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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

Α	For th	he 2008 ca	lendar	year, or tax year be	ginning	7/01		, 2008, and en	nding	6/3	0		, 2009
В	Check	if applicable		С							D Em	ployer	identification number
X	Address	s change	Please use IRS	LAS CASAS: D	OMINICA	NS IN MIN	IST	RY			Ιo	4-26	539941
X	Name o	change		WITH NATIVE									number
	Industration I 10720 II CEDMAN DOAD CUITER 151												
	Termination Specific WESTCHESTER, IL 60154-5234												
	Amend	ed return	Instruc- tions.	•							F Gr	oup E	Exemption
	Applica	ation pending	110113.									<u>mber</u>	<u> </u>
	•	Section 5	501(c)(3)) organizations and	4947(a)(1) r	nonexempt cha	aritab	le trusts	G A	ccountir	ng metho	d X	Cash Accrual
		<i>m</i>	ust áttá) organizations and ch a completed Scl	hedule À (Fo	orm 990 or 990	-EZ).		0	ther (sp	ecify) 🟲		
		_								heck 🟲			ganization is not
ı	Webs	site: ► <u>N</u>	I/A						re	guired	to attach	_Sche	edule B (Form 990,
J	Organi	izatıon type	(check on	ly one) — X 501(c)	(3) ◀	(insert no)	4947(a)(1) or 527	9	90-EZ, (or 990-Pi	-).	
K				anization is not a se									not more than
	\$25,0	000. A retu	irn is no	t required, but if the	e organizatio	on chooses to t	file a	return, be sure t	o file	a comp	lete retui	'n.	
L	Add I	ines 5b, 6	b, and 7	b, to line 9 to deter	mine gross	receipts; if \$1,	000,0	000 or more, file	Form	990			15 506
		ad of Form			<u> </u>			e	- ,,	<u> </u>		<u>►\$</u>	15,526.
Pa				Expenses, and (10 21	Fund Baland	ces (See th	<u>e instru</u>	ICTIO	
				ts, grants, and simi									9,305.
	l .	_		revenue including g	jovernment 1	fees and contra	acts			•		2	
			•	s and assessments								3	
		Investme		=								4	6,221.
3(5 a			om sale of assets ot		entory		5a					
Ş	b			er basis and sales e	•			5b					
₽:	С			ale of assets other than in				-			_	5 c	
14H=11 1010	6	Special ever	nts and ac	tivities (complete applica	ble parts of Sch	nedule G). If any ai	mount	is from gaming, che	ck here		▶ 📙		
Ň	a	Gross rev	enue (n	iot including \$		of cont	ributi	ons					
<u> </u>	<u> </u>	reported (on line	1)	•	•		6a					
•		Less dire	ct expe	nses other than fun	draising exp	enses		6ь					
	С	Net income	or (loss) f	from special events and a	activities (Subtr	act line 6b from lir	ne 6a)					6с	
Ħ	7a	Gross sal	es of in	ventory, less returns	s and allowa	inces		7a					
5	b	Less cos	t of goo	ds sold		•		7 b					
(a)	С	Gross pro	ofit or (lo	oss) from sales of in	nventory (Su	btract line 7b t	from	line 7a)				7с	
Ç	8	Other reveni	ue (descri	be ►	-)	8	
V.	9	Total reve	enue (ad	dd lines 1, 2, 3, 4, 5	ic. 6c. 7c. ar	nd 8)	-				′ ▶	9	15,526.
				ar amounts paid (att				. SEE ST	rate:	MENT	1	10	8,000.
	1			or for members.	acri scrieda		• •	. 222 0.			†	11	0,000.
E	1			ompensation, and e	molovee her	nefits 1					ŀ	12	
P	1			and other payment			hrs	RECEIV	FD	1	ŀ	13	1,100.
Ñ S	ı			utilities, and mainte	•	idoni oonindon	٦		65 (2)	၂ၓ္တါ	ŀ	14	
Ε	ı		-	ions, postage, and				MAV 4 F7	2040	181		15	113.
S				ribe ► SEE STAT		•	용	MAY 17	2010	Q	,	16	3,039.
				add lines 10 through						S	_′ ▶	17	12,252.
) for the year (Subt		from line 9)	 	OCDEN	115	7		18	3,274.
А	l		-	• •		•	l .	OGDEN	, U I		_ }	-10	J, 214.
N S E S T E	19	Net asset	s or tun	d balances at begin n prior year's return	ining of year	(from line 27,	-colu	mn-(A))-(must-a i	gree w	vith en d	-of-year	19	102,321.
ŦĘ				net assets or fund		ttach evolanati	on)				ŀ	20	102,321.
Ś			-	d balances at end o	-	•		nh 20			▶	21	105,595.
Pa	rt II	_		neets. If Total asse					ro file	Form			
<u> </u>		Daia	1106 31	(See the instruc			aic Þ	2,300,000 or mo	~				
22	Car	th counce	and in	vestments	תוטווז וטו דמ				- (^)		ng of yea 2,321		(B) End of year 105, 595.
23		ii, savings id and buil	-	ivestiliciit?		• • •		•			2,321	23	100,090.
24		er assets	•	ω ▶				• •				24	
25		al assets	(uesci ib			———,		•		1 ∩	2,321	. 25	105,595.
26		ai assets al liabilitie	e (deco	rihe >		•	١		<u> </u>	10	<u>2,321</u> 0	. 26	103,393.
27				alances (line 27 of c	column (B) r	nust agree wit	,7 h line	21)		10	$\frac{0}{2,321}$		105,595.
/						agree mit			1		_,		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is	s the organization's primary exempt purpose? SE	RVICE TO NATIVE AM	IERICANS		(Req	uired for 501(c)(3)
Desc	ribe what was achieved in carrying out the	ne organization's exempt purp	oses. In a clear and co	oncise manner,	and i	(4) organizations and
desci	ribe the services provided, the number of ram title.	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, optional thers)
	SPECIFIC ASSISTANCE TO IN	IDICENT INDIVIDIALS	AND FAMILTES	FOR	10.0	
20	GENERAL WELFARE AND DEVEL		AND TABILITIES.	<u> </u>		
	GENERAL METLAKE WIND DEAEL	OLMENT.				
	(Grants \$) If the	ns amount includes foreign g	rants, check here .	>	28 a	8,392.
29						
	(Grants \$) If the	nis amount includes foreign g	rants, check here		29 a	
30	7	<u> </u>				<u></u>
	(Grants \$) If the	nis amount includes foreign g	rants shock hara		30 a	
21	Other program services (attach schedule		rains, check here		30 a	
31	· ·	nis amount includes foreign g	ranta abadi bara	▶□	31 a	
22	Total program service expenses (add li		rants, check here		32	8,392.
						
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai	to or and	(e) Expense account and other allowances
	(a) Name and address	to position	liot paid, enter -o)	deferred compensa	ition	and other allowances
DIA	NE POPLAWSKI, OP	PRESIDENT	0.	······································	0.	0.
		1W 0			٠.	· ·
	TCHESTER, IL 60154-5234	f"				
	BARA BOGENSCHUTZ, OP	VICE PRESIDENT	0.		_	
		1 _			0.	0.
	1290	0				
	FIELD, WI 54814					
	ILYN WINTER, OP	TREASURER	0.		0.	0.
	BOX 596] 0				
GRE	AT FALLS, MT 59403					
CHA	RLOTTE REBBE, OP	SECRETARY	0.		0.	0.
924	NORTH SEVENTH STREET	1 o				
	INGFIELD, IL 62702	1				
	ENE CAHOUT, OP	TRUSTEE	0.		0.	0.
	E STREET SW	0			٠.	0.
		· ·				
	HINGTON, DC 20024-2598					
	ERI MITCHELL, SSA	TRUSTEE	0.		0.	0.
	BOX_6768	0				
	AT FALLS, MT 59406-6768					
	Y THERESE JOHNSON, OP	TRUSTEE	0.		0.	0.
107	30 W. CERMAK ROAD, 1W	0				
	TCHESTER, IL 60154-5234					
				-		
						·
						•
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
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Form 990-EZ (2008) LAS CASAS: DOMINICANS IN MINISTRY

04-2639941

Page 2

Pa	nt V Other Information (Note the statement requirement in General Instruction V.)			
	·	r	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	f 33	ļ	х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	—	X.
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T attach a statement explaining your reason for not reporting the income on Form 990-T.	,		
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	0. 37b		
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		х
	- i	/A		
	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	/A		
		/A		
40	a 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			
			<u> </u>	
	b 501(c)(3) and (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,' complete Schedule L, Part I	40 b		х
•	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
		0.		
(e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
4 1	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE	40 e	<u></u>	X
42	a The books are in care of ► MARILYN A. WINTER, OP Telephone no. ► (40) Located at ► PO BOX 596 GREAT FALLS MT ZIP + 4 ► 5940		<u>-45</u> 8	1 <u>7</u>
		Γ	Yes	No
ı	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:	42 b	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country.	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	.03	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
BAA		Form 990	-EZ (

	EZ (2008) LAS CASAS: DOMINIC			04-26399			age 4
Part VI	Section 501(c)(3) organization	is only. All section 5	501(c)(3) organız				9
	and complete the tables for lin	nes 50 and 51.		SEE STA	TEMENT	<u> </u>	
46 Did t	the organization engage in direct or indir	ect political campaign ac	tivities on hehalf of c	or in apposition to candidates	\	Yes	No
for p	the organization engage in direct or indir iublic office? If 'Yes,' complete Schedule	C, Part I		or in opposition to carrated	. 46		X
47 Did t	the organization engage in lobbying activ	rities? If 'Yes,' complete	Schedule C, Part II	•	47		X
48 Is the	e organization operating a school as des	cribed in section 170(b)(1)(A)(II)? If 'Yes,' co	mplete Schedule E	48		X
49 a Did t	the organization make any transfers to a	n exempt non-charitable	related organization	? .	49a		X
b If 'Ye	es,' was the related organization(s) a sec	ction 527 organization?			49b		
50 Com	plete this table for the five highest comp	ensated employees (other	er than officers, direc	etors, trustees and key emplo	vees) whi	n ear	
	ived more than \$100,000 of compensation				,,000,		
(a	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account other allow	and	s
NONE							
			·				
			-				
		1					
			<u> </u>				
		1					
		1					
Total number	r of other employees paid over \$100,000	•	<u>-</u>				
51 Com from	plete this table for the five highest comp the organization. If there is none, enter	ensated independent cor 'None.'	ntractors who each re	eceived more than \$100,000	of compe	nsatio	on
	(a) Name and address of each independent cor	stractor paid more than \$100,000		(b) Type of service	(c) Compe	nsatio	
NONE							
							
•							
Total numl	ber of other independent contractors rec	eiving over \$100,000	>				
	Under penalties of perjury, I declare that I have exa true, correct, and complete Declaration of preparer		npanying schedules and sta	itements, and to the best of my knowle	dge and belie	ef, it is	
	true, correct, and complete Declaration of preparer	(other than officer) is based on a	ill information of which prep	arer has any knowledge			
Cimm	my 1 to the	6 P.		12-16-09			
Sign Here	Signature of officer	<u>u:/</u>	-	Date			
TICIC	maril a six						
	Type or print name and title	$r_{j}O.T.$	neasarer				
			Date	Charle of Prepar	rer's Identifyiinstructions)	ng Nur	mber
Paid	Preparer's RYAN JORDAN	205	12/17/0		nstructions) -68-69		-
Pre-	TOTAL OURDAN	ATEC THE	112/1//	9 employed > 516	00-09	70	
parer's	Firm's name (or yours if self-employed), Significantly JORDAN & ASSOCIATION AND ASSOCIATION ASSOCIATION AND ASSOCIATION ASSOCIATION AND ASSOCIATION AS			—————————————————————————————————————	_05307	71	
Use Only	address and			/	-05397	_	
		59401		Phone no ► (406)	268-8 X Yes	_	
BAA	RS discuss this return with the preparer s	niown above? See instru	CHOTIS .		X Yes		3008)
DAM				,	OIIII 330-	(2000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

ine o	r tne	organization		CASAS: DOMINI NATIVE AMERI							l ' -	539941			
art	T	Reason		blic Charity Sta			must o	comple	te this	part.)					
	_	•		vate foundation bec						<u> </u>		-		_	
1	Ň		-	on of churches or a	•		_	_		(1)(A)(i)					
2	П			ın section 170(b)(1											
3	П	A hospital	or coope	erative hospital serv	ice organiza	tion described	ın secti	on 170(l))))))	iii). (At	tach Sch	nedule H	l.)		
4	П			n organization opera										spital's	5
	_	name, city,	and sta	ate											. –
5		170(b)(1)(A)(iv) . (0	erated for the bene complete Part II.)							nmental	l unit de:	scribed in s	sectio	n
6	Ц	A federal,	state, or	local government of	r governmei	ntal unit descri	bed in s	ection 1	70(b)(1)	(A)(v).					
7		in section	170(b)(1	at normally receives (A)(vi). (Complete	Part II)				vernme	ntal uni	t or from	the ger	neral public	desci	ribed
8	닏		-	described in section		• • • • • •									
9	∐ _	from activiti	es relate income	normally receives (d to its exempt functi and unrelated busi e section 509(a)(2).	ons — subjec ness taxable	t to certain exce income (less	entions a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aro	SS	ıfter
10				ganized and operate											
11		An organiz	ation org	ganized and operate orted organizations of supporting orga	ed exclusively described in the second of th	y for the benef n section 509(a	fit of, to a)(1) or	perform section	the fun 509(a)(2	ctions o 2) See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of or he box	ne or that
		a Type		b Type		c Type III	I – Fund	tionally	integrat	ed		d \square	Type III-	Other	
е		By checkin	a this bo	ox, I certify that the anagers and other the	organization	us not controll	led direc	tly or in	directly	by one	or more ed in sec	disqual ction 509	ified perso	ns oth	ner
f			nization box	received a written o	letermination	n from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organızatıo	n,	
g		Since Augu	ust 17, 2	006, has the organi	zation accep	ted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	;7		
													-	Yes	No
		(i) a per	son who	directly or indirectly or indirectly overning body of the	y controls, e	either alone or t	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
				nber of a person de		-							11 g (ii)		
		` '	-	lled entity of a pers	•	•	hove?				••		11 g (iii)		
h		• •		ng information abou		., .,		n suppo		••	•				
	(i	Name of Supp Organization	orted	(ii) EIN	(in) Type (describ	of organization ed on lines 1.9	I	s the	(v) Did v	ou notify	lorganizat	s the	(vii) Amour	nt of Sup	port
		-			above	or IRC section nstructions))	` gove	d in your rning ment?	col your su	(i) of	(i) organii U S	zed in the 5 ?			
							Yes	No	Yes	No	Yes	No			
						•							;		
															
								<u> </u>	 				<u>.</u>	,	
_															
otal													_ 		

	(Complete only if you check	-		-				
	tion A. Public Support						——	
begi	reginning in)						(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	17,174.	13,433.	5,361.	12,746.	9,3	305.	58,019.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		_					0.
3	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							0.
4	Total. Add lines 1-3	17,174.	13,433.	5,361.	12,746.	9,3	305.	58,019.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0
_	Public support. Subtract line 5 from line 4	İ						58,019.
Sec	tion B. Total Support			r				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4	17,174.	13,433.	5,361.	12,746.	9,305.		58,019.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,281.	2,192.	2,361.	3,973.	6,583.		16,390.
9	Net income form unrelated business activities, whether or not the business is regularly carried on	,						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV).							0.
11	Total support. Add lines 7 through 10							74,409.
12	Gross receipts from related activities, etc. (see instructions)							0.
13	First five years. If the Form 990 organization, check this box and	is for the organization here .	ition's first, secon	d, third, fourth, o	or fifth tax year as	a section :	501(c)	(3)
_	tion C. Computation of Pu						т	
							78.0 % 0.0 %	
16 a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or m	ore, cl	neck this box
ŀ	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o	in line 13, or 16a ganization	, and line 15 is 33	3-1/3% or n	nore, c	_
17 a	17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or moranization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
18 BAA		zation did not che	ck a box on line, 1	ıз, 16a, 16b, <u>17а</u>				structions P 2008

LAS CASAS: DOMINICANS IN MINISTRY 04-2639941 Schedule A (Form 990 or 990-EZ) 2008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here • Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

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

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part III, line 10; Part III, line 17a or 17b; or Part III, line 12. Provide any other additional information, (see instructions)	Schedule A (F	orm 990 or 990-EZ) 2008	LAS CASAS: DOM	INICANS IN MI	NISTRY	04-2639941	Page 4
	Part IV Si	ipplemental Informat art II, line 17a or 17b;	ti on. Complete this p or Part III, line 12.	part to provide the Provide any other	e explanation requ r additional inform	ured by Part II, line 1 nation. (see instructio	0; ns)
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Las Casas Board Members



Barbara
Bogenschutz, OP
Springfield
Vice-President

Eugene Cahouet, OP St. Joseph Province

> Mary Therese Johnson, OP Sinsinaawa

Kateri Mitchell, SSA Sisters of St. Ann

Diane Poplawski, OP Racine President

> Charlotte Rebbe, OP Springfield Secretary

Marilyn Winter, OP Adrian Treasurer

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FEDERAL STATEMENTS

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LAS CASAS: DOMINICANS IN MINISTRY WITH NATIVE AMERICANS, INC.

04-2639941

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1,500.

1,500.

2,000.

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STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

SCHOOL EQUIPMENT DOMINICAÑ SISTERS

PO BOX 40

HAYS, MT 59527

DONOR

EDUCATIONAL CENTER

REVEREND PETER GUTHNECK

PO BOX 3009

BOX ELDER, MT 59521

DONOR

VOCATION AWARENESS

NATIONAL COALITION OF CHURCH VOCATIONS

5401 S. CORNELL AVE., #205

CHICAGO, IL 60615

DONOR

CULTURAL ACTIVITIES MISSION GRADE SCHOOL

PO BOX 40

HAYS, MT 59527

DONOR

SCHOLARSHIPS ST FRANCIS OF ASSISI CATHOLIC SCHOOL

PO BOX 2119 CHINLE, AZ 86503

DONOR

1,000. \$

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BOARD EXPENSES INFORMATION TECHNOLOGY OFFICE EXPENSES TRAVEL

1,738. \$ 230.

022. 3,039. TOTAL \$

2008

FEDERAL STATEMENTS

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LAS CASAS: DOMINICANS IN MINISTRY WITH NATIVE AMERICANS, INC.

04-2639941

STATEMENT 3
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO