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Form 990 R
Under :

Department of the Freasury
Internal Revenue Service 

The o

## Return of Organization Exempt From Income Tax

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

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

2007

OMB No 1545-0047

Open to Public Inspection

Α	For the	he 2007 ca	alendar year, or tax year beginning July 1 , 2007, and ending	June 3	0 , 20 08
В	Check if	applicable	Please C Name of organization	D Emplo	yer identification number
$\square$	Addres:	s change	use IRS Inst Nations Oweesta Corporation	54	1970097
_	Name o	_	print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepi	none number
=	initial re	-	see 910 Fifth Street 101	( 605	) 342-3770
=	Termina		Specific Instruc- City or town, state or country, and ZIP + 4	F Account	ing method Cash Accrual
=		ed return	tions Rapid City, SD 57701	1 —	ther (specify) >
$\equiv$			Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable    H and I are		e to section 527 organizations
ш	Арріісаі	lion pending	- occurr sortegor organizations and 4547(a)(1) nonexempt chantable		rn for affiliates? 🔲 Yes 🗸 No
G	Websit	te ▶ www	w oweesta org . H(b) If "Yes	, enter num	ber of affiliates ► .
			H(c) Are all	affiliates incl	uded? Yes No
J	Organi	zation type	e (check only one) ► 🗸 501(c) ( 3 ) < (insert no ) 🗌 4947(a)(1) or 📋 527 // (if "No	," attach a lis	st See instructions)
к	Check	here ►		separate retu	
	receipts	s are normal	ally not more than \$25,000. A return is not required, but if the organization chooses organiz		by a group ruling? Tes 🗸 No
	to file a	return, be s	<del></del>	Exemption N	
	<u> </u>				the organization is not required
					Form 990, 990-EZ, or 990-PF)
L	100	Reven	nue, Expenses, and Changes in Net Assets or Fund Balances (See	the instru	ictions )
	1	Contribu	utions, gifts, grants, and similar amounts received	130 S. S.	
	a	Contribu	utions to donor advised funds . 1a		
	b	Direct p	bublic support (not included on line 1a) 1b 582	,813 👸 📑	,
	С	Indirect	public support (not included on line 1a) 1c		
	d	Governn	ment contributions (grants) (not included on line 1a) 1d 522	,740	
			dd lines 1a through 1d) (cash \$ 1,105,553 noncash \$ )	1e	1,105,553
	2		service revenue including government fees and contracts (from Part VII, line 93	3) 2	1,575,256
	3	-	rship dues and assessments	3	
	4		on savings and temporary cash investments	4	125,272
	5		ds and interest from securities	5	
	6a	Gross re		2.30	
	'		ental expenses 6b		
	l		tal income or (loss) Subtract line 6b from line 6a	6c	1
	7 C		vestment income (describe	) 7	
Revenue			(A) Securities (B) Other	,-,i,	
.ver	8a		mount from sales of assets other		
å	١.	than inve	1 0.1	995.	
	•		st or other basis and sales expenses 8b		1
	C	Gain or (	(loss) (attach schedule) . 8c		
	d	Net gain	or (loss) Combine line 8c, columns (A) and (B)	<u>8d</u>	
	9	Special ev	events and activities (attach schedule). If any amount is from gaming, check here $\;  ightharpoons$ .		
	a	Gross re	evenue (not including \$ of	1	
		contribut	itions reported on line 1b)		1
	b	Less. dır	rect expenses other than fundraising expenses 9b		İ
	С	Net inco	ome or loss) from spacial Appins Subtract line 9b from line 9a	9c	
	10a	Gross sa	ales of inventory, less returns and allowances 10a		
	b		ost of goods sold 0 10b		
	c	Gross pro	ofit or (lossifon sixes & invention (attern schedule) Subtract line 10b from line 10a	10c	
	11	Otherie	evenue (Part VII, line 103)	11	2,212
	12		venue. Add imes 1e 2, 3, 4, 5, 6e, 7, 8d, 9c, 10c, and 11	12	2,808,293
	13		n services (from line 44, column (B))	13	1,778,342
es	14		ement and general (from line 44, column (C))	14	658,192
ens	15	_	sing (from line 44, column (D))	15	108,792
Expenses	16		its to affiliates (attach schedule)	16	
w	17		xpenses. Add lines 16 and 44, column (A)	17	2,545,326
				18	262,967
Assets	18		or (deficit) for the year Subtract line 17 from line 12	19	1,057,994
As	19		ets or fund balances at beginning of year (from line 73, column (A))		(4,692)
ž	20		manges in her assets of fund balances (attach explanation)	1	1,316,269
_	121	אבנ מססה	ets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,310,203

Form 990 (2007)

`	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)				, , , , ,	
	(cash \$)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	If this amount includes foreign grants, check here	22a			2 12 2	
22b	J				, ,	
	(cash \$ 8,000 noncash \$)	001	0.000	0.000	17 逐篇写诗	验验法 (11)
	If this amount includes foreign grants, check here	22b	8,000	8,000	3) 35 66 3 2	[1] (中) (中)
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	388,747	106,574	252,655	29,518
h	Compensation of former officers, directors,					
J	key employees, etc listed in Part V-B	25b				
С	Compensation and other distributions, not					
Ū	included above, to disqualified persons (as		ļ			
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included	26	412,170	307,491	51,852	52,827
	on lines 25a, b, and c	26	412,170	301,431	31,832	32,621
27	Pension plan contributions not included on lines 25a, b, and c	27	2,318	1,292	1,026	
28	Employee benefits not included on lines		2,510	1,252	1,025	
20	25a – 27	28	36,011	12,369	23,642	
29	Payroll taxes	29	62,208	12,392	49,157	659
30	Professional fundraising fees	30				
31	Accounting fees	31	11,541		11,541	
32	Legal fees .	32				
33	Supplies	33	43,662	16,384	23,191	4,087
34	Telephone .	34	37,310	8,544	27,973	793
35	Postage and shipping .	35	20,324	12,889	6,193	1,242
36	Occupancy .	36	39,261		39,261	
37	Equipment rental and maintenance	37	2,000	9,694	2,000 4,790	
38	Printing and publications .	39	302,649	284,156	15,026	3,467
39 10	Travel Conferences, conventions, and meetings	40	177,728	176,224	13,020	1,504
10 11	Interest	41	56,498	55,798	700	
12	Depreciation, depletion, etc. (attach schedule)	42	13,997	·	13,997	
13	Other expenses not covered above (itemize)					
а	Other professional fees	43a	804,732	732,184	63,521	9,027
b	Internet/web & computer fees	43b	37,140	17,650	14,417	5,073
С	Expense for loan loss reserve	43c	20,000	10,000	10,000	
d	Operating fees	43d	15,000		15,000	
е	Banking & investment fees	43e	10,650	650	10,000	
f	Membership dues	43f	9,927	1,174	8,753	
g	Insurance, fees, recruitment & other	43g	18,969	4,877	13,497	595
4	Total functional expenses. Add lines 22a		ļ			1
	through 43g (Organizations completing		ļ			
	columns (B)-(D), carry these totals to lines		י בעב איר	1 770 242	650 107	100 707
	13-15)	44	2,545,326	1,778,342	658,192	108,792

-orm	990	(2007)

(Grants and allocations

(Grants and allocations \$

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Funt 330 (2007)	Page 、
Partill 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 informaticular organization. How the public perceives an organization in such cases may be determined by the informaticular organization. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the programs and accomplishments	mation presented
What is the organization's primary exempt purpose? ► Schedule 3  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts birt optional for others)
a Schedule 4	
(Grants and allocations \$ 8,000 ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,778,342
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	

) If this amount includes foreign grants, check here **>** 

) If this amount includes foreign grants, check here 🕨 🗌

Form 990 (2007)

1,778,342

	art IV	Balance Sheets (See the instructions	)		···		
ا 	Vote.	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			302,084	45	
	46	Savings and temporary cash investments		_	1,579,430	46	1,326,011
	47a	Accounts receivable	47a	631,582		1. (3.1)	
	ь	Less allowance for doubtful accounts	47b	10,000	100,173	47c	621,582
			77.14			```	
		Pledges receivable	48a	<del></del>		100	
	1	Less allowance for doubtful accounts .	48b		80.000	48c	129,121
	49	Grants receivable			80,000	49	129,121
	50a	Receivables from current and former officers key employees (attach schedule)	, direc	tors, trustees, and Schedule 5	2,476	50a	
	Ь	Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495				50b	
	51a	Other notes and loans receivable (attach				`:"	
ets	l	schedule)	51a				
Assets	b	Less, allowance for doubtful accounts	51b		<del></del>	51c	
٩	52	Inventories for sale or use		-		52	
	53	Prepaid expenses and deferred charges			3,971	53	3,965
		Investments—publicly-traded securities	)	Cost 🗹 FMV L	506,008	-	1,496,877
	1	Investments—other securities (attach schedu	ıle) 🕨	► ☐ Cost ☐ FMV	<del></del>	54b	
	55a	Investments—land, buildings, and	Lesal				
		equipment basis	55a				
	р	Less accumulated depreciation (attach	55b	Ì		55c	0
	E.C.	schedule)	030			56	
	56	Investments—other (attach schedule) Land, buildings, and equipment, basis	57a	125,263	<del></del>	1075	
		Less accumulated depreciation (attach					
		schedule) Schedule 6	57b	28,149	26,325	57c	97,114
	58	Other assets, including program-related inve					
		(describe ► \$chedule 7	1,119,762	58	1,504,614		
	59	Total assets (must equal line 74) Add lines	45 thr	ough 58	3,720,229	59	5,179,284
	60	Accounts payable and accrued expenses		_	47,363	60	147,384
	61	Grants payable		}		61	
	62	Deferred revenue ,		-	775,855	62	540,592
ties	63	Loans from officers, directors, trustees, and	l key	employees (attach		<b>34</b>	
=		schedule)		<u> </u>		63	
Liabili		Tax-exempt bond liabilities (attach schedule)			1,832,500	64a	2 154 500
_		Mortgages and other notes payable (attach s	schedu	. 1	6,517	64b 65	3,154,500 20,539
-	65	Other liabilities (describe > Due to affiliate		)	0,317	03	20,333
	66	Total liabilities. Add lines 60 through 65			2,662,235	66	3,863,015
	Orga	nizations that follow SFAS 117, check here ▶	· [7] a	nd complete lines		3.3	
S		67 through 69 and lines 73 and 74				要量	
ce	67	Unrestricted .			430,974	67	817,194
ā	68	Temporarily restricted		L	477,020	68	349,075
ä	69	Permanently restricted		<u> </u>	150,000	69	150,000
밁	Orga	nizations that do not follow SFAS 117, check	here	► □ and			
ᆲ		complete lines 70 through 74.				28	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current fund		ļ.		70	
ets	71	Paid-in or capital surplus, or land, building, a		1		71	
1ss	72	Retained earnings, endowment, accumulated				72	
1	73	Total net assets or fund balances. Add line				A Start	
ž		70 through 72 (Column (A) must equal line equal line 21)	is and	must (a) must	1,057,994	73	1,316,269
		Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	3,720,229	74	5,179,284

Add lines d1 and d2

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

	990 (2007)		Page 5
	Reconciliation of Revenue per Audited Financial Statements With Revenue per instructions)	Retur	rn (See the
٠a	Total revenue, gains, and other support per audited financial statements	а	2,803,600
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments . b1 (4,693)		
2	Donated services and use of facilities b2		
3	Recoveries of prior year grants b3		
4	Other (specify)	;*	
	b4	-	
	Add lines b1 through b4	b	(4,693)
С	Subtract line b from line a	С	2,808,293
đ	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	ď	0
е	Total revenue (Part I, line 12) Add lines c and d ▶ ☐	e	2,808,293
Œ	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Ref	turn
а	Total expenses and losses per audited financial statements	a	2,545,326
b	Amounts included on line a but not on Pait I, line 17		
1	Donated services and use of facilities	7. 3.	
2	Prior year adjustments reported on Part I, line 20 b2	ا توري	
3	Losses reported on Part I, line 20		
4	Other (specify)	547 558 1 2 7 8	
	b4		
	Add lines b1 through b4	_b_	0
С	Subtract line b from line a	С	2,545,326
ď	Amounts included on Part I, line 17, but not on line a:	1.25.5 11.25.5	
1	Investment expenses not included on Part I, line 6b	<b>公</b> 漢	
2	Other (specify)		

Part V-A 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)

or key employee at any time during the ye	ar even if they were not			
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(0) Continuitions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Elsie Meeks c/o FNOC	Exec Dir - 40 hrs			
910 5th Street, Rapid City, SD 57701		114,971	10,416	0
Michael E. Roberts c/o FNDI	Chair - <5 hrs			
703 Third Ave, Longmont, CO 80501		0	0	0
Marguerite Smith c/o FNOC	Vice Chair - <5 hrs		1	
910 5th Street, Rapid City, SD 57701		0	00	0
J D. Colbert c/o FNOC	Director - <5 hrs			
910 5th Street, Rapid City, SD 57701		0	0	0
Kristi Coker c/o FNOC	Director - <5 hrs			
910 5th Street, Rapid City, SD 57701		4,632	0	0
Benny Shendo Jr c/o FNOC	Director - <5 hrs			i
910 5th Street, Rapid City, SD 57701		0	0	0
B. Thomas Vigil c/o FNOC	Director - <5 hrs			
910 5th Street, Rapid City, SD 57701		0	00	0
Stewart Sarkozy-Banoczy c/o FNOC	ChiefOpOffcr-40hrs			
910 5th Street, Rapid City, SD 57701	<u> </u>	95,844	8,430	0
Angela Sharpe c/o FNOC	ChiefFinlOffcr-40hrs			
910 5th Street, Rapid City, SD 57701		73,016	10,384	0
Jody Sarkozy-Banoczy c/o FNOC	ChiefExtRelOff-40hrs			
910 5th Street, Rapid City, SD 57701	<u> </u>	62,308	8,746	0

2,545,326

d

e

10	Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
	nter the total number of officers, directors, and tri	ustees permitted to vo			¥2,1	5.5	10 1
, n	neetings		▶ .	6	3.5		
e	are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or elationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business relationship(s)	75b	· ·	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"  If "Yes," attach a statement that includes the information described in the instructions  Schedule 9  Does the organization have a written conflict of interest policy?							
Part	Former Officers, Directors, Trustees, and officer, director trustee, or key employee re person below and enter the amount of comp	ceived compensation o	r other benefits (di	escribed below) during	the y	ear, li	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deterred compensation plans	accou	) Experunt and	olher
		!					
	VI Other Information (See the instruction	ıs)				Yes	No
	old the organization make a change in its activiti letailed statement of each change	es or methods of con	ducting activities	3? If "Yes," attach a	学》。 76	25.70 2.74	<b>✓</b>
	Vere any changes made in the organizing or gov i "Yes," attach a conformed copy of the changes	_	t not reported to	the IRS?	77	65 F. F.	<u>√</u> 25,
t	Oid the organization have unrelated business gro his return?		or more during t	he year covered by	78a	,	<b>✓</b>
	I "Yes," has it filed a tax return on Form 990-T i	•		0 14 1134 - 11 - 11 - 11	78b	N	A
ā	Vas there a liquidation, dissolution, termination, on statement				79	1 6	/
c	s the organization related (other than by associa common membership, governing bodies, truste organization?	ees, officers, etc., to	any other exe		80a		17, 17, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18
bІ	100, onto the heric of the organization	irst Nations Developme	<u></u>			1	T -
	Enter direct and indirect political expenditures (S Did the organization file Form 1120-POL for this			or U nonexempt	ئے 81b	£82	

	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		<b>✓</b>		
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.)	-	10 (t)			
922	(ese marachara my art my	83a	1.7			
	Did the organization comply with the public inspection requirements for returns and exemption applications?		/			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<del>                                     </del>	<del></del>		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<del></del>	<u>                                     </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		37.2			
	gifts were not tax deductible?	84b	-	(A		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		<u>A</u>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N	<u> </u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	13	300	39 5		
	received a waiver for proxy tax owed for the prior year					
С	Dues, assessments, and similar amounts from members	1		133		
d	Section 162(e) lobbying and political expenditures . 85d	į ; ;	3			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		1,74,6	7.5		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	وَقُونَ وَ ا		1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N	Α		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			激彩		
"	to its reasonable estimate of dues allocable to nondeductible tobbying and political expenditures for the	2.00				
	following tax year?	85h	N	A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	12.75	1000	损害		
	Gross receipts, included on line 12, for public use of club facilities  86b	7.76				
87	501(c)(12) orgs Enter a Gross income from members or shareholders  87a	下餐				
	30 (15)(12) orga Erici a cross moone non-memocra or shareholders		100			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Source against amount due of resource normalism,		医安			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			提問		
	partnership, or an entity disregarded as separate from the organization under Regulations sections	88a	1233533	1		
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	CCa	-	<del>                                     </del>		
	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	N FFE	A		
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	图度	ing.			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	1.3		ا المالية المالية		
b	501(c)(3) and 501(c)(4) orgs 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	006	3世等	18.77		
	a statement explaining each transaction	89b	573.5	V		
С	Enter Amount of tax imposed on the organization managers or disqualified	1200				
	persons during the year under sections 4912, 4955, and 4958					
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	1 2				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	法者	1,54	1865		
	transaction?	89e	<u> </u>	<u> </u>		
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		V		
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	1.6	100	200		
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	150	1 The Control of the	\$ Q.S.		
	at any time during the year?	89g	<u> </u>	✓_		
90a	List the states with which a copy of this return is filed > SD, VA					
	Number of employees employed in the pay period that includes March 12, 2007 (See					
	instructions)			9		
91a	The books are in care of ▶ Organization	34	12-377	70		
	Located at ► 910 5th Street, Suite 101, Rapid City, SD ZIP + 4 ► 57	701				
h	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		Yes	No		
	account)?	91b		✓		
	If "Yes," enter the name of the foreign country ▶	1	1 7	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	[		١,٠		
	and Financial Accounts	<u>L.                                    </u>		140.		

Foto 9	90 (2007)						Page {
711		on (continued)					Yes No
92	At any time during the cilif "Yes," enter the name Section 4947(a)(1) nonex and enter the amount of Analysis of Inco	of the foreign cour empt charitable tiu	ntry ► sts filing Form 99 st received or acc	0 in lieu of Form rued during the t	 <i>1041—</i> Check ax year		<del></del>
	Enter gross amounts uni			business income	T	tion 512 513 o. 514	(E)
indica 93		e	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a b c	riogram rees and revenue						1,575,256
d e f g 94	Medicare/Medicaid pay Fees and contracts from	ments I government agenc	ries				
94 95	Membership dues and a Interest on savings and ten		ents		14	125,272	
96 97 a b	Dividends and interest if Net rental income or (lo debt-financed property not debt-financed property	rom securities ss) from real estate	Flight To Table Co.		- AND STREET	是这些人,为他们不会 你是是是这个多个人的。"	
98 99 100	Net rental income or (loss) Other investment incom Gain or (loss) from sales of a	e issets other than invent	•				
101 102 103 b	Net income or (loss) fro Gross profit or (loss) fro Other revenue a Misce	m sales of inventor	ту				2,212
c d							
	Subtotal (add columns ( Total (add line 104, columns 105 plus line 1e, Pa	umns (B), (D), and (		· · · · · · · · · · · · · · · · · · ·	Company of the second	125,272	1,577,468 1,702,740
Part	Relationship of	Activities to the A	Accomplishment	of Exempt Purp			
Line <b>▼</b>	No. Explain how each of the organization	activity for which inco 's exempt purposes (	ome is reported in o other than by provi	olumn (E) of Part \ ding funds for such	/II contributed n purposes)	importantly to the	accomplishment
93	Fees for training and of the economy.	technical assistance	that promote partic	ipation in the full	use		
Part	(A)	arding Taxable Su	(B)		ties (See the		(E)
	Name, address, and EIN o partnership, or disregar		Percentage of ownership interest	(C) Nature of a	clivilies	(D) Total income	End-of-year assets

information Regarding Taxable S	subsidiaries and D	isregarded Entities (See the	instructions )	
(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
none	00% %		0	
	%			
	%			<del>.</del>
	%			
Part Information Regarding Transfers A	ssociated with Per	sonal 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
	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☑ Nc
Not	te <sup>.</sup> If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)		

	(2007)

Pari	Information Regarding is a controlling organization	Transfers To and Froi on as defined in sectio	n Controlled E	ntities. Comp	lete only if the o	rganız	alion
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a co	ntrolled entity as o	defined in secti	on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	( Descri	C) ption of nsfer	(D Amount of		ier
а							
b							
С							
	Totals				55 d. 1		
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of isfer	(D) Amount of		er
а							
b							
c							
	Totals						<del></del>
108	Did the organization have a bindir rents, royalties, and amuities des	ng written contract in effe cribed in question 107 at	ct on August 17,		the interest,	Yes	No ✓
Pleaso Sign Here	Under penalties of perjury, I declare that I and belief it is use, correct, and complete Signature of officer  Michael E. Roberts, Chair	have examined this return, include Declaration of preparer (other	ling accompanying sch than officer) is based	nedules and stateme on all information of Date	of which preparer has a	ny know	rledge rledge
aıd	Type or print name and title Preparer s		Date	Check if	Preparer's SSN or PTIN (	See Gen	Inst X)
reparei Ise Only	I Firm's name (or yours k			Employed ► ☐ ☐ EIN Phone no	<b>&gt;</b> !	<u>.</u>	

## SCHEDULE A

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Compensation of the Five Highest Paid Employees Other Than Officers, pirectors, and Trustees (See page 1 of the instructions List each one if there are none, enter "None")  (a) Name and address of each employee paid more instal 50 000	First Notions Owenes Corneration			Employer Identifica	tion number
See page 1 of the instructions List each one if there are none, enter "None"	First Nations Oweesta Corporation			54 1970097	
(a) Name and address of each employee paid more inches 50,000 for professional services. Whether inches 50,000 for professional services whether inches 50,000 for professional services. Whether inches 50,000 for professional services w					and Trustees
Joanna C Denohoe C/o FNOC	(a) Name and address of each employee paid more	(b) Title and average hours		(d) Contributions to	
78.118 2.387 0  William Guevara clo FNOC  910 Fifth Street, Rapid City, SD 57701  Prog Dir-40 hrs  74.923 6.510  0  Total number of other employees paid over \$50,000 ▶ 0  POTURE Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or lirms). If there are none, enter "None" 1  (a) Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and address of each independent contractor paid more line \$50,000  10 Name and extreme paid to the professional services paid in the paid to the paid		per week devoted to position		deterred compensation	
William Guevara cfo FNOC 910 Fifth Street, Rapid City, SD 57701 Prog Dir-40 hrs 74,923 6,510 0  Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the 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 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 page 2 of the instructions)  [a) Name and address of each independent contractor paid more than \$50,000 [b) Type of service (List each contractor who performed services other than professional services, whether individuals or firms if there are none, enter "None" See page 2 of the instructions)  [c) Name and address of each independent contractor paid more than \$50,000 [c) Name and address of each independent contractor paid more than \$50,000 [d) Tracy Fischer  13365 Tillord Rd, Piedmant, SD 57769 [c) Compensation Trainer  64,886  Wickie Oldman John Trainer  50,334  Total number of other contractors receiving over		Prog Dir-40 hrs	70 110	2 207	,
Total number of other employees paid over \$50,000   Total number of others receiving over \$50,000   Total number of other contractors receiving over			70,110	2,301	
Total number of other employees paid over \$50,000   FPITIFIA Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or lirms) 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  (List each contractor who performed services other than professional services, whether individuals or firms if there are none, enter "None" See page 2 of the instructions)  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Tracy Fischer.  Trainer  Trainer  54,886 Vickie Oldman-John S09 Star Villa Cir SE, Rio Rancho, NM 87124  Paticia Schramm  420 Walmart Way, Ste B-Box 172, Dahlonega, OR 30533  Total number of other contractors receiving over	***************************************	Prog Dir-40 hrs	74.923	6.510	0
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(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation none 0  Total number of others receiving over \$50,000 for professional services (C) 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 page 2 of the instructions )  (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Tracy Fischer.  Trainer  17ainer  64,886  Vickie Oldman John Trainer  64,886  Patricia Schramm  Trainer  65,056  Patricia Schramm  Trainer  756,334	Part II-A Compensation of the Five Hig	hest Paid Independent (	Contractors for	Professional Se	ervices
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(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.)  (a) Name and address of each independent contractor paid more than \$50,000. (b) Type of service. (c) Compensation.  Tracy Fischer		<del></del>	<b>张建筑设置</b>		
firms If there are none, enter "None " See page 2 of the instructions )  (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation  Tracy Fischer Trainer  13366 Tilford Rd, Piedmont, SD 57769 Frainer  509 Star Villa Cir SE, Rio Rancho, NM 87124 Frainer  420 Walmart Way, Ste B-Box 172, Dahloneqa, CA 30533 Frainer  Total number of other contractors receiving over					
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13366 Tilford Rd, Piedmont, SD 57769  Vickie Oldman-John 509 Star Villa Cir SE, Rio Rancho, NM 87124  Patricia Schramm 420 Walmart Way, Ste B-Box 172, Dahlonega, GA 30533  Total number of other contractors receiving over			<del></del>	of service	(c) Compensation
13366 Tilford Rd, Piedmont, SD 57769  Vickie Oldman-John 509 Star Villa Cir SE, Rio Rancho, NM 87124  Patricia Schramm 420 Walmart Way, Ste B-Box 172, Dahlonega, GA 30533  Total number of other contractors receiving over	Tracy Fischer		Trainer		
509 Star Villa Cir SE, Rıo Rancho, NM 87124  Patricia Schramm 420 Walmart Way, Ste B-Box 172, Dahlonega, GA 30533  Total number of other contractors receiving over	13366 Tilford Rd, Piedmont, SD 57769				64,886
420 Walmart Way, Ste B-Box 172, Dahlonega, GA 30533 56,334  Total number of other contractors receiving over		Trainer		65,056	
Total number of other contractors receiving over			Trainer		
$\Gamma$	420 Walmart Way, Ste B-Box 172, Dahlonega, GA 30	533			56,334
$\Gamma$			-		
$\Gamma$			-		
	Total number of other contractors receiving over \$50,000 for other services	0			

Lá	Statements About Activities (See page 2 of the 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)	8 75	<b>✓</b>
	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.)  Schedule 10		
а	Sale, exchange, or leasing of property?	-	1
b	Lending of money or other extension of credit?	1	
С	Furnishing of goods, services, or facilities?	-	/
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1	
е	Transfer of any part of its income or assets?	ļ	1
3а	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.)	<u> </u>	1
b	Did the organization have a section 403(b) annuity plan for its employees?		1
С	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 3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?	N.	(A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	N	<u>A</u>
d	Enter the lotal number of donor advised funds owned at the end of the tax year .		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
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		
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Schedule	A (F	oun 99	90 or 9	90-EZ)	5001

J.E.	A SILVA	Heason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	ions )		
l cer	_	nat the organization is not a prival				olicable 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 Pa	art V)					
7		A hospital or a cooperative hospi	tal service organi:	zation Section 170(b)(1)(	(A)(III)				
8		A federal, state, or local governm	ent or governmer	ntal unit Section 170(b)(	1)(A)(∨)				
9		A medical research organization o and state ►	perated in conjun		ction 170(b)(1)	(A)(III) Enter th	e hospital's name, city,		
10		An organization operated for the bi (Also complete the Support Schec		or university owned or op	perated by a go	overnmental un	ıt Section 170(b)(1)(A)(iv)		
11a		An organization that normally rece 170(b)(1)(A)(vi) (Also complete the		• • • • • • • • • • • • • • • • • • • •	i governmenta	unit or from th	e general public Section		
11b		A community trust Section 170(b	)(1)(A)(vi) (Also co	omplete the Support Sci	hedule in Part	IV-A)			
12	An organization that normally receives (1) more than 33½% 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 33½% 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	ſ	An organization that is not contro requirements of section 509(a)(3) Type I  Type II	Check the box the		f supporting o				
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	je 8 of the inst	ructions)		
(a) Name(s) of supported organization(s)		(a)	(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			
Tota	1					<u> </u>	L		
14		An organization organized and op	erated to test for	public safety Section 5	09(a)(4) (See	page 8 of the	instructions)		

ReliaVAA . 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 (b) 2005 Calendar year (or fiscal year beginning in) • (a) 2006 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received (Do not include unusual grants. See line 28) 1,285,240 1,726,007 367,744 280,000 3,658,991 16 Membership fees received 0 17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 504,012 275,519 130,472 124,820 1,034,823 organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 38,548 84,107 71,380 29,801 223,836 organization after June 30, 1975 income from unrelated business activities not included in line 18. 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 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 0 public without charge Other income Attach a schedule Do not 1,414 include gain or (loss) from sale of capital assets 428 986 Total of lines 15 through 22 2.073.892 4,919,064 1.873.787 536.764 434,621 24 Line 23 minus line 17 1,369,775 1,798,373 406,292 309,801 3,884,241 25 Enter 1% of line 23 18,738 20,739 5,368 4,346 · 100 77,685 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . 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 819,370 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 3,884,241 260 c Total support for section 509(a)(1) test Enter line 24, column (e) 是是一个 223,836 d Add Amounts from column (e) for lines 18 \_\_\_ 1,044,620 26d 26b \_ 2,839,621 26e e Public support (line 26c minus line 26d total) . 73.11% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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 350,000 (2005) 260,000 (2003) 205,000 625,850 (2004) 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 185,000 237,572 (2005) 501,416 (2004) 227,792 (2003) (2006)c Add Amounts from column (e) for lines 15 \_\_\_\_\_3,658,991 16 \_\_ 4,693,814 1,034,823 27c 2,592,630 1,440,850 27d and line 27b total d Add Line 27a total 27e 2,101,184 e Public support (line 27c total minus line 27d total) **公司** ▶ 27f 4,919,064 Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 42.72% % 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) > 4 55% % 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

Schedule A (Form 990 or 990-EZ) 2007

Private School Private School Questionnaire (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?	29	Yes No NA
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	N/A
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?  If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	N/A
32 a	Does the organization maintain the following  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	N/A
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	N/A
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs and scholarships?	32c	N/A
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	N/A
	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		
а	Students' rights or privileges?	33a	N/A
b	Admissions policies? .	33b	N/A
С	Employment of faculty or administrative staff?	33c	N/A
d	Scholarships or other financial assistance?	33d	N/A
е	Educational policies?	33e	N/A
f	Use of facilities?	33f	N/A
9	Athletic programs? .	33g	N/A
h	Other extracurricular activities?	33h	N/A
	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	N/A
b	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	N/A
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	N/A

	Lobbying Expenditures I						e ins	tructions	Page 6
Che	(To be completed ONLY lick ► a  if the organization belongs to an						nd "lım	ited control	provisions apply
·	Limits on Lo	bbyı	ng Expenditur	es	·	<del>,                                  </del>		(a) ated group totals	(b) To be completed for all electing
	(The term "expenditures		·	<del></del>			ļ		organizations
36	Total lobbying expenditures to influence		· <del>-</del>			36	<u> </u>		<del> </del>
37	Total lobbying expenditures to influence	_	, .	ct lobbying)	1	37	ļ		<del></del>
38	Total lobbying expenditures (add lines 36	and	37)			38	<del> </del>		<u> </u>
39	Other exempt purpose expenditures					39	<del> </del>		
40	Total exempt purpose expenditures (add		•			40	, 1 -		
41	Lobbying nontaxable amount. Enter the a			-		1,2,			
				ible amount is—	•	ر تر ،	4. 7		.`.
	Not over \$500,000 .		of the amount on			1. 63	- 3		
			•	he excess over \$5		44		٠,	1
				e excess over \$1,0		<u>41</u>	305 W S		18.45 C 18.66
			•	e excess over \$1,5	000,000		,	مرد ماداند مرد ماداند مرد ماداند	
	Over \$17,000,000	\$1,00	•			10 miles		cost and the	
42	Grassroots nontaxable amount (enter 25°		•			42	<b></b>		<del> </del>
43	Subtract line 42 from line 36 Enter -0- if					43			<del> </del>
44	Subtract line 41 from line 38 Enter -0- if	line 4	1 is more than lii	ne 38		44 (15)	[ [	<u> </u>	Fline" Marie of the
	Caution If there is an amount on either I	ine 43	3 or line 44. vou i	must file Form 47	20				
	(Some organizations that made a	sectio	n 501(h) election or lines 45 throug	d Under Secti do not have to c gh 50 on page 13 bying Expenditu	complete all 3 of the insti	of th	ns)		
	Calendar year (or		(a)	(b)	(c)		<u> </u>	(d)	(e)
	fiscal year beginning in) ▶		2007	2006	2005		<u> </u>	2004	Total
45	Lobbying nontaxable amount		372302332						
46	Lobbying ceiling amount (150% of line 45	5(e))							
47	Total lobbying expenditures .	<u> </u>							
48	Grassroots nontaxable amount .		क्टर विकेश सर्वेश के कि	- \$ 10 \$ \$ \$ 10 cm \$ 1-1 or \$ 70.	Ser of U.S.	3 - 4,	445	ERST ETCS	
49	Grassroots ceiling amount (150% of line 4	8(e))				gilde little Street la	STATE OF	Shi to say	
50	Grassroots lobbying expenditures .  Lobbying Activity by No.	neled	cting Public C	harities					
N. Stand	(For reporting only by org				Part VI-A)	(See	page	e 14 of th	e instructions)
	ng the year, did the organization attempt t					ding a	any	Yes No	Amount
	Volunteers			, <b>-</b>			i	1	1000
b	Paid staff or management (Include comp	ensah	On in expenses r	enorted on lines	c through h	. 1		1	` ` -
c	Media advertisements	CHSan	on in expenses i	eported on lines	c iiiiough n	,		1	1
	Mailings to members, legislators, or the p	aublic						1	
d	Publications, or published or broadcast s		ents					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
e f	Grants to other organizations for lobbying								
	Direct contact with legislators, their staffs			or a legislative h	nody			1	
g h		-		-	•			/	
1	Total lobbying expenditures (Add lines c			ires, or any other	means				
•	If "Yes" to any of the above, also attach			etailed description	on of the lob	bying	activ	ities	*

Schedule	Α	(Form	990 or	990-EZ)	2007

Parc		n Regarding T ganizations (Se	ransfers To and Transa e page 14 of the instruction	ictions and Relationships tons)	With None	hari	table
50	01(c) of the Code (ot	her than section 50	11(c)(3) organizations) or in sect	following with any other organization 527, relating to political organiz			
		orling organization	to a noncharitable exempt org	anization of	E1-(A)	Yes	No ✓
	(i) Cash				51a(ı)		\ <u>\</u>
	n) Other assets				a(II)		<del>  '</del> -
	ther transactions	os of assats with a	acceptantable exempt exempts	ation	b(i)		1
	=		i noncharitable exempt organiza itable exempt organization	MON	p(ii)	ļ	1
(11		s, equipment, or other			b(m)		1
:	v) Reimbursement a	• •	10 433013		b(iv)		1
•	v) Loans or loan gua	•			b(v)		1
	· _ ·		ship or fundraising solicitations		b(vi)		<b>√</b>
			sts, other assets, or paid emplo		С		<b>✓</b>
go	oods, other assets, o	or services given by	the reporting organization If	e Column (b) should always show the organization received less than ds, other assets, or services received	fair market		
(a) Line no	(b) Amount involved	Name of none	(c) Jaritable exempt organization	(d) Description of transfers transactions,	and sharing arr	anrjem	ents
				<u> </u>			
<del></del>							
<del></del>				<del></del>	<del></del>		
			<del></del>	<del> </del>			
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	<del>_</del>		·	<del> </del>			
	<del> </del>			<del>                                     </del>			
	<del></del>			<del>                                     </del>			
	<del></del>			<del>                                     </del>		<del></del> -	
de		D1(c) of the Code (	other than section 501(c)(3)) or	ne or more tax-exempt organization section 527?	ons ▶ 📗 Yes	s [ <u>/</u>	7) No
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relat	lionship		
	·	<del></del>		<u></u>			
					<del></del> .		
		···					
				<u> </u>	· <del>····</del>		
_							

First Nations Oweesta Corporation El 54-1970097 2007 Form 990

Schedule 1	
Part I Line 20 - Other changes in net assets	
Net unrealized (loss) on investments	(4,692)

First Nations Oweesta Corporation El 54-1970097 2007 Form 990

Schedule 2

## Part II Line 22b - Other grants and allocations

Organization	Grants	Balance Due
Four Bands Community Fund	2,000	2,000
Teton Coalition	2,000	2,000
Ponca Economic Development Corp	2,000	2,000
Lakota Funds	2,000	2,000
Totals	8,000	8,000

# First Nations Oweesta Corporation . El 54-1970097 2007 Form 990

#### Schedule 3

#### Part III Statement of Program Service Accomplishments

Provides assistance, loan capital and training to Native tribes, communities and peoples

#### Schedule 4

Program Service Expenses

#### Institutional Development

The primary goal of First Nations Oweesta Corporation is to help create, develop, expand and strengthen Native Community Development Financial Institutions (CDFIs) Activities in this area reflect the provision of regional and local CDFI workshops, participation and attendance at other industry conferences, participation on the CDFI Coalition, and follow-up outreach, technical assistance and training to tribes who have expressed an interest or are in the process of forming a CDFI

Grants and allocations none

388,739

#### Financial Education and Asset Building

In addition to its work with Native CDFIs, the Organization also strives to enhance, through training, technical assistance and development of educational materials, the capacity of tribes, Native organizations and individuals to better manage their financial assets. Activities in this area reflect the provision of instructor training workshops and follow-up technical assistance in asset building strategies and programs, participation in the Native Financial Education Coalition and their activities and the development and distribution of new educational resources

Grants and allocations none

897,395

#### Lending

A secondary and critical goal is to provide qualified Native CDFIs with loan capital. The objective here is to provide initial start-up capital, or to leverage additional loan capital for new or expanding community-based financial institutions serving Native communities. Activities in this area reflect technical assistance to potential and existing loan recipients, performance of due diligence on loan applications and monitoring of the loan portfolio

Grants and allocations \$8,000

91,892

#### Entrepreneurship

The Organization and eight regional partners are developing a regional entrepreneurship development systems model to assist Native community development financial institutions with providing the intensive, long-term technical assistance and training their clients need as well as assistance with entrepreneurial development. The Organization anticipates exporting this model to other communities.

Grants and allocations none

277,699

#### Advocacy, Policy and Research

First Nations Oweesta collaborates on research studies that focus on identifying and mitigating barriers to Native control of and access to financial assets. Our national voice works to create and retain the integrity of policy favorable to building assets in Native communities.

Grants and allocations none

<u>122,617</u> 1,778,342 First Nations Oweesia Corporation El 54-1970097 `2007 Form 990

	Original	Balance	Balance
Schedule 5	Amount	6/30/2007	6/30/2008
Part IV - Line 50a - Receivable from current officer			
Elsie Meeks Executive Director			
Advance to adjust to change in payroll cycle			
from payment in advance to payment in			
arrears Advance paid in March 2007			
Repayment due December 31 2007			
Non-interest bearing	3 026	2,476	<del></del>

Schedule 6

Part IV - Line 57 - Land buildings and equipment

_				_	Accumulated		Depreciation
Description	In-Service	Method	Life	Cost	Depreciation	Book val	Expense
_				_			
Computer equipment	FYE 6/30/03	SLFM	5	1,763	1,763	-	176
Computer equipment	FYE 6/30/04	SLFM	5	2,421	2,024	397	484
Computer equipment	FYE 6/30/05	SLFM	5	4,499	2,958	1,541	853
Computer equipment	FYE 6/30/06	SLFM	5	8,797	4,230	4,568	<b>1</b> 197
Computer equipment	FYE 6/30/07	SLFM	5	7,046	2,283	4,763	1,181
Computer equipment	FYE 6/30/08	SLFM	5	66,759	4,813	61,946	4,813
Compuler software	FYE 6/30/06	SLFM	5	15,950	7,975	7,975	3,190
Computer software	FYE 6/30/08	SLFM	5	18,028	2,103	15,924	2,103
				125,263	28,149	97,114	13,997

Schedule 7

Part IV - Line 58 - Other assets					
Tarriv - Line 30 - Other assets	Interest	Date of	Date of	Balances	Balances
Program-related notes receivable	Rate	Note	Maturity	6/30/2007	6/30/2008
Repayment Interest payable quarterly					
Security none					
Montana Community Development Corporation	3 50%	7/1/2004	7/1/2007	100,000	-
Montana Community Development Corporation	3 50%	7/1/2007	7/1/2010	-	100,000
The Hopi Credit Association	3 50%	1/1/2005	1/1/2008	200,000	-
The Hopi Credit Association	3 50%	8/1/2007	8/1/2010	-	100,000
Four Directions Development Corporation	3 50%	5/1/2008	5/1/2013	-	200,000
Four Bands Community Fund	5 00%	1/1/2005	7/1/2009	50,000	50,000
Mazaska Owecaso Olipi Financial, Inc	4 00%	10/1/2004	10/1/2007	150,000	-
Mazaska Owecaso Olipi Financial, Inc	3 50%	10/1/2007	2/17/2013	-	150,000
Cilizen Potawatomi Community	3 50%	6/13/2005	6/30/2008	200,000	200,000
Cilizen Potawatomi Community	3 50%	3/1/2008	8/1/2013	-	100,000
Wind River Development Fund	3 50%	6/2/2006	6/1/2011	80,000	80,000
Wind River Development Fund	3 50%	10/23/2006	10/1/2011	20,000	20,000
Four Directions Development Corporation	3 50%	5/1/2008	5/1/2013		200,000
Four Directions Development Corporation	3 50%	6/2/2006	6/1/2011	200,000	200,000
Total notes receivable				1,000,000	1,400,000
Loan loss reserve				(50,000)	(70,000)
				950,000	1,330,000
Endowment funds - held in publicly traded securit	ies			150,000	150,000
Interest receivable				6,743	16,000
Payroll advances				5,710	
Miscellaneous receivables				6 009	•
Refundable deposits				1,300	8,614
· · · · · · · · · · · · · · · · · · ·				1,119,762	1,504,614

First Nations Oweesta Corporation El 54-1970097 2007 Form 990 Schedule A

#### Schedule 8

Part IV - Line 64 - Mortgages and other notes payable

Notes payable:		Date of Note	Maturity Date	Interest Rate	Balance 6/30/2007	Balance 6/30/2008
Arthur & Susan Lloyd (Dubuque Bank & Trust)	- <u>.</u> -	5/9/2006	5/9/2008	2 00%	100,000	100,000
James A Babson Irrevocable Trust		8/1/2005	7/31/2008	3 00%	10,000	10,000
James A Babson Trust 1958		9/1/2005	8/31/2008	3 00%	10,000	10,000
James Adams Babson Trust - 1996		12/1/2006	12/1/2009	3 00%	50,000	50,000
Srs Blessed Sacrament		4/5/2005	4/5/2010	3 50%	25,000	25,000
Srs of Loretto		2/12/2004	2/12/2007	2 00%	10,000	23,000
Srs of Loretto		6/1/2008	2/12/2013	3 00%	10,000	10,000
Srs St Francis of Philadelphia		6/17/2007	6/1/2012	2 50%	30,000	30,000
Srs of Charity St Eliz		4/3/2005	4/3/2008	2 00%	40,000	-
Srs of Mercy of the Americas NE Community		12/1/2006	12/1/2008	2 00%	20,000	20,000
Srs of Charity Incarnate		6/22/2004	6/22/2008	2 00%	100,000	-
Unitarian Universalist Assoc		8/1/2004	8/1/2010	3 00%	50,000	50,000
Karl Thomas Keller IRA (ZIA)		7/12/2005	7/12/2007	4 00%	10,000	-
Rural Community Assistance Corp		5/2/2005	6/1/2010	4 00%	200,000	200,000
Larry Dansinger & Karen Marysdaughter		1/15/2007	1/15/2010	0 00%	5,000	5,000
The Ford Foundation	#	9/17/2004	9/17/2012	1 00%	250,000	250,000
The Ford Foundation	#	9/17/2004	9/17/2013	1 00%	250,000	250,000
The Ford Foundation	#	9/17/2004	9/17/2014	1 00%	250,000	250,000
The Ford Foundation	#	11/17/2007	9/17/2016	1 00%	· -	250,000
The Ford Foundation	#	11/17/2007	9/17/2017	1.00%	-	250,000
The Ford Foundation	#	11/17/2007	9/17/2018	1 00%	-	250,000
Mercy Investment Program, Inc		5/2/2005	5/1/2010	3 00%	100,000	100,000
Sisters of St. Benedict		3/4/2005	7/1/2009	2 00%	30,000	30,000
Donna K Altschuler (Trillium)		3/4/2005	7/1/2009	2 00%	50,000	50,000
Wendy Walsh (Trillium)		11/7/2005	1/2/2011	2 00%	10,000	10,000
The Ho'olı Foundation (Trillium)		12/5/2005	7/1/2009	2 00%	15,000	15,000
John CB Webster (Trillium)		12/5/2005	7/1/2009	2 00%	5,000	5,000
Sara McCay Trust (Trillium)		12/5/2005	1/2/2009	2 00%	10,000	10,000
Mercy Investment Program, Inc		5/1/2007	5/1/2010	3 00%	200,000	200,000
Calvert Foundation		8/31/2007	8/31/2010	4 00%	-	200,000
Charles Schwab - Simon Rose (Trillium)		11/30/2007	11/30/2010	3 00%	-	10,000
Peter & Sharon Moller		1/28/2008	1/28/2011	0 00%	-	5,000
Veronica Frost		5/16/2008	5/16/2010	2 00%	-	7,000
Bank of America		12/15/2007	12/15/2012	2.75%	-	500,000
Promissory note:	_					
Karen Brandow		6/17/2007	6/17/2008	0 00%	2,500	2,500
					1,832,500	3,154,500

All notes listed above are unsecured
All notes listed above are to fund the Organization's loan program

<sup>\*</sup> Renewal is pending on this note

<sup>#</sup> These notes are guaranteed by First Nations Development Institute

First Nations Oweesta Corp El 54-1970097 2007 Form 990

The Board of Directors of First Nations Development Institute controls the Board of Directors of First Nations Oweesta Corporation Both organizations are 501(c)(3) Schedule 9 Part V-A - Question 75

Both organizations are 501(c)(3)									
		First Nati	ons Ow	First Nations Oweesta Corporation El no 54-1970097	oration	First N	First Nations Development Institute El no 54-1254491	ent Institute 91	
	S	Compensation	Benef	Benefit plans	Expense acct	Compensation	Benefit plans	Expense acct	
Question 75 b									
The following are related by marriage									
Stewart Sarkozy-Banoczy, Chief Operating Officer, First Nations Oweesta Corp	ıs	95,844	S	8,430	none	none	none	none	
Jody Sarkozy-Banoczy, Chief External Relations Officer, First Nations Oweesta	•		•	1					
Corp	₩.	62,308	se)	8,746	none	none	none	none	
The following are board members of both Organizations.									
Michael E. Roberts, President of First Nations Development Institute and Chair of First Nations Oweesta Corp.		none	2	none	none	\$ 127,310	\$ 7,066	none	
Elsie Meeks, Executive Director of First Nations Oweesta Corp and ex-officio non-voting Director of First Nations Development Institute	ь	114,971	ь	10,416	none	попе	none	none	
B Thomas Vigil, Director of First Nations Oweesta Corp and Chair of First Nations									
Development Institute		none	Ę	none	none	none	none	none	
Marguerite Smith Vice Chair of First Nations Oweesta Corp and Director of First									
Nations Development Institute		попе	Ę	none	none	попе	none	none	
Question 75 c									
The following are board members of both Organizations:									
Michael E. Roberts, President of First Nations Development Institute and Chair of First Nations Oweesta Corp.		none	5	none	none	\$ 127 310	990 Z S	none	
Eisie Meeks, Executive Director of First Nations Oweesta Corp and ex-officio non-voting Director of First Nations Development Institute	υ	114,971	ı	10 416	none	none	none	none	

### First Nàtions Oweesta Corp El 54-1970097 2007 Form 990 Schedule A

#### Schedule 10

#### Part III Statements about activities

2b J D Colbert, a member of the board of directors was also President and CEO of Native American Bank from which the Organization purchased a certificate of deposit valued at \$100,000. The CD has a term of six months and bears interest at 2.25% compounded semi-annually.

### 2d See Form 990 Part V-A Compensation of officers

Officers and key employees were reimbursed travel expenses > \$1,000, as follows

William Guevara	\$ 50,771
Elsie Meeks	\$ 17,145
Stewart Sarkozy-Baoczy	\$ 16,488
Joanna C Donohoe	\$ 14,012
Angela Sharpe	\$ 1.857

Kristi Coker, a member of the Board of Directors, provided consulting services to the Organization in her field of expertise. She was paid fees and reimbursed expenses in the amounts of \$4,632 and \$727 respectively

The Board of Directors has approved all related party transactions

## Form' 8868

(Rev April 2008)

Department of the Treasury Internal Revenue Service

## App: ation for Extension of Time T. ile an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you ar</li> <li>Do not cor</li> </ul>	e filing for an Automatic 3-Month Extension, complete only Part I and check this bo e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II inplete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 of this form)
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	
A corporat Part I only	ion required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box and complete
All other c time to file	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to request an extension of
one of the electronical returns, or	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howelly if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed aimore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you cannot file Form 8868 is 990-BL, 6069, or 8870, group and signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	First Nations Oweesta Corporation	54 1970097
File by the due date for filing your	Number, street, and room or suite no. If a P O box, see instructions 910 5th Street, Suite 101	
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions  Rapid City, SD 57701	
Check typ Form 9 Form 9 Form 9 Form 9	90-BL	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870
Telephon If the org If this is to the who	e No. > ( 605 ) 342-3770 FAX No. > ( 605 ) 342-3770 FAX No. > ( 605 ) 345 for a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box > [ If it is for part of the group, check this box he names and EINs of all members the extension will cover.	If this is
1 I required until for the	uest an automatic 3-month (6 months for a corporation required to file Fo February 15 , 20 09, to file the exempt organization return for the organization organization's return for:  calendar year 20 or	
	tax year is for less than 12 months, check reason:   Initial return   Final return	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax ny nonrefundable credits. See instructions.	x, 3a \$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated taents made. Include any prior year overpayment allowed as a credit.	3b  \$
c Balan depos Syste	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required that with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymerm). See instructions.	nt
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	53-EO and Form 8879-EO