amount
Bank interest	115.
Bank interest	1,614.
Total	<u>1,729.</u>