

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Inter	na; Rev	enue Service		The organization	n may have to use	a copy of this	return to sa	atisfy state repor	ting require	ments.	Ор	en to Put	inc insp	ection
	For th	ne 2008 calenda	ar year,	or tax year begir	nning 9/01	<u> </u>	, 20	08, and endir	ng 8/	31		, 2009	1	
В	Check i	f applicable								D E	mployer Iden	tification Nu	ımber	
			lease use IRS label	Native Ame	rican Her	itage <i>i</i>	Associ	ation		4	6-0414	1390		
	\vdash	•	or print or type.	830F John							elephone nun			
	\vdash	-	See	Front Roya						1	40-636			
	H		specific Instruc-		·					⊢	140-030	<u> </u>		
	\vdash	rmination	tions.	1										
	X	nended return		<u>l</u>				_	,		ross receipts		<u>, 371, ʻ</u>	
	Ap	plication pending	F Name a	and address of principa	al officer						return for af	filiates?	Yes	X No
		S	Same A	As C Above							s included? a list (see in	etructions)	Yes	∐ No
Ī	Тах	-exempt status	X 501	(c) (3) ⊲	(insert no.)	4947	7(a)(1) or	527] "'''	attaciri	o nat (ace in	istructions)		
J	Wel	bsite: NWW	.naha	-inc.org					H(c) Group	exempt	ion number	>		
K	Type		Corpor		Association	Other ►		L Year of Forma	tion 199	8	M State of	legal domic	ıle VA	
	ırt İ	Summar			1	-				•	111 01010 01	logal denne		
1				ganization's miss	ion or most sic	inificant ac	tivities	The Orga	nizati	on i	is dod:	icated	+0	
Governance				<u>Americans</u>	TIATED O	n and c	77	s Tri Triai T	<u> </u>	<u>a r 17</u>	5H2 TH	_20 <u>n C</u> ii	- הפעה	<u></u>
nar		and Wyomi	ng									- -		
Ver	١	Check this box										_ 		
တ္ဗိ				if the organization in the government of the government of the government.				sposea or mo	ore man z	3% 01	3) 		5
≪				it voting member				no 1h)			4	-		0
Activities &				yees (Part V, line		iiig body (ait vi, ii	116 10)			5			9
Ξ				eers (estimate if							6			- 0
Ac	72	Total gross upr	elated t	ousiness revenue	from Part VIII	line (D)/Co	€1/4	ED			7a			0.
				taxable income				ان كا			7 b			- 0.
	<u> </u>	THE BUILDING B		taxable meetile		3 1, 11110 0 1		 ଡ଼ 	Τ.		-	1		
		O4		4- (D-+) (III - 1	117	FEB	022	2010 O-03		rior Y			rent Yea	
ē			_	its (Part VIII, line		4 F F B			23	3,88	<u>6,864.</u>		,198,	2/4.
Revenue				ue (Part VIII, line	TiW	<u></u>				00	2 062	_	356	<u> </u>
è	10	investment inco	ome (Pa	art VIII, column (/	4), lines 3, 4) a	and (B)G	DEN.	UT I		92.	2,062.	-3	<u>,356,</u>	549.
_	11	Tatal revenue	(Part VI	art VIII, column (/ III, column (A), lii	nes 5, 6a, 8cl	ac me an	(A)	10)	- 20	\ FE	1 (51	22	0.41	705
	12	rotal revenue -	– add II	nes a inrough i i	(must equal P	art VIII, co	numn (A)	, line 12)			1,651.		,841,	
				ounts paid (Part)		2.	L,50	4,110.	22	,181,	<u>850.</u>
	14	Benefits paid to	or for	members (Part I)	K, column (A),	line 4)		•						
ø	15	Salaries, other	comper	nsation, employe	e benefits (Par	rt IX, colum	ın (A), lın	es 5-10)		71.	5,282.		796,	000.
J 3e	16a	Professional fu	ndraisin	ig fees (Part IX, o	column (A), lın	e 11e)				3	9,797.			
Expenses	l h	Total fundraisin	n exnei	nses (Part IX, co	lumn (D) June-	25) ▶	1	280,859.						
ũ								200,000.		I 52	8,033.	1	005	240
	17	Takat a sasasas	s (Fart i	X, column (4)	ZEIVED	111-240				<u> </u>			<u>, 885,</u>	
		•), line 25)	1			7,222.		<u>,863,</u>	
	19	Revenue less e	xpense	s Subtract line 1		Ω				75	<u>4,429.</u>	-2	<u>,021,</u>	<u>473.</u>
Nat Assets or Fund Balancos				/归 F/EB	0 1 2010				Begi	nning	of Year	End	d of Yea	ır
\$ <u>a</u>	20	Total assets (P	art X, lı	ne 16)		12			15	5,52	9,893.	15	,684,	683.
ξg.	21	Total liabilities	(Part X	, line 26)	- C . 1					8	8,610.		66,	308.
25	22	Net assets or fu	und bala	QG		لمده			1 '	5.44	1,283.	15	,618,	375
Pa	rt II	Signatur				<u></u>			1 +	,,	1,200.	10	, 010,	<u> </u>
													4 5 . 4 . 4 . 4	
		true, correct, and	complete	I declare that I have en Declaration of prepar	er (other than office	r) is based on	all informat	ion of which prepared	tements, and arer has any	knowled	gest of my kn	iowiedge and	a belief, it i	ıs
Sic			. 📞	16000	LIN				l.	1_,	124			
Siç He	jii ro	Signature of	الالكح	4 (1-11W	- Car				<u> </u>		170			
116	16				•				U	жe	ſ			
		David							Pres	<u>iden</u>	t			
		Type or print	name and	a title				•						
_		ļ	\cap	. 121	$) \cap a$			Date	, 0	heck if	[9	'reparer's ide see instructio	intifying nu ons)	ımber
Pa		Preparer's	1	in / Will	She			1 ././		mployed				
Pre	-	signature	_jøs	eph A. Bull	.ock			18/21/0	9		N	I/A		
pa: Us	rer's	Firm's name (or		lock & Asso	ciates, F	P.C.			/					
On		yours if self- employed),	/	A South Kir			_		F	IN ►	N/A			
VII	·y	address, and ZIP + 4			20175					hone no	/20	3) 771	-1234	1
May	the II			with the preparer		(See instr	uctions)		<u> </u>		. ,,,	X Ye		No
_	_			work Reduction			_	···etions			0110/ 10/0			1 -
	~ ror	T TIVACY ACT AN	u rapei	MOLK MEGRECION	ALL NULICE, SE	e use sepa	nate instr	uctions.		IEEA	0112L 12 <i>1</i> 22	∠/∪8 FC	orm 990	(ZUUO)

	1990 (2008) Native American Heritage Association	46-04143	90		Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
•	The Organization is dedicated to helping Native Americans living	on and off	the		
	tribal reservations in South Dakota and Wyoming.				
2	Did the organization undertake any significant program services during the year which were not listed on	the prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.			Ш	
_			Vaa	ℴ	N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses. Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to ot	hers, ti	ne tota	al
	expenses, and revenue, if any, for each program service reported.				
					
12	a (Code:) (Expenses \$ 22,988,589. including grants of \$) (F	Revenue \$			``
	Cash and noncash assistance to Native Americans for food, clothing			1 - 1	
	needs. Have also provided transportation, affordable housing, and				I
	assistance.				
			- -	- -	
			-		 -
		- -			
4 b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
					_ _ _
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
					<u></u>
				-	
				_	_
4 d	Other program services (Describe in Schedule O.)				
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	e Total program service expenses ► \$ 22,988,589. (Must equal Part IX, Line 25, column (B	2))			
	22, 300, 303. (Winst equal Part IX, Line 23, Column (B	//			

Checklist of Required Schedules

Part IV

BAA

Yes No 'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 X for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part Il ... 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Schedule D. Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, Х VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 17 18 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 20 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Form 990 (2008) 36

46-0414390 Page 4 Form 990 (2008) Native American Heritage Association Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV . 28b Х **c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV* 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M 31 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х 35

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns. Enter -0- if not applicable 0 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 9 calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5Ь X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5 c Prohibited Tax Shelter Transaction? Х 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 7 a a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Form 8282? 7d d If 'Yes.' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a 9Ь **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b BAA Form 990 (2008) Form 990 (2008) Native American Heritage Association 46-0414390 Page

[Part VI] Governance, Management and Disclosure (Sections A, B, and C request Information about policies not required by the Internal Revenue Code.)

<u> 5e</u>	ction A.	Governing Body and Management		1	1	
	For each processe	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b belowes, or changes in Schedule O. See instructions.	v, describe the circumstances,		Yes	<u>No</u>
1	a Enter the	number of voting members of the governing body .	1a 5			
	b Enter the	number of voting members that are independent .	1b			
2	2 Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business irector, trustee or key employee? See Schedule 0	relationship with any other	2	X	
3	B Did the o	organization delegate control over management duties customarily performed by o s, directors or trustees, or key employees to a management company or other pe	r under the direct supervision rson?	3	-	
	Did the c	organization make any significant changes to its organizational documents prior Form 990 was filed?		4		X
_		rganization become aware during the year of a material diversion of the organiza	tion's assets?	5		Х
_		organization become aware during the year of a material diversion of the organization have members or stockholders?	1011 3 233613 :	6		X
7	a Does the governing	organization have members, stockholders, or other persons who may elect one og body?	or more members of the	7a		<u>X</u>
	b Are any	decisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		X
8	B Did the o	organization contemporaneously document the meetings held or written actions unving:	dertaken during the year by			
	a The gove	erning body?		8a	Х	
	b Each cor	nmittee with authority to act on behalf of the governing body?		8ь		<u>X</u>
9	a Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u>
	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	s of such chapters, affiliates,	9Ь		
10	Was a co describe	ppy of the Form 990 provided to the organization's governing body before it was fin Schedule O the process, if any, the organization uses to review the Form 990	led? All organizations must See Schedule O	10		_ <u>X</u> _
11	l is there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	cannot be reached at the See Schedule 0	11	Х	
<u>Se</u>	ction B.	Policies				
					Yes	No
12	2a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interes ts?	its that could give rise	12b		_X_
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the O how this is done.	policy? If 'Yes,' describe in	12c		<u>X</u>
13	B Does the	organization have a written whistleblower policy?		13		Х
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the persons,	process for determining compensation of the following persons include a review are comparability data, and contemporaneous substantiation of the deliberation and	nd approval by independent decision			
	a The orga	nization's CEO, Executive Director, or top management official?		15a		<u>X</u>
	b Other off	icers of key employees of the organization?		15b		X
	Describe	the process in Schedule O. (see instructions)				
16		organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement with a taxable			
		ring the year?		16a		
	b If 'Yes,' I	ring the year? has the organization adopted a written policy or procedure requiring the organizat enture arrangements under applicable federal tax law, and taken steps to safegua th respect to such arrangements?	on to evaluate its participation and the organization's exempt	16a 16b		
Se	b If 'Yes,' I	nas the organization adopted a written policy or procedure requiring the organizati enture arrangements under applicable federal tax law, and taken steps to safegua	non to evaluate its participation and the organization's exempt			
	b If 'Yes,' I in joint v status wi ection C.	nas the organization adopted a written policy or procedure requiring the organizate enture arrangements under applicable federal tax law, and taken steps to safeguath respect to such arrangements?	on to evaluate its participation and the organization's exempt			
17	b If 'Yes,' In joint v status wirection C. List the s Section 6	nas the organization adopted a written policy or procedure requiring the organizate enture arrangements under applicable federal tax law, and taken steps to safeguath respect to such arrangements? Disclosures	ard the organization's exempt	16b	e for p	oublic
17	b If 'Yes,' I in joint v status with the statu	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguath respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed None 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990	ard the organization's exempt	16b	e for p	oublic
17 18	b If 'Yes,' I in joint v status wisction C. List the s Section C inspection Own Describe	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguath respect to such arrangements? Disclosures states with which a copy of this Form 990 is required to be filed None 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 in Indicate how you make these available. Check all that apply	and the organization's exempt , and 990-T (501(c)(3)s only) av	16b		
17 18	b If 'Yes,' I in joint v status with the statu	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguath respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed ► None 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 in Indicate how you make these available. Check all that apply website	and the organization's exempt , and 990-T (501(c)(3)s only) avecuments, conflict of interest police books and records of the organization's exempt	16b	d finai	ncıal

Form 990 (2008)

BAA

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	t compen	sate a	ny c	ffice	er, d	Irecto	r, tru	istee, or key employe	e	
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours	ľ	tion (checl	all t	hat app		Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David Myers										
President	40			Χ				177,642.	0.	0.
Bernice Myers										
Director	20			X				71,095.	0.	0.
Pamela Pullen									Ì	
Vice President	40			Х				77,059.	0.	0.
Susan Showers										
Secretary/Treas	40			X				48,049.	0.	0.
Timothy Curns										
Director	40			X				49,930.	0.	0.
Arthur B. Pullen, Jr.										
	40					Х		61,192.	0.	0.
	!									
										-

TEEA0107L 04/24/09

Δ	6	-1	n	4	1	4	3	9	n	

Part VII Section A. Officers, Directors, Trust (A)	(B)	(ey	EII		c)	<u>es,</u>	am	(D)	(E)	(F)
Name and Title	Average hours				c all t			Reportable compensation from	Reportable compensation from	Estimated amount of other
	nours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	ļ									
					_				_ ····	
										-
1 b Total							•	484,967.	0.	0.
2 Total number of individuals (including those in 1a) worganization▶ 1	vho rece	eived	l mo	re t	han	\$10	0,00	00 in reportable co	empensation from t	the
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste idividual	e, k	ey e	empl	loye	e, o	r hig	phest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of rej the organization and related organizations greater the individual	portable nan \$15	con 0,00	npei 0? I	nsat f 'Ye	ion es' c	and comp	othe olete	er compensation f Schedule J for s	rom uch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	ation	n fro	m a	ny i	unre	late	d organization for	services	5 X
Section B. Independent Contractors										1. • 1 - 1
 Complete this table for your five highest compensation from the organization. 	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business address	s							(B) Description o	of Services	(C) Compensation
2 Total number of independent contractors (including compensation from the organization ► 0	those in	1) v	who	rece	eive	d mo	ore t	than \$100,000 in		· · · · · · · · · · · · · · · · · · ·

		in Statement of the	veride						
	•	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 2	Federated campaigns	1 1	а					
FE		· · ·		_					
Z S		Membership dues		b					
25	С	Fundraising events	1	C		j			
١	d	Related organizations	1	d					
ا إ	e	Government grants (contribution	ons) 1	e		1			
8 2				· •		1			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	rants, and above 1		,198,274.				
ξŞ	g	Noncash contribns included in	Ins 1a-1f: .	\$ <u>23</u>	,222,404.				
용취	h	Total. Add lines 1a-1f			>	26,198,274.			,
_ <u>=</u>					Business Code				
Z	2a	·							
اش	b								· - · - · -
핒									<u> </u>
ا چَ	. с								
S	d	 							
Σ	е								
8	f	All other program service	e revenue						
PROGRAM SERVICE REVENUE	a	Total. Add lines 2a-2f			>				
\neg			ludiae divida	ada ia	toract and				······································
	3	Investment income (included other similar amounts).	lualing alviae	nas, m	terest and	747,765.			747,765.
	4	Income from investmen	t of tax over	ant han	nd procoods	72.77.001			, , , , , , , , , , , , , , , , , , , ,
			t or tax-exeri	ipt boi	ia proceeds		·		
	5	Royalties							
		}	(ı) Real		(II) Personal				
	6a	Gross Rents							
	b	Less. rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (lo	ss).		>				
		Gross amount from sales of	(i) Securitie	s	(ii) Other				
	/ a	assets other than inventory	1242567	75.		1			
		•		-		1			
	þ	Less: cost or other basis	1652000	اه					
		and sales expenses	1652998 -410431			-			
		Gain or (loss)	-41043	L4.		 			
	d	Net gain or (loss)		_	>	-4,104,314.			-4,104,314.
NUE	8a	Gross income from fund (not including \$	fraising even	its					
Ě		of contributions reported	d on line 1c).	.					
꿆		See Part IV, line 18		a					
OTHER REVE		Less direct expenses		Ъ					
6									
		Net income or (loss) fro			its -				
	9 a	Gross income from gam See Part IV, line 19	ning activities	a_					,
	b	Less direct expenses		ь					<u>_</u> <u>_</u>
	С	Net income or (loss) fro	m gaming ad	ctivities	; -				
		Gross sales of inventory and allowances		s	•			<u>.</u>	
				a -		1			
		Less cost of goods sold		b					
	_ c	Net income or (loss) fro							
		Miscellaneous Reven	ue		Business Code	 			
	11 a								
	þ	·		_					
	С			_L_					
	d	All other revenue		_	- 				
	e	Total. Add lines 11a-11	d.		•				
		Total Revenue. Add line 10c, and 11e		4, 5, 6	d, 7d, 8c, 9c,	22,841,725.	0.	0.	-3,356,549.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).
--

Do i	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,181,850.	22,181,850.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·
5	Compensation of current officers, directors, trustees, and key employees	423,361.	134,731.	203,829.	84,801.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	137,665.	78,783.	39,201.	19,681.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	135,096.	53,252.	55,815.	26,029.
9	Other employee benefits	60,864.	22,672.	32,639.	5,553.
10	Payroll taxes	39,014.	15,013.	17,318.	6,683.
	Fees for services (non-employees)			,	
	Management				
	Legal	13,400.		13,400.	
	Accounting	49,771.		49,771.	
(Lobbying				
6	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other	•			
12	Advertising and promotion	115,000.			115,000.
13	Office expenses	5,095.	611.	4,216.	268.
14	Information technology				
15	Royalties				
16	Occupancy	6,513.		6,513.	
17	Travel	14,853.	8,555.	6,298.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,652.		17,652.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,540.	50,210.	38,044.	2,286.
	Insurance Other expenses Itemize expenses not covered above. (Expenses grouped together	34,438.	27,304.	7,378.	-244.
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				F
a	Postage and Shipping	468,075.	674.	10,635.	456,766.
	Printing and Publications	334,297.			334,297.
	Prospect lists	198,073.			198,073.
	Food distribution	139,205.	139,205.		
	Gifts in Kind fee expense	124,750.	124,750.		
f	All other expenses	273,686.	150,979.	91,041.	31,666.
	Total functional expenses. Add lines 1 through 24f	24,863,198.	22,988,589.	593,750.	1,280,859.
26	Joint Costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

Form **990** (2008)

Pa	in X	Balance Sneet			
	,		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	667,226.	1	1,887,442.
	2	Savings and temporary cash investments	391,625.	2	312,417.
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net		4	-
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	· -	6	~ -
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	4,767,824.	8	5,877,337.
S	9	Prepaid expenses and deferred charges .	32,468.	9	40,515.
	10a	Land, buildings, and equipment: cost basis 10a 2,696,227.	***		
	b	Less accumulated depreciation Complete Part VI of			
		Schedule D 10b 575, 903.	1,204,182.	10 c	2,120,324.
	11	Investments — publicly-traded securities	8,445,772.	11	5,431,474.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	-	13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11	20,796.	15	15,174.
	16	Total assets Add lines 1 through 15 (must equal line 34)	15,529,893.	16	15,684,683.
	17	Accounts payable and accrued expenses	88,610.	17	66,308.
	18	Grants payable		18	
	19	Deferred revenue .		19_	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow account liability. Complete Part IV of Schedule D .		21	
レーAB-L-T-ES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
į		of Schedule L		22	
Š	23	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable .		24	
		Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	88,610.	26	66,308.
N E T		Organizations that follow SFAS 117, check here X and complete lines			
		27 through 29 and lines 33 and 34.	15 441 202		15 610 375
ANNE		Unrestricted net assets	15,441,283.	27	15,618,375.
Ī		Temporarily restricted net assets		28	
O R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here and complete			
DZC	20	lines 30 through 34.		30	
	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund		31	
日本上4万円の	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Ň	33	Total net assets or fund balances.	15,441,283.	33	15,618,375.
Ĕ	34	Total liabilities and net assets/fund balances	15,529,893.	34	15,684,683.
	rt XI		13,323,033.	<u> </u>	13,004,003.
		Timumotar otatomonto ana resporting		_	Yes No
1	Acc	counting method used to prepare the Form 990. Cash X Accrual	Other		
		re the organization's financial statements compiled or reviewed by an independent a			. 2a X
		re the organization's financial statements audited by an independent accountant?			2b X
	c If "	'es' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent acco	y for oversight of the auuntant?	ıdıt,	2c X
3		a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?		Single	
		es ' did the organization undergo the required audit or audits?			3h

BAA

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

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number 46-0414390 Native American Heritage Association Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other a Type I b Type II c | Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the organization in col (i) Name of Supported Organization (vii) Amount of Support (ii) EIN anization in co (i) listed in your (i) organized in the your support? Yes Yes No No Yes No Total

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

46-0414390 Native American Heritage Association Page 2 Schedule A (Form 990 or 990-EZ) 2008 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total beginning in) È Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 21369928 28886864 26198271 123329211. 18642712 28231436 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf. 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. 18642712 21369928 28231436 28886864 26198271 123329211 Total. Add lines 1-3 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 0. shown on line 11, column (f) Public support. Subtract line 5 123329211. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 18642712 21369928 28231436 28886864 26198271 123329211. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form -3356549 similar sources 1,219,457. 1,167,324. 1,308,754 922,062 1,261,048. Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) See Part IV 100 100. Total support. Add lines 7 through 10 124590359. 12 0. 12 Gross receipts from related activities, etc. (see instructions) 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 99.0% 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2007 Schedule A. Part IV-A. line 26f 15 95.3% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 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 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

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 (f) Total (d) 2007 (e) 2008 (a) 2004 **(b)** 2005 (c) 2006 Calendar year (or fiscal yr beginning in)▶ 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, 3 received from disqualified **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, 1 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 (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar 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 12 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 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 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 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 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 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

Schedule A	(Form 990 or	990-EZ) 2008	Native	American	Heritage	Association	46-0414390	Page 4
Part IV	Supplemer Part II, line	ntal Informa	ation. Com	plete this pa I, line 12. P	ert to provid	e the explanation	on required by Part II, information. (see insti	line 10; ructions)
•				<u> </u>				
		_						
								- -
- -								
								·
		 -						· -
				-				
								·
				.				
				·				
	· ·							

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

Employer Identification number

Native American Heritage	Association	46-0414390
Part I Organizations Maintain	ing Donor Advised Funds or Other	Similar Funds or Accounts Complete if
the organization answer	ed 'Yes' to Form 990, Part IV, line 6	j
· ·	(a) Donor advised fur	nds (b) Funds and other accounts
 Total number at end of year 		
2 Aggregate contributions to (during	year)	
3 Aggregate grants from (during year	r)	
4 Aggregate value at end of year		
	ors and donor advisors in writing that the as rty, subject to the organization's exclusive le	
6 Did the organization inform all graused only for charitable purposes impermissible private benefit??	ntees, donors, and donor advisors in writing and not for the benefit of the donor or donor	that grant funds may be advisor or other Yes No
	ts Complete if the organization answ	wered 'Yes' to Form 990, Part IV, line 7.
	ents held by the organization (check all that	
	use (e.g., recreation or pleasure)	Preservation of an historically important land area
Protection of natural habitat		Preservation of certified historic structure
Preservation of open space		1
	zation held a qualified conservation contribut	tion in the form of a conservation easement on the last day
		Held at the End of the Year
a Total number of conservation ease	ements	<u> 2a</u>
b Total acreage restricted by conser-	vation easements	<u>2b</u>
	s on a certified historic structure included in	
	s included in (c) acquired after 8/17/06	
3 Number of conservation easement year ►	s modified, transferred, released, extinguish	ed, or terminated by the organization during the taxable
4 Number of states where property s	subject to conservation easement is located	
5 Does the organization have a written enforcement of the conservation ex	en policy regarding the periodic monitoring, asement it holds?	inspection, violations, and . Yes No
6 Staff or volunteer hours devoted to	monitoring, inspecting, and enforcing ease	ments during the year
7 Amount of expenses incurred in m	onitoring, inspecting, and enforcing easeme	nts during the year ►\$
8 Does each conservation easement 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)	reported on line 2(d) above satisfy the requirement ?	rements of section Yes No
9 In Part XIV, describe how the organiz include, if applicable, the text of the conservation easements	cation reports conservation easements in its review footnote to the organization's financial sta	enue and expense statement, and balance sheet, and tements that describes the organization's accounting for
	ing Collections of Art, Historical Tr	easures, or Other Similar Assets
Complete if the organize	ation answered 'Yes' to Form 990, F	Part IV, line 8.
treasures, or other similar assets h	nitted under SFAS 116, not to report in its relead for public exhibition, education, or reseated statements that describes these items.	evenue statement and balance sheet works of art, historical irch in furtherance of public service, provide, in Part XIV,
b If the organization elected, as perr treasures, or other similar assets t amounts relating to these items:	nitted under SFAS 116, not to report in its re neld for public exhibition, education, or resea	evenue statement and balance sheet works of art, historical arch in furtherance of public service, provide the following
(i) Revenues included in Form 99	0, Part VIII, line 1	- \$
(ii) Assets included in Form 990, F	Part X	* \$
2 If the organization received or held amounts required to be reported un	l works of art, historical treasures, or other s nder SFAS 116 relating to these items:	imilar assets for financial gain, provide the following
a Revenues included in Form 990, P	art VIII, line 1	> \$
b Assets included in Form 990, Part	X	^ \$
		 +

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

Schedule D (Form 990) 2008 Nativ				46-041		Page 2					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)											
3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):											
a Public exhibition		d Loan	or exchange programs								
b Scholarly research		e Other									
c Preservation for future generations											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part											
Part IV Trust, Escrow and Cu	stodial Arran	gements Compl	ete if organization	answered 'Yes' to F	orm 990, P	art					
IV, line 9, or reported	an amount on	Form 990, Parl	t X, line 21.								
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	r other intermediary	for contributions or oth	er assets not	Yes [No					
b If 'Yes,' explain the arrangement in Part XIV and complete the following table.											
					Amount						
c Beginning balance				1c							
d Additions during the year											
e Distributions during the year				1 e							
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21?											
b If 'Yes,' explain the arrangement in Part XIV											
Part V Endowment Funds Co	mplete if orga	nızation answer	<u>ed 'Yes' to Form 99</u>	00, Part IV, line 10.							
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	rs back					
1 a Beginning of year balance					<u> </u>						
b Contributions											
c Investment earnings or losses											
d Grants or scholarships											
 Other expenditures for facilities and programs 											
f Administrative expenses.											
g End of year balance			<u></u>			[
2 Provide the estimated percentage	e of the year end	balance held as:									
a Board designated or quasi-endov	vment ►	%									
b Permanent endowment ▶	 8										
c Term endowment ►	%										
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and admir	nistered for the	Yes	No					
(i) unrelated organizations					3a(i)						
(ii) related organizations					3a(ii)						
b If 'Yes' to 3a(ii), are the related of	organizations liste	d as required on So	chedule R?		3b						
4 Describe in Part XIV the intended	d uses of the orga	inization's endowme	ent funds.								
Part VI Investments-Land, B	uildings, and	Equipment. See	e Form 990, Part X	, line 10.							
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book V	'alue					
1 a Land			183,371.	· · · · · · · · · · · · · · · · · · ·	183	,371.					
b Buildings	. [1,632,761.	107,872.	1,524	,889.					
c Leasehold improvements											
d Equipment			640,410.	278,200.	362	,210.					
e Other			239,685.	189,831.		,854.					
Total. Add lines 1a-1e (Column (d) she	ould equal Form 9	990, Part X, column	(B), line 10(c).)	•	2,120						
BAA				Sched	lule D (Form 9	90) 2008					

Part VII	Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	
Financial (derivatives and other financial products		Cost or end-of-year mar	ket value
	ald agusty interests			-
=	end equity interests			<u></u>
		·		 -
	(b) should any life and OO Part V and (D) line 12.)			· · · · · ·
	mm (b) should equal Form 990 Part X, col. (B) line 12) I Investments—Program Related (See I	Form 990 Part Y lir	ne 13) N/A	
raitviii	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(a) Description of investment type	(b) Book value	Cost or end-of-year mar	ket value
·				
-			 	
Total. Colum	nn (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X,	line 15) N/A		
	(a) De	scription		(b) Book value
				<u>-</u> .
		· · · · · · · · · · · · · · · · · · ·		
		·		
				
Total. Colu	umn (b) Total (should equal Form 990, Part X, co	I (B), line 15)	. •	
Part X	Other Liabilities (See Form 990, Part	X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes		_	
			_	
			\dashv	
		<u> </u>	-	
			\dashv	
			7	
Total. Colum	nn (b) Total (should equal Form 990, Part X, col (B) line 25)	•	7	
In Part XIV	, provide the text of the footnote to the organizat	ion's financial statements	s that reports the organization's liabili	ty for uncertain tax
positions u	under FIN 48.		, , , , , , , , , , , , , , , , , , , ,	•

Schedule D (Form 990) 2008 Native American Heritage Association

46-0414390

Page 3

Sche	dule D (Form 990) 2008 Native American Heritage Association	46-0414	390 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	·	22,841,725.
2.	Total expenses (Form 990, Part IX, column (A), line 25)		24,863,198.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-2,021,473.
4	Net unrealized gains (losses) on investments		1,660,036.
5	Donated services and use of facilities .		
6	Investment expenses	🗆	
7	Prior period adjustments	<u> </u>	
8	Other (Describe in Part XIV). See Part XIV		538,529.
9	Total adjustments (net). Add lines 4-8		2,198,565.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.		177,092.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per Return	
1	Total revenue, gains, and other support per audited financial statements	. 1	25,040,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	1 1	,660,036.	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV) See Part XIV 2d	538,529.	
	Add lines 2a through 2d	2e	2,198,565.
	Subtract line 2e from line 1	3	22,841,725.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
•	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	22,841,725.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per Return	
1	Total expenses and losses per audited financial statements	1	24,863,198.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments . 2b		
	: Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)	-	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,863,198.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		21,000,200
•	Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	24,863,198.
	t XIV Supplemental Information		21/00/12/
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a 4; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	and 4; Part IV, lines 1b	and 2b; Part V,

TEEA3304L 12/23/08

BAA

Schedule **D** (Form 990) 2008

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
 -		
 _		
		-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

Open to Public

Inspection

× **ջ** □ (h) Purpose of grant or assistance Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form Employer identification number XXes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 46-0414390 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance Native American Heritage Association (b) EIN Enter total number of other organizations 1 (a) Name and address of organization 1111 or government 1 1111111 1111 1 1 Name of the organization 1 1 1 1 1111 1 1 1

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

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Page 2 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed. 46-0414390 Native American Heritage Association Schedule I (Form 990) 2008

(f) Description of non-cash assistance		Food, clothing, personal care & household			er additional information.						;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				
(e) Method of valuation (book, FMV, appraisal, other)		FMV			t I, line 2, and any other		<u> bal</u>	s <u>sues Bills</u>	/spood-jo-Xie	Spreadsheets	cance given	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
(d) Amount of non-cash assistance		22,112,893.			ion required in Par	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_Line_1,_to_tri	<u>The Organization issues Bills</u>	pon_each_delive	rganization	recipients for all assistance given			 	
(c) Amount of cash grant		68,957.			rovide the informat	are Used	n_in_Part_III.	s goods. The	reservations u	ained by the O			 	 	
(b) Number of recipients	ricans	000'06			olete this part to pr	on of How Grants	stance as show	need of variou	nities in the	ents_and_maint	lates, values,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	
(a) Type of grant or assistance	Food, Shelter and Clothing to Native Americans				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	<u>Part I, Line 2 - Grantmaker's Description of How Grants are Used</u>	<u>The_Organization provides assistance as shown in Part_III, Line_1, to tribal</u>	reservations when they are in need of various goods.	of_Lading to the various communities in the reservations upon each delivery of goods,	which are signed by the recipients and maintained by the Organization Spreadsheets	are_also_maintained_to_track_dates,_values,_and	during_the_year			

BAA

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Loop to Bublis

Department of the Treasury Internal Revenue Service Name of the organization

Native American Heritage Association

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Employer Identification number 46-0414390

Par	t I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use]		l
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain .	1 b	:	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
	Receive a severance payment or change of control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	, , ,			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization? .	5b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not			
	described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		х

Schedule J (Form 990) 2008

46-0414390

Page 2

Native American Heritage Association

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(D)·(I)(B)	reported in prior Form 990 or Form 990-EZ
David Myers	(1) 177, 642.	0.		0.			
	0	 	1 	0.0	0.	0	
	0						
)							
	<u>-</u>						
	(1)						
<u> </u>	(O	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1	
	(ii)						
	()						
	(ii) = = = = = = =				:	İ	
	()				1		
)							
	()						
	(ii)						
	()						
)							
)	(ii)						
	()	 	 		 	1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	(ii)						
<u> </u>	(0)] 	 	 	 	! ! ! ! ! ! !	: : : : : : :
	(ii)						
<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(ii)						
		 	 	1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>)</u>	(E)						
<u> </u>	(0)	 	 		 		
9							
] 		; ; ; ; ; ;
	(1)						
	 0	1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	
ВАА			TEEA4102L 08/11/08	1/08		Sched	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Native American Heritage Association Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete	46-0414390 Page 3 5b, 6a, 6b, 7, and 8. Also complete
i	
	Schedule J (Form 990) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public

Inspection

2008

Department of the Treasury Internal Revenue Service Name of the organization

Part I Types of Property

b If 'Yes,' describe in Part II

Native American Heritage Association

Employer Identification number

46-0414390

(d) (a) (b) (c) Method of determining Check if Number of Revenues reported on Form 990, Part VIII, line 1g applicable revenues Contributions Art-Works of art. Art-Historical treasures 3 Art-Fractional interests Books and publications 14,382,837 5 Clothing and household goods Х 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution (historic structures) Qualified conservation contribution (other) 14 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 4,339,751 Х Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts. 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 27 Other ► (28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х

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

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

Schedule	M (Form 990)	2008 Nati	ve American	Heritage	Association	46-0414390	Page 2
Part II	Supplemen	tal Informa	tion. Complete	this part to	provide the information	required by Part I, lines 30b,	32b,
	and 33. Als	o complete	this part for a	ny additiona	i information.		
-							
						. 	
							
						· 	
-	·						
						. 	
						·	
						·	
_ _						· 	
						. 	
		-				 	
						· 	
						· 	
	· -						
	· 					· 	
						·- 	
	·						
		. – – – – –					

TEEA4602L 07/14/08

Schedule M (Form 990) 2008

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Native American Heritage Association	Employer identification number 46-0414390
Explanation of Amended Return	
The Form 990 is being amended to correctly report advertising f	ees paid by the
Organization. On the previously filed Form 990 the fees of \$11	5,000 were
erroneously_reported_on_Page_10,_Line_11e,_Column_D; they_are_n	ow_correctly_reported
on Form 990, Page 10, Line 12, Column D. As a result, the Orga	nization is not
required to complete Schedule G, therefore, that schedule is no	t included with the
amended_return.	
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors	
David Myers is the husband of Bernice Myers, father of Pamela P	·
father-in-law of Arthur Pullen.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 11 - Officer, Director, Trustee, Key Employee Mailing Add	iress
Timothy Curns	
P.O. Box 312	
Rapid City, SD 57709	

008	Schedu	ıle D, Part XIV - S	Suppleme	ntal Inforr	nation	Page (
		Native American F	leritage Asso	ciation		46-041439
Schedule D, Other Chang	Part XI, Line 8 les In Net Assets	Or Fund Balances				
		zed in prior years			Total \$	538,529. 538,529.
Schedule D, Other Reven	Part XII, Line 2d ue included in F	S But Not Included On	Form 990			
Unrealized	loss recogni	zed in prior year			Total \$	538,529. 538,529.

.

2008 Schedule A, Part IV - Supplemental Information								
Native American Heritage Association	46-0414390							
Part II, Line 10 - Other Income								
Nature and Source 2008 2007 2006 2005	2004							
Miscellaneous	_							
Total $\frac{\$}{}$ 0. $\frac{\$}{}$ 0. $\frac{\$}{}$ 0. $\frac{\$}{}$ 0.	\$ 100. \$ 100.							
	i							

.