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### 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)

Open to Public

OMB No 1545-0047

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning 10/1/2008 and ending 9/30/2009 Check if applicable C Name of organization North Dakota Association of Tribal Colleges D Employer Identification number use IRS Address change Doing Business As label or 45-0437573 print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number type. Initial return PO Box 69, 107 Collins Ave. 701-224-0102 Specific Termination City or town, state or country, and ZIP + 4 Instruc-Mandan ND 58554 Amended return tions. G Gross receipts \$ Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? Jim Davis Turtle Mountain Community College, Newtown, ND 58316 H(b) Are all affiliates included? Tax-exempt status X 501(c) ( If "No," attach a list (see instructions) 4947(a)(1) or J Website: ► NA H(c) Group exemption number ► NA X Corporation K Type of organization Association Other > L Year of formation M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: NDATC Provides support for the North Dakota Tribal Colleges through doing joint projects on behalf of multiple colleges. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . . . 4 5 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . . . . . . 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (PartiVIII, line 1h) 145,188 183.381 Program service revenue (Par VIII, line 29) EIVED 9 12.500 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). . . 0 Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c, 100 and 11e).... Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 10.460 0 12 183,381 168,148 13 Grants and similar amounts paid (Part IX, column (A), line (1-3). . . . 0 30,360 14 Benefits paid to or for members (Path & column (A)) Tine 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 62.868 86,825 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a ь Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . . 110,204 93,031 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 173,072 210,216 19 Revenue less expenses. Subtract line 18 from line 12. -4.924-26,835 **Beginning of Year End of Year** 20 Total assets (Part X. line 16) . . . . . 85,672 137,938 Total liabilities (Part X, line 26) . . . . . . 21 9,888 101,549 22 Net assets or fund balances. Subtract line 21 from line 20 75.784 36,389 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, ano complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign PRESIDENT + CED Here Type or print name and title Preparer's Check if Preparer's identifying number signature Paid self-(see instructions) **▶**[X 5/13/2010 employed 501-60-5833 Preparer's Firm's name (or yours Capital Accounting, PC EIN **Use Only** if self-employed). 3801 Lockport Street, Ste #4, Bismarck, ND 58503 address, and ZIP + 4 Phone no ▶ 701-224-0102

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

X Yes

om	990 (2008) North Dakota Association of Tribal Colleges	45-0437573	Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)		
	Briefly describe the organization's mission:		-
<u> </u>	Did the organization undertake any significant program services during the year which were not listed or	n	
•	the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		۱۱۵ کی
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Tyes	X No
		гез	V MO
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and action 1047(a)(b) and 504(a)(b) are already to a service to a servi		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants a	and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
_			
4a	(Code: ) (Expenses \$ 101,043 including grants of \$ 83,747 ) (Revenue	e\$	<u>, 0</u> )
	INBRE Services: Improve Science and Math Education at Tribal Colleges		
	Funds T-1 lines to Tribal Community Colleges in the State, Sharing		
	Resources. Three Courses were shared amonth the colleges this past YR.		
	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
1h	(Code: ) (Expenses \$ 60,010 including grants of \$ 67,424 ) (Revenue		0.)
713	NASA: Increase knowledge of Native students in Climate Changes		
	•••••••••••••••••••••••••••••••••••••••		
4c	(Code: ) (Expenses \$ 16,607 including grants of \$ 16,607 ) (Revenue	ie \$	0)
	NASA GCCE: Climate Change Workshops & Training		
	Personnel Were hired and planning for the first Climate Change Workshop		
	has taken place.		
	***************************************		
		• • • • • • • • • • • • • • • • • • • •	
	Other recent continue (Describe in Orbertal O.)		
ld	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
æ	Total program service expenses > \$ 177.660 (Must equal Part IX Line 25.co	lumn (R) )	

Part IV Checklist of Required Schedules

			_	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
•	complete Schedule A	1	Х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	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		
6	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	_		
7	Schedule D, Part I	6		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		X
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	complete Schedule D, Part IV	9		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		^
40	Parts VI, VII, IX, or X as applicable	11	Х	
12	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	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	4.0		v
15	business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b		X
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X_
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		<u> </u>
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		X
-~	Schedule J	23		х
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, that was issued after December 31, 2002? If "Yes," answer questions			
_	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		<u> </u>
_	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	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	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		Ì	
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>_x</u>

### North Dakota Association of Tribal Colleges Checklist of Required Schedules (continued) Part IV

			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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		х
33	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	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	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
36	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
37	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	37		Х

Form **990** (2008)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	13/5/3	P	age 5
Га	Statements Regarding Other IRS Fillings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		105	NO
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
60	Regarding Prohibited Tax Shelter Transaction?	5c 6a	-	<del>                                     </del>
6a b	Did the organization solicit any contributions that were not tax deductible?	oa		X
D	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	90		<del> </del>
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
a	\$75?	7a		X
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 Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			1
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		—
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b Section 501(c)(12) organizations.</b> Enter:	1		
11 a	Gross income from 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.)			
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 . . .

North Dakota Association of Tribal Colleges 45-0437573 **Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

	tion A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		ا ر	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	۱.,		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	L	X
Sec	tion B. Policies			<b>N</b> 1-
	De la companya del companya de la companya del companya de la comp	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del>  ^</del>
С	describe in Schedule O how this is done	12c		х
49	Does the organization have a written whistleblower policy?	13	$\vdash$	X
13 14	Does the organization have a written document retention and destruction policy?	14	x	<del>  ^</del>
15	Did the process for determining compensation of the following persons include a review and approval by	17	<del>  ^</del> -	<del>                                     </del>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
-	The organization's CEO, Executive Director, or top management official?	15a	X	
a b	Other officers or key employees of the organization?	15b	X	<u> </u>
	Describe the process in Schedule O. (see instructions).		Ť	<b>-</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. 54	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
. •				
. •	policy, and financial statements available to the public.			
20		the		
	policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of organization:  Capital Accounting, PC  701-224-01		<b></b> -	<b></b> -

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North Dakota Association of Tribal Colleges

45-0437573

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

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

- 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) of 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 not compensate any officer, director, trustee, or key employee.												
(A)	(B)				<b>C)</b>			(D)	(F)			
Name and Title	Average hours per week	Individual trustee or director	<del></del>	hec Officer		Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Laurel Vermillion Vise President	0.5	х		х				0	0	0		
Jim Davis DIrector	0.5	Х						0	0	0		
Dave Gipp Secretary	0.5	Х		х				0	0	0		
Rusty Mason President	0.5	х		x				0	0	0		
Diane Canku Treasurer	0.5	х		х				0	0	0		
Cynthia Lindquist Mala DIRECTOR	0.5	Х						0	0	0		
Bull Bennett President/CEO	32.	Х	<u></u>		х	Х		61,725	0	0		
	0.							0	0	0		
	0.							0	0	0		
	0.							0	0	0		
	0.							0	0	0		
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	0.							0	0	0		
	0.							0	0	0		
	0.							0	0	0		

Form **990** (2008)

Pa	Section A. Officers, Directors, In	ustees, Key Em (B)	ipioy	ees,		I HIS C)	nes	Col	mpensated Em (D)		<u>nuec</u>		_	
	(A)		Po	sition		•	hat ap	ply)	' '	(E)		(F)		
	` Name and title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	<u>'</u>	Estimated amount of other compensation from the organization and related organizations		
		0.							0		0		0	
		0.							0		0		0	
		0.							0		0		0	
		0.							0		0		0	
		0.					<u> </u>		0		0		0	
		0.					<u> </u>		0		0		0	
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		0.				!			0		0		0	
		0.		_					0		0		0	
		0.							0		0		0	
		0.							0		0		0	
		0.							0		0		0	
46	Total	0.						Ļ	0	<del> </del>	0		0	
1b	Total						400.6	. <u>P</u>	61,725		0		0	
2	Total number of individuals (including those organization ▶ 0	in 1a) who rece	eivea	mor	e tna	an ֆ	100,0	וו טטנ	n reportable cor	npensation tro	n tne	, , , , , , , , , , , , , , , , , , ,		
3	Did the organization list any <b>former</b> officer, employee on line 1a? If "Yes," complete Sc.										3	Yes No		
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	ım of reportable	com	pens	satio	n an	d oth	ner c	ompensation fro Schedule J for s	om _	4	x		
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								rganization for		5	×		
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor compensation from the organization.	mpensated inde	pend	ent	contr	acto	ors th	at re	ceived more tha	ın \$100,000 of				
	(A) Name and business a	address						<u> </u>	(B) Description of ser	vices	Com	(C) pensation		
	None												0	
							_						0	
		<del>.</del>						$\vdash$			<del>-</del>			
													0	
2	Total number of independent contractors (in compensation from the organization	ncluding those in	-	vho i	recei	ved	more	tha	n \$100,000 in					

Part	VIII	Statement of Revenue						
	•			100	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25 25	1a	Federated campaigns	1a	0				
an Cut	b	Membership dues	1b	15,000				
Contributions, gifts, grants and other similar amounts	c	Fundraising events	1c	0				
ra ra	ď	Related organizations	1d	0				
s, g	u	<del>-</del>	1e	<u>~</u>				
ons Sin		Government grants (contributions)	10	167,779				
uti ier	T	All other contributions, gifts, grants, and	1 45	200				
등등		similar amounts not included above	1f	602				
i d	g	Noncash contributions included in lines 1a		0				
	<u>h</u>	Total. Add lines 1a-1f	<del></del>		183,381	····-		
971	_			Business Code				
Ver	2a			-	0			
	b				0			
<u> </u>	С				0			
Program Service Revenue	d				0			
E	е				0			
8	f	All other program service revenue			0			
<u> </u>	g	Total. Add lines 2a-2f	· · ·	<u></u> <b>&gt;</b>	0			
	3	Investment income (including dividends, in						
		other similar amounts)			l o			
	4	Income from investment of tax-exempt bo			0			
	5	Royalties	-		0			
	_		) Real	(II) Personal				
	6a	Gross Rents	,	(.,,	1			
	Ь	Less: rental expenses			1			
	C	Rental income or (loss)		0 0	†			
	d	Net rental income or (loss)		<u>~1</u> ~	0			
	7a		Secunties		- 4			
	'a	assets other than inventory	Securiues	0 (11) Other	1			
		Less: cost or other basis			1			
	U	i i						
	_	and sales expenses			1			
	C	Gain or (loss)		<del>``</del>				
	d	Net gain or (loss)		· · <u>· · · · · · · · · · · · · · · · · </u>	0			
<b>e</b>	8a		_					,
Other Revenue		events (not including \$	)_					,
Š		of contributions reported on line 1c).		_				
Ř		See Part IV, line 18			ļ			1
룓		Less: direct expenses						
ð		Net income or (loss) from fundraising ever	nts	. <u> </u>	0			
	9a	Gross income from gaming activities.						
		See Part IV, line 19			1			
		Less: direct expenses		<u> </u>				
		Net income or (loss) from gaming activitie	S	<u> ▶</u>	0			
	10a	Gross sales of inventory, less						
		returns and allowances		<b>a</b> 0	j			
	b	Less: cost of goods sold		<b>b</b> 0				
	C	Net income or (loss) from sales of invento	ry	<u> </u>	0			_
		Miscellaneous Revenue		Business Code				
	11a				0			
	b			-	0			
	C			1	0			
	d	All other revenue			0			
	8	Total. Add lines 11a-11d			_ 0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5,						
		9c, 10c, and 11e			183,381	0	o	l o

45-0437573

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	30,360	30,360		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	67,220	62,720	4,500	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	12,177	10,957	1,220	
10	Payroll taxes	7,428	7,259	169	
11	Fees for services (non-employees):		, , ,		-
а	Management	o			
b	Legal	0			
C	Accounting	8,966		8,966	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	O			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0	-		
13	Office expenses	2,326		2,326	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	6,464	174	6,290	
17	Travel	12,090	9,493	2,597	
18	Payments of travel or entertainment expenses		0,100		
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			··
21	Payments to affiliates	0	Ö	0	
22	Depreciation, depletion, and amortization	134	0	134	
23	Insurance	179		179	
24	Other expenses. Itemize expenses not				
_~	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	DAAA IND COM	46,148	46,148		
b	Talankana	2,562	40,140	2,562	
C		3,361	49	3,312	
ď	misc Site Licenses & Fees	7,801	7,500	301	
e	Consultanta	3,000	3,000		
f	All other expenses	3,000	0,000		
25	Total functional expenses. Add lines 1 through 24f	210,216	177,660	32,556	·
		210,210	177,000		
26	Joint Costs. Check here ► if following	l	l		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		!		
	educational campaign and fundraising solicitation				

45-0437573

	art A	Palance Sheet		(A) Beginning of year		En	(B) I of year	
	1	Cash-non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	80,324	1			5,438
	2	Savings and temporary cash investments		00,024	2			<u> </u>
	3	Pledges and grants receivable, net		0	3			0
	4	Accounts receivable, net		5,214	_		1	5,000
	5	Receivables from current and former officers, direc		0,2,14		<del></del>	<u>-</u>	0,000
	9	employees, or other related parties. Complete Part		o	5			0
	6	Receivables from other disqualified persons (as de	F			· · · - ·		
	"	4958(f)(1)) and persons described in section 4958(						
		Part II of Schedule L		0	6			0
ø	7	Notes and loans receivable, net	F	0	7	-		0
Assets	8	Inventories for sale or use			8	-		
As	9	Prepaid expenses and deferred charges	-		9			7,500
	10:	and the second s						7,000
		Less: accumulated depreciation. Complete	30,199					
	·	Part VI of Schedule D	50,199	134	10c			0
	11	Investments—publicly traded securities			11			0
	12	Investments—publicly traded securities	-	0				0
	13	Investments—program-related. See Part IV, line 11	1	0				0
	l	. •		0	14	<del></del>		
	14	Intangible assets		0		<del></del>		0
	15	Other assets. See Part IV, line 11		85,672		-	12	7,938
	16 17	Total assets. Add lines 1 through 15 (must equal li		65,072	17	-	10	4,163
		Accounts payable and accrued expenses			18			4,103
	18	Grants payable		7,582				
	19	Deferred revenue		7,562				0
<b>m</b>	20	Tax-exempt bond liabilities		U	21			
Ę	21	Escrow account liability. Complete Part IV of Sched				-		
Ħ	22		•	;				
Liabilities		employees, highest compensated employees, and	- 4			<u> </u>		
_		persons. Complete Part II of Schedule L			22			0
	23	, ,	-	0				0
	24	• •			24	<del>                                     </del>		0
	25	Other liabilities. Complete Part X of Schedule D.		2,306				97,386
	26	Total liabilities. Add lines 17 through 25		9,888	20	-	IC	)1,549
Ses		Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and						
Net Assets or Fund Balanc	27	Unrestricted net assets		75,784	27		3	36,389
찚	28				28			
9	29	· · · · · · · · · · · · · · · · · · ·	Г		29			
٦		Organizations that do not follow SFAS 117, che					•	
ž		and complete lines 30 through 34.	ov lieles [					
2		•			20			
86	30				30			
₹	31	Paid-in or capital surplus, or land, building, or equi		<del> </del>	31			
iet E	32	•	The state of the s	75.704	32			
~	33			75,784				36,389
	34		<u> </u>	85,672	34		13	37,938
Pa	rt X	Financial Statements and Reporting		<del> </del>				No
		Annualism mathed want to make the Form 200.	Cash X Accru	al Other			Yes	No
1		Accounting method used to prepare the Form 990:		<del></del>			<u>-</u> -	
		Were the organization's financial statements compiled						-
		Were the organization's financial statements audited b	•				<del>'   ^-</del>	$\vdash$
		f "Yes" to lines 2a or 2b, does the organization have a			_		;   x	1
_		audit, review, or compilation of its financial statements				20	<del>'   ^ </del>	<del> </del>
3		As a result of a federal award, was the organization re-	•			1	. 1	_
		he Single Audit Act and OMB Circular A-133?						X
	ן מ	f "Yes," did the organization undergo the required aud	it or audits?	<u> </u>		. 3	<u>'                                    </u>	Ц

### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

Inspection

OMB No 1545-0047

		o organización								i identificat		0.	
			on of Tribal Col						45-04375				
Par				narity Status (All or					t.) (see i	nstructio	ons)		
_	orgar		•	ation because it is: (Pl		•	•	•					
1	닏			rches, or association of			ed in <b>sec</b>	tion 1/0(	D)(1)(A)(I	:).			
2	Щ			on <b>170(b)(1)(A)(ii)</b> . (At									
3	$\sqsubseteq$	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	<b>(A)(iii)</b> . (A	Attach Sc	hedule H	1.)	
4			search organiza me, city, and st	ation operated in conju ate:	inction wit	th a hospi	tal descri	bed in <b>se</b>	ction 170	(b)(1)(A) 	(iii). Ent	er the	
5		_	•	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental u	nit descr	ibed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	escribed	in <b>sectio</b> :	170(b)(	1)(A)(v).				
7	X	•		y receives a substanti	•	its suppoi	rt from a ç	governme	ntal unit o	or from th	e genera	al publi	ic
8				in section 170(b)(1)	-	omplete f	Part II.)						
9	一	•		y receives: (1) more th		-	-	om contril	outions. m	nembersh	nip fees.	and a	ross
		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 <b>section 509(a)(2)</b> . (Complete Part III.)											
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety. So	ee <b>sectio</b>	n 509(a)(	<b>4).</b> (see i	nstructio	ns)	
11	同	An organiza	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fur	ctions of,	or to car	ry out th	e	
е	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.  a Type I b Type II c Type III—Functionally integrated d Type III—Other  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 509(a)(2).												
f				- <i>/·</i> a written determinatior	n from the	IRS that	it is a Tvr	e I. Type	II. or Tvp	e III supr	ortina		
•		_	, check this box										
9		-	st 17, 2006, has	the organization acce	pted any	gift or con	tribution (	from any	of the				_
				or indirectly controls,	either alor	ne or toge	ther with	persons (	described	in (ii)		Yes	No
				verning body of the su							11g(i)		
		• •	•	person described in (i	₹						11g(ii)		
				y of a person describe							11g(iii)		
<u>h</u> (1)		e of supported anization		(III) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(Iv) is the o		(v) Did y the organ col.(i)		organızat (i) organı	Is the tion in col zed in the S ?	(vii) Amount of support		of
				(00002 20200)/	Yes	No	Yes	No	Yes	No	1		
										1	1		
					<u> </u>				<u> </u>	ļ	ļ		0
							}						^
										<del> </del>	<del>                                     </del>		0
										<u> </u>			0
													0
					<del>                                     </del>					<u> </u>	<del>                                     </del>		
		· · · · · ·			<u> </u>	<u></u>		-		<u> </u>	<del> </del>		0
Tota	ı												0

Sched	ule A (Form 990 or 990-EZ) 2008 North Dakota A					45-043/5/3	
Par					1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked t	the box on line	<u>: 5, 7, or 8 of</u>	Part I.)			<del> </del>
	ion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and					1	
•	membership fees received. (Do not					1	
	include any "unusual grants.")	377,449	472,376	354,447	145,188	183,381	1,532,841
2	Tax revenues levied for the organization's	57.77.10			,		1
2	benefit and either paid to or expended on						
	its behalf	o	o	o			0
_		0	- 4	<u>_</u>		-	
3	The value of services or facilities						
	furnished by a governmental unit to the	_		_			_
	organization without charge	0	0	0			0
4	Total Add lines 1-3	377,449	472,376	354,447	145,188	183,381	1,532,841
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)						
6	Public support. Subtract line 5 from line 4.						1,532,841
Sect	ion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	377,449	472,376		145,188		1,532,841
8	Gross income from interest, dividends,	377,449	712,010	004,447	140,100	100,001	1,002,041
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	o	ol	o			0
9	Net income from unrelated business	<del>-</del>					
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or					<del></del>	
	loss from the sale of capital assets						
	(Explain in Part IV.)	ol	o	l		i	0
11	Total support. Add lines 7 through 10	<u> </u>					1,532,841
12	Gross receipts from related activities, etc. (s	con instructions				12	1,002,041
	•		•				
13	First five years. If the Form 990 is for the o	•			•		)(3) 
	organization, check this box and stop here					· · · · · ·	· · · <b>-</b>
Sec	tion C. Computation of Public Support					<del>, , , , , , , , , , , , , , , , , , , </del>	
14	Public support percentage for 2008 (line 6,					14	100.00%
15	Public support percentage from 2007 Scheo	dule A, Part IV-A	A, line 26f			15	99.43%
16a	33 1/3% support test-2008. If the organiza	tion did not che	ck the box on	line 13, and lin	e 14 is 33 1/39	% or more, cher	ck this box
	and stop here. The organization qualifies a	s a publicly sup	ported organiz	zation			<b>▶</b> X
ь	33 1/3% support test-2007. If the organiza						
-	box and <b>stop here.</b> The organization qualifier						
17a	10%-facts-and-circumstances-test-2008.						
	or more, and if the organization meets the "i						
	the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test—2007.						
U	17/0-19/19-9110-VIIVUIII340110-65 1631-2071.	the organizat	ion ala not one	SON & DON OH III	.o io, ioa, ioi	s, s, ira, and III	///

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.

20

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 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 0 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 0 **Total.** Add lines 1-5 . . . . . . . . . 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . 0 **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 . . . . . . . . . . . . 0 Add lines 7a and 7b . . . . . . . . . 0 Public support (Subtract line 7c from 0 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 0 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . . . . . . . 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . . 0 Add lines 10a and 10b . . . . . . 0 0 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . . . . . . . . . 0 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . 0 Total support. (Add lines 9, 10c, 11, and 12.) 14 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) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . 15 15 0.00% Public support percentage from 2007 Schedule A. Part IV-A, line 27g. . . . . . . . . 16 0.00% Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . 0.00% 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . . . . . . . . . 18 0.00% 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 line 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	North Dakota A	Association of Trib	oal Colleges			45-0437573	Page 4
Part IV	Supplemental	Information. C	omplete this pa	rt to provide th	he explanation	n required b	y Part II, line 1	0;
	Part II, line 17a	or 17b; or Part	III, line 12. Prov	ride any other	additional in	formation. (s	see instructions	<u>s)</u>
•								
							•••••	
		• • • • • • • • • • • • • • • • • • • •						
						••••••		
•								
				•••••				

# **Depreciation and Amortization**

### (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

Internal R	levenue Service	(99)	See se	parate instruction	ns. 🕨	Attach to you	r tax return.		Seque	ence No 67
Name	(s) shown on	return	· <del>·</del>	Business or act	ivity to which th	is form relate:	S	Identifying nun	ıber	
				990				45-0437573		
Part I	Elect	ion T	Expense Certain	Property Und	er Section 17	9				
	Note: If you	have a	any listed property, col	mplete Part V b	efore you comp	lete Part I				
1 Ma	aximum amou	ınt. Se	e the instructions for a	higher limit for	certain busines	ses			1	250,000
<b>2</b> To	tal cost of se	ction 1	79 property placed in	service (see ins	tructions)				2	
<b>3</b> Th	reshold cost	of sect	tion 179 property before	re reduction in l	imitation (see in	structions) .			3	800,000
			. Subtract line 3 from						4	0
<b>5</b> Do	ollar limitation	for tax	year. Subtract line 4	from line 1. If a	zero or less, ent	er -0 If mar	ried filing		1 1	
se	parately, see	instru	ctions		<u> </u>	<u> </u>	<u></u>		5	250,000
		(a) De	scription of property		(b) Cos	t (business use	e only)	(c) Elected co	st	
_6					, .					
							<del></del>			
			the amount from line							
			ection 179 property.						8	0
			Enter the <b>smaller</b> of li							0
	•		ed deduction from line	•					10	
			ation. Enter the smalle						11	
			deduction. Add lines						12	0
			ed deduction to 2009.				▶ 13	51	0	
			r Part III below for list				luda liatad			intiana \
Part I			preciation Allowan					property.) (See	nsuu	ictions.)
			allowance for qualified						امدا	
			ee instructions)						15	
			ction 168(f)(1) election						16	
Part	16 Other depreciation (including ACRS)									
raiti	WAC	NO DE	preciation (Do not	include listed	Section A	e manuchom	<u>3. j</u>			
17 M	ACRS deduct	ions fo	or assets placed in ser	vice in tay years		re 2008			17	134
									<b>  •••</b>	
•	18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here									
			B - Assets Placed in						<u></u>	
	<u> </u>	CCUOI	D - Assets Flaceti	(b) Month and	(c) Basis for	(d) Recovery		(f)	<del>"</del> —	(g)
	(a) Class	ification	n of property	year placed	depreciation	period	Convention	Method	Dong	cation deduction
	(a) Class	meatio	i or property	in service	(business/investment)	•	Convention	Wethod	Depic	Caucion deduction
19 a	3-year prop	perty		III SELVICE	(Dusiness/investment)			<del> </del>	$\vdash$	
	5-year prop						•		<del></del>	
	7-year prop					·			<del> </del>	
	10-year prop								<u> </u>	
	15-year prop									
	20-year prop									
	25-year prop					25 yrs.		S/L		
	Residential		<u> </u>			27.5 yrs.	MM	S/L		•
	property					27.5 yrs.	MM	S/L		
j	Nonresident	ial rea	]	•		39 yrs.	MM	S/L		
	property						MM	S/L		
	Sec	tion C	- Assets Placed in S	ervice During	2008 Tax Year	Using the Al	ternative De	preciation Syste	m	<del></del>
20 a	Class life	-						S/L		
b	12-year	•				12 yrs.		S/L		
С	40-year			_		40 yrs.	MM	S/L		
Part I			(See instructions.)							
			r amount from line 28						21	
			rom line 12, lines 14 th							
En	nter here and	on the	appropriate lines of y	our return. Parti	nerships and S	corporations -	- see instr <u>.</u>	<u> </u>	22	134
			ove and placed in serv							
of	the basis atti	ributab	le to section 263A cos	<u>ts</u>	<u> </u>	<u> </u>	23	B		

### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

North Dakota Association of Tribal Colleges

**Employer identification number** 

45-0437573 Note: Form 5227 filers need to complete only Parts I and II. Part I Short-Term Capital Gains and Losses--Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a 0 0 0 0 **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b. . . . . 1b 0 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . . Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the for the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a 0 0 0 0 0 0 **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . . . 6b 0 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . 7 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Capital gain distributions . . 9 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . .

Schled	NOITH DAKOLA ASSOCIATION OF THIDAIC	uneges	<u> </u>	40-04373	173	Fa	ige z
Part	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate	s	(3) Total	
	Caution: Read the instructions before completing this	part.	(see page 5)	or trust's		( <b>o</b> ) Total	
13	Net short-term gain or (loss)	13				0	
14	Net long-term gain or (loss):	1				_1	
	Total for year	14a				0	
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b	<del></del>			0	
	28% rate gain	14c	0			0	
15 Note:	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . ► If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4		<u> </u>	If lines 14s and 1	5 colun		
	ains, go to Part V, and <b>do not</b> complete Part IV. If line 15, column (3),						
_	sheet, as necessary.					,	
Part	<del></del>	-					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, I	line 4c, if a trust), the sm	aller of:			
а					16		)
Note:	If the loss on line 15, column (3), is more than \$3,000, or if Form 104	41, page	e 1, line 22 (or Form 990-	T, line 34), is a los	ss, comp	olete the Capital	-
Loss	Carryover Worksheet on page 7 of the instructions to figure your cap	oital los	s carryover.				
Par	Tax Computation Using Maximum Capital Gain	s Rate	<b>es</b>				
_		<b></b>					
	1041 filers. Complete this part only if both lines 14a and 15 in column 1041, line 2b(2), and Form 1041, line 22, is more than zero.	1 (2) are	gains, or an amount is e	ntered in Part I or	Part II a	and there is an entr	у
		tonn if					
	on: Skip this part and complete the worksheet on page 8 of the instruct ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	uoris II.					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.						
	990-T trusts. Complete this part only if both lines 14a and 15 are gai	ins ora	ualified dividends are inc	luded in income i	n Part I	of Form 990-T	
	form 990-T, line 34, is more than zero. Skip this part and complete the						
	col (2) is more than zero.		. •			` '	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T	line 3	4) 17				
18	Enter the smaller of line 14a or 15 in column	,	"i	<del></del>			
	(2) but not less than zero			j			
19	Enter the estate's or trust's qualified dividends from						
	Form 1041, line 2b(2) (or enter the qualified dividends						
	included in income in Part I of Form 990-T)			ļ			
20	Add lines 18 and 19		0	]			
21	If the estate or trust is filing Form 4952, enter						
	the amount from line 4g; otherwise, enter -0-		0		.	İ	
22	Subtract line 21 from line 20. If zero or less, enter -0		22	0			
23	Subtract line 22 from line 17. If zero or less, enter -0		23	0			
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,200		<del></del>				
25	Is the amount on line 23 equal to or more than the amount on					ľ	
	Yes. Skip lines 25 and 26; go to line 27 and check the "N		1 1			1	
	No. Enter the amount from line 23			0	ŀ		
26	Subtract line 25 from line 24		26	0			
27	Are the amounts on lines 22 and 26 the same?		r line 22 <b>27</b>				
	X Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of	line 17 or	riine 22		İ	1	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-).		28	o			
20	Linter the amount normaline 20 (in time 20 is blank, enter -0-).		· · ·   <del>20</del>				
29	Subtract line 28 from line 27		29	o		-	
30	Multiply line 29 by 15% (.15)		· · · · · · · · · · · · · · · · · · ·		30	ol	
31	Figure the tax on the amount on line 23. Use the 2008 Tax Ra						
	the Schedule G instructions)				31		
	,	-					
32	Add lines 30 and 31				32_	o	
33	Figure the tax on the amount on line 17. Use the 2008 Tax Ra	ate Sch	edule for Estates and	Trusts (see			
	the Schedule G instructions)				33		
34	Tax on all taxable income. Enter the smaller of line 32 or line Schodulo G. Form 1041 (or line 36 of Form 200 T)	ie 33 h	ere and on line 1a of		34		

Schedule D (Form 1041) 2008

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047 20**08** 

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

Open to Public Inspection

	or the organization	Employer Identification number
	Dakota Association of Tribal Colleges	45-0437573
Par		ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor or	
	impermissible private benefit?	Yes No
Do-		
Par		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of	f an historically important land area
	Protection of natural habitat Preservation of	f certified historic structure
	=	
2	Preservation of open space  Complete lines 2a–2d if the organization held a qualified conservation contribution in the	form of a concentration accoment
2	on the last day of the tax year.	ionii oi a conservation easement
	on the last day of the tax year.	11-14 of the P-4 -645 - W
_	Total number of concentation accompanie	Held at the End of the Year
a	Total number of conservation easements	<del></del>
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization
4	during the taxable year  Number of states where property subject to conservation easement is located	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection	violations and
3	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements duri	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	
Ū	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	
	the organization's accounting for conservation easements.	andar statements that describes
Par		Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
4-		language and balance about the second and
та	If the organization elected, as permitted under SFAS 116, not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or re-	
	service, provide, in Part XIV, the text of the footnote to its financial statements that described	
_	·	
Ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or researched	
	service, provide the following amounts relating to these items:	ch in furtherance of public
	·	
	(i) Revenues included in Form 990, Part VIII, line 1	· · · · • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar asset	ets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	· · · · • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X	• \$

b	If "Yes" to 3a(ii), are the related organizate	tions listed as required	d on Schedule R?.		3b				
4	Describe in Part XIV the intended uses of	f the organization's en	dowment funds.						
Part	Part VI Investments—Land, Buildings, and Equipment. See 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 value				
1a	Land	0	0		(				
b	Buildings	0	0	0					
C	Leasehold improvements	0	0	0					
d	Equipment	0	0	0					
е	Other	0	0	0					
	I. Add lines 1a-1e. (Column (d) should equ	ual Form 990, Part X,	column (B), line 10(d	c).) <b>&gt;</b>					

Schedule D (Form 990) 2008

Page	3

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
, ca	(a) Description of security or tegory (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial deriva	atives and other financial products	0		
Closely-held	equity interests	0		
Other		0		
		0		<u>-</u>
		0		<del> </del>
		0		
		0		<del> </del>
		0		
		0		
	• • • • • • • • • • • • • • • • • • • •	0		
		0		
Total. (Column (b)	should equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Related	J. See Form 990, Part X.	line 13.	
	a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		0	-	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		<del></del>
	should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Pa	Description		(h) Dealerratus
	, (a	, Description		(b) Book value
		<del></del>		0
<del></del>				0
				0
				0
				0
				0
				0
				0
<del></del>				0
	mn (b) should equal Form 990, Part X,		<u> </u>	0
Part X	Other Liabilities. See Form 990	<del></del>		
Fadardia	(a) Description of liability	(b) Amount	_	
Federal inco		4.7	0	
Due to emple	AXES AND DEDUCTIONS PAYABLE			
Other misc L		3,4		
Deferred Re		89,7		
<del>Deletted Ne</del>	venue	03,7	0	
			0	!
			ō	
	_		ō	
			o	
			o	
Total. (Column (b)	should equal Form 990, Part X, col. (B) line 25)	97,3	86	
In Part YIV	provide the text of the footnote to the c	rappization's financial state	monte that reports the organiza	tion's liability for

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	ule D (Form 990) 2008			Page 4
Part				
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)			183,381
2	Total expenses (Form 990, Part IX, column (A), line 25)			210,216
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. 3		-26,835
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	. 5		
6	Investment expenses	. 6		
7	Prior period adjustments	. 7		4,500
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4–8	9		4,500
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-22,335
Par		e pe	r Retu	
1	Total revenue, gains, and other support per audited financial statements		1	183,381
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments		- 1	
b	Donated services and use of facilities		ļ	
C	Recoveries of prior year grants		į	
d	Other (Describe in Part XIV)		l	
8	Add lines 2a through 2d	$\neg \neg$	2e	0
3	Subtract line 2e from line 1	1	3	183,381
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	<del>-                                    </del>	100,001
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		i	
a	Other (Describe in Part XIV)			
b	Add lines 4a and 4b	$\dashv$	4c	0
C			5	183,381
5 Pos	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			
			1	
1	Total expenses and losses per audited financial statements	.	-+	210,216
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
þ	Prior year adjustments			
C	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			•
е	Add lines 2a through 2d	.	2e	0
3	Subtract line 2e from line 1	·	_3	210,216
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b	.	4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	210,216
Par	XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			', lines 1b
				•••••
	•••••••••••••••••••••••••••••••••••••••			
<b>-</b>				
				• • • • • • • • • • • • • • • • • • • •

	North Dakota Association of Tribal Colleges		45-0437573
Schedule D (Form	990) 2008		Page 5
Part XIV	Supplemental Information (continued)		
	• • • • • • • • • • • • • • • • • • • •		
	••••••		
	•••••		
••••			•••••
	• • • • • • • • • • • • • • • • • • • •		
	••••		
		<b></b> _	

### **SCHEDULE O** (Form 990)

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

Inspection Employer Identification number

North Dakota Association of Tribal Colleges	45-0437573
Form 990 Part VI Section B Line 15 A salary comparison with other similar positions was used.	

North Dakota Association of Trib	al Colleges
----------------------------------	-------------

45-0437573

	B, Schèd A, Line 2d
Q	rganization provides funds to the Various member Tribal Colleges to reimburse their expenses for Science related
C	urriculum development and presentation of such. The disbursement is reflected as a grant pass through to the entity as
p	art of the purpose of the grant.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	art vini, minos in in (600) Contains and Contains, and Contains		<del></del>
	•	Cash	Non Cash
1	Federated Campaigns	1	
	Membership dues	15,000 2	·
	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	167,779 5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Misc	602	
		<del></del>	
	Other contributions total	602 6	
	Other contributions total		<u> </u>
7	Total	<u> 183,381 <b>7</b></u>	0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

Fait	IX, Lille 22 (330) - Depleciation, Depletic	on, etc.			····
	•	134	O	134	o
1 .		(A)	(B)	(C)	(D)
]		Total	Program	Management	Fundraising
	Description _		services	and general	ı ı
1	EQUIPMENT	134		134	
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		Ö		-	
11		0			
12		O			
13		Ō			
14		Ö			
15		0		-	
16		0			
17		0			
18		0			
19		0			
20		Ö		T	
	J				

Part X, Line 4 (990) - Accounts Receivable

•		Accounts rec	eivable	Allowance for doubtful accounts		
		Beginning	End	Beginning	End	
Member Contributions Receivable	1 [		15,000			
2 GRANTS RECEIVABLE	2	5,214				
3	3 [					
4	4					
5	5					
)	6					
· · · · · · · · · · · · · · · · · · ·	7					
3	8					
9	9					
0	10					
I1 Total accounts receivable	11	5,214	15,000	0		

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								50,199	50,065	50,199	0	134	0
		-	Leasehold			Check rf	Check if		Beginning	Ending			
			Improve-			_	Asset	Cost/Other	cumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other		Disposed	Basis	preciation	Depreciation	Adjustments	Balance	Balance
1 3 YR SOFTWARE			_			×		6,245	6,24	6,245		0	0
2 5 YR COMPUTERS						×		31,705	31,57	31,705		134	0
1	IPME					×		1,369	1,369	1,369		0	0
Г						×		10,880	10,880	10,880		0	0
Π								0	0			0	0
9								0	0			0	0
								0	0			0	0
								0	0			0	0
								0	0			0	0
10								0	0			0	0
-								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

Part X. Line 25 (990) - Other Liabilities

<u> Part</u>	X, Line 25 (990) - Other Liabilities		97,386
	Description	Beginning	End
1	PAYROLL TAXES AND DEDUCTIONS PAYABLE	2,306	1,792
2,	Due to employee		2,373
3	Other misc Liabilities		3,477
4	Deferred Revenue		89,744
5			
6			
7			
8			-
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part	t X (Sch D (990)) - Other Liabilities	97,386
	. Description	Amount
1	Federal Income Taxes	
2	PAYROLL TAXES AND DEDUCTIONS PAYABLE	1,792
3_	Due to employee	2,373
4	Other misc Liabilities	3,477
5	Deferred Revenue	89,744
6		0
_ 7_		0
8		0
9		0
10		0
11_		0
12		0
13		0
14		0
15		0
16		. 0
17		0
18		0
19		0
20		0
21		

# Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I</li> </ul>	(on page 2 of this form).				
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needs)					
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check Part I only	•				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7	004 to request an extension of				
time to file income tax returns.					
<b>Electronic Filing (e-file).</b> Generally, you can electronically file Form 8868 if you want a 3-month a of the returns noted below (6 months for a corporation required to file Form 990-T). However, you electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click or	cannot file Form 8868 990-BL, 6069, or 8870, group and signed page 2 (Part II) of				
Type or Name of Exempt Organization	Employer identification number				
print North Dakota Association of Tribal Colleges	45-0437573				
File by the due date for DO Roy 69, 107 Collins Ave.					
filing your					
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Mandan,	ND 58554				
Check type of return to be filed (file a separate application for each return):	110 00001				
X Form 990 Form 990-T (corporation)	Form 4720				
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227				
	Form 6069				
	=				
Form 990-PF Form 1041-A	Form 8870				
The books are in the care of					
<ul> <li>I request an automatic 3-month (6 months for a corporation required to file Form 990-T) externation until</li></ul>	on named above. The extension 9/30/2009				
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
less any nonrefundable credits. See instructions.	3a \$				
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated to	1 1 -				
payments made Include any prior year overpayment allowed as a credit.	3b \$				
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required the uning EETPS (Floetronic Enderal Tax Payment).	<sup>ea,</sup>				
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 84					
for payment instructions.					
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev 4-2009)				