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990-EZ

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 5 2010

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	2009 calend	ar year,	or tax year beginning	_ January 1	, 2009, a	nd ending	Dec	ember	· 31	, 20 09
B Check if applicable		pplicable	Please	C Name of organization			,	D Emp!	oyer id	entıf	ication number
			use IRS label or	Coyote Capital Management				20-2321973			
Ц	Name cha		print or	Number and street (or P O box, if ma	il is not delivered to street a	address)	Room/suite	E Telephone number			er
\vdash	Initial retu Terminate		type See	Beacom School of Business, 41	4 E. Clark Street				60	5-67	77-5566
\exists	Amended		Specific	City or town, state or country, and ZIF	P + 4			F Grou	ın Exe	mnt	
H		on pending	Instruc- tions	Vermillion, SD 57069					ber •		•
=				rations and 4947(a)(1) nonexemp	t obsritable truete mus	t attach	G Accou		_		Cash
	• Sec	tion 501(c)(3)	organiz	npleted Schedule A (Form 990 or	t Chantable trusts mus · 990-F7)	il allacn		(specify)		نعا	Casii 🗀 Accidai
_				inplected confederate in the con							
										_	nization is not
_	Websit			u/coyotecapital			– ! ·			chec	lule B (Form 990,
J	J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.)										
K	K Check F I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A										
_				turn is not required, but if the orga					ete ret	urn	
_				9 to determine gross receipts, if \$50					\$		
	Part I	Revenu	<u>e, Exp</u>	enses, and Changes in Ne	et Assets or Fund I	Balance	s (See the	instru	ctions	fo	r Part I.)
	1	Contribution	ons, gift	s, grants, and similar amounts	received				1		0
	2	Program s	ervice r	evenue including government f	ees and contracts				2		0
	3	Membersh	ip dues	and assessments				. [3		
	4	Investment	t incom	e				. 1	4		5,257.36
	5a	Gross amo	ount from	m sale of assets other than inve	entory	5a	66,	381.55	X (5.5)		
	b			r basis and sales expenses .		5b		591.86			
	C			sale of assets other than inve					5c		(11,210.31)
ē									-		(11,200.01)
Revenue	, i		vents and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here ▶ ☐ evenue (not including \$ of contributions								
Š	a										
œ	· .	•)		6a			1,22		
	b			nses other than fundraising exp		6b					
	С			ss) from special events and act		ib from ļir	ne 6a) . .		6c		
	7a	Gross sale	s of inv	entory, less returns and allowa	nces	7a					
	b	Less: cost	of good	ds sold RECEIVED		7b			2 cm		
	С	Gross prof	it or (los	ss from sales of inventory (Sub	tract line 7b from line	e 7a) .		[7c		
	8	Other reve			SC				8		
	9	Total reve	nue. Ad	id lifes 1, 2, 3, 4, 50, 60, 10, ar	1d-8			. ▶	9		(5,952.95)
	10			arriounts paid (attach schedul					10		
	11			r for members]=			[11		
Ś		Salaries of	ther cor	npensation and employee ber	nefits			, , , l	12		
Se	13			and other payments to indeper				!	13	_	
Expenses	. 14			utilities, and maintenance .				!	14		·
ă	15		•	ons, postage, and shipping .				}	15		
_	16						• • •	· : }	16		
	17	Other expe	•	····		<u> </u>		— <u>'</u>			0
	40			Add lines 10 through 16 . for the year (Subtract line 17 fr	tom line (1)	· · ·	<u> </u>	•	17		
şş	18 19			d balances at beginning of ye					18	<u>. </u>	(5,952.95)
SS	19			reported on prior year's return					40		000 740 07
Net Assets		•	_					-	19		289,746.27
Š	20			net assets or fund balances (at					20		87,278.24
	21			balances at end of year. Com					21		371,071.56
L	art II	Dalance	s Suee	ts. If Total assets on line 25, co		oud or m				d of	
_				(See the instructions for Part	•		(A) Begi		-	<u> </u>	(B) End of year
2		_		vestments			•	63,89	5.75	_	37,948.91
	23 Land and buildings						0 2		0		
										333,122.65	
<u> </u>								371,071.56			
2		tal liabilitie					_)		0 2		0
2	<u>7 Ne</u>	t assets or	fund b	alances (line 27 of column (B)	must agree with line	2 <u>1)</u> .	.	289,74	6.27	27	371,071.56

COIIII:	990-EZ (2009)					rage =
Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
	t is the organization's primary exempt purpose?	Investment Education for U			(Requ	ured for section
Deer	cribe what was achieved in carrying out the org			nd concise)(3) and 501(c)(4)
						(a)(1) trusts, optional
					for ot	ners)
28	Coyote Capital Management's primary purpose is to		ents with hands-on	money		
	management experience under faculty supervision a	nd guidance.				
		•			1	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a	
29	<u> </u>					
23						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u>. ▶ ⊔</u>	29a	
30						
					1	
		includes foreign grants, ch			30a	
31	Other program services (attach schedule)					
•		includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a				32	
Par						tions for Port IV/
Far	List of Officers, Directors, Trustees, and Key			, <u>.</u>		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred comper	risation	other allowances
Ange	eline Lavın, Professor	4				
414 I	E. Clark Street, Vermillion, SD 57069	7	0		0	0
Kum	oli Ramakrıshnan, Associate Professor					
414	E. Clark Street, Vermillion, SD 57069	4	0		0	0
	mum Yıp, Associate Professor	•	•			
		4			اہ	•
414	E. Clark Street, Vermillion, SD 57069		0		0	0
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			}			
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				1		
			<u> </u>		1	

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			, 1 ⁴ c)
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	2007	√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		100 m	
39	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on line 9		33	3.13
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			1000
	section 4911 ▶; section 4912 ▶; section 4955 ▶		\$ 15. 1 8. 18.	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	9.10		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1	
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Angeline Lavin Telephone no. ▶	605-67	7-556	6
	Located at ► University of South Dakota, 414 E. Clark Street, Vermillion, SD ZIP + 4 ►	570)69	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	(Christian	77.3	7
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Na.		3 ()
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	ЛА	169	./
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44 45	-,em Saules	<u>v</u>
	100, 1000 mas be completed include of 1000 between 1100 b	140		

n', : : : : :

	()						9		
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) non (7(a)(1) nonexempt cha d 51.	exempt charitab ritable trusts mus	le trusts only. A t answer question	ll sect ns 46	ion –49b			
	Did the organization engage in direct or indirect				,	Yes	No		
	candidates for public office? If "Yes," complete S				46		<u>√</u>		
	Did the organization engage in lobbying activities	•			47		√		
	Is the organization a school as described in sectio				48	-+	<u> </u>		
	Did the organization make any transfers to an ex	· ·	ed organization? .		49a 49b	-+			
50	If "Yes," was the related organization a section 527 organization?								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) I	Expense ount an	d		
None					- Cuilor V	o.rarr	-		
•									
		-111							
f	Total number of other employees paid over \$100								
	\$100,000 of compensation from the organization					<u></u>			
	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) Typ	pe of service	(c) Com	pensati	on		
				_					
d ·	Total number of other independent contractors ea	ach receiving over \$100.0	00 •						
	·								
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration of	d this return, including accompaint preparer (other than officer) is	nying schedules and state based on all information	tements, and to the best of which preparer has a	of my k ny know	nowled ledge	ige		
Sign Here	Ingelie M. Law 8/3/1 Signature of officer Date								
	Angeline Lavin, Ph.D., CFA Type or print name and title								
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying num	ber (See ı	nstructio	ns)		
Prepare	r's Firm's name (or		employed ► L	<u> </u>					
Use Onl	yours if self-employed), address, and ZIP + 4		· · ·	one no 🕨			—		
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ 🗍	Yes	☐ No	 >		
			· · · · · · · · · · · · · · · · · · ·	For	n 990 -				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **Coyote Capital Management** 20 2321973 Reason for Public Charity Status (All organizations must complete this part.) See instructions

		Iteasor	TIOI FUDIIC O	namy Status An O	<u>ı garıızatı</u>	ions mus	ar comb	iere niio	part./ O	ee ilistiu	CHOIIS.	
The	org	anızatıon ıs r	not a private fou	ndation because it is:	(For line	s 1 throu	gh 11, cl	heck only	one box	c.)		
1				urches, or association				section '	170(b)(1)((A)(i).		
2		A school de	escribed ın secti	on 170(b)(1)(A)(ii). (At	ttach Sch	nedule E.)						
3				hospital service organ								
4			esearch organız ame, cıty, and s	ation operated in contate:						n 170(b)(1	I)(A)(iii). Ent	er the
5			tion operated fo (b)(1)(A)(iv). (Co	r the benefit of a colle emplete Part II)	ege or un	oversity o	wned or	operated	by a gov	/ernmenta	ıl unit descri	ibed ir
6		A federal, st	tate, or local gov	vernment or governme	ental unıt	describe	ed in sec	tion 170(b)(1)(A)(v	<i>r</i>).		
7	J			ly receives a substanti I (1)(A)(vi). (Complete I		fits suppo	ort from a	a governr	nental un	it or from	the general	public
8		A communit	ty trust describe	d in section 170(b)(1))(A)(vi). (Complete	Part II.)					
9				y receives [.] (1) more th								
				ed to its exempt func								
				nent income and unre						n 511 tax)) from busir	nesses
	_		_	n after June 30, 1975				•	•			
10				and operated exclusive								
11				and operated exclusive								
				blicly supported orga								ection
		_		at describes the type						_		
_		a ∐ Type				oe III–Fun					l Type III–O	
е	П	By checking) this box, I cer	tify that the organiza on managers and othe	tion is no	ot control	lled direc	ctly or inc	directly b	y one or	more disqu	alified
			section 509(a)(2)		r than on	e or more	publicly	supporte	ea organii	zations de	escribed in s	ection
f					! f	45 - IDO	AL-A 14	_ _				
•			, check this box	a written determinat	ion irom	me ins	that it is	атуре	i, Type ii	, or Type	iii support	ing
~		•	•	the organization acce	 anted ans	aift or c	 Ontributi	on from a	· ·			. Ц
g		following pe	rsons?	-		_			•			T
				r indirectly controls, e				th persor	ns descri	bed in (II)		No
			=	ning body of the sup	-	rganizatio	n? .				11g(i)	
				erson described in (i)		/··\ - l···-				•	11g(iı)	-
h				of a person described					•		11g(iii)	
h W		of supported	(ii) EIN	ation about the support	,	organization	i					
(1)		anization	(11) (11)	(III) Type of organization (described on lines 1-9		sted in your		ou notify		ls the	(vii) Amoun support	
				above or IRC section (see instructions))	governing	document?	col (i) of your support?		(i) organi	zed in the	• • •	
				(see mad dedona))	Yes	No	Yes	No	Yes	S?		
					1.00	"	103	110	103	110		
								i	l			
										.		
							-					
								14-05	E.	r		

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 **(b)** 2006 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (c) 2007 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not 100,000.00 150,000.00 95,306.30 0.00 355,306.30 10,000.00 include any "unusual grants.") 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 10.000.00 100,000.00 150,000.00 95,306.30 0.00 355,306.30 Total. Add lines 1 through 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 10,000 shown on line 11, column (f) 345,306.30 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 100,000.00 0.00 10,000.00 150,000.00 95,306.30 355,306.30 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,353.63 2,284.89 4,151.27 10,546.44 5,257.36 23,593.59 sources . . Net income from unrelated business. activities, whether or not the business is regularly carried on . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 378,899.89 Total support. Add lines 7 through 10 . 11 0 Gross receipts from related activities, etc (see instructions) 12 13 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 91.1 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/2 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/2 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33\% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this 17a 10%-facts-and-circumstances test-2009. 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 - 2008. 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. .▶ □ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Sche	dule A (Form 990 or 990-EZ) 2009						Page (
	rt III Support Schedule for Orga				(a)(2)		Tage
	(Complete only if you check	ed the box o	n line 9 of Pa	art I.)			
	tion A. Public Support		T	T	1		1
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				_		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				-r		
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u> .		h, or fifth tax y		
	tion C. Computation of Public Su	.					
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			e 13, column	(f))	15 16	% %

	organization, check this box and stop here		 Li					
Sec	tion C. Computation of Public Support Percentage							
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%					
6	Public support percentage from 2008 Schedule A, Part III, line 15	16	%					
Sec	Section D. Computation of Investment Income Percentage							
7	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%					
8	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%					
9a	331/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly	nore th	an 33⅓ %, and line ted organization ▶ □					

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17 aor 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
			Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
		,				
						•••••
						
						·

Form 990-EZ

Year 2009

Coyote Capital Management

EIN 20-2321973

Explanation of other changes in net assets or fund balances (Line 20)

The \$87,2178 24 change listed on Line 20 of the 2009 Form 990-EZ can be explained as follows:

Coyote Capital Management (CCM) uses market value of assets taken directly from the statements received from Raymond James, the custodian of Coyote Capital Management funds. Therefore, the remainder of the difference listed is due to the difference between market value of assets and book value of assets