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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

		of the Treasun enue Service	″ ▶ 1	he organization may have to use a copy of this return to satisfy state reporting req	uirements	Inspe	ctio	n
<u>A</u>	For t	he 2009 ca	lendar	year, or tax year beginning July 1 , 2009, and ending Ju	ne 30	, 20 10		
В	Check if	applicable	Please	C Name of organization First Nations Oweesta Corporation	D Employ	er identificat	ion n	umber
		s change	use IRS label or	Doing Business As	54	197	009	7
		change	print or type	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	ne number		
	nitial re		See	c/o FNDI, 351 Coffman Street 200	(303)	774-	883	8
_	Termin:		Specific Instruc-	City or town, state or country and ZIP + 4				
	Amend	led return	tions	Longmont, CO 80501	G Gross rec	cerpts \$	3,31	8,791
	Applicat	ion pending	F Nan	e and address of principal officer Michael E. Roberts H(a) is the	s a group return	for affiliates?	Yes	☑ No
				DI, 351 Coffman Street, Suite 200, Longmont, H(b) Are		ncluded? 🔲		No
<u> </u>	Tax-ex	xempt status	⊘ 5	01(c) (3) ◀ (insert no)	lo," attach a	list (see instr	uctio	ns)
		srte: ► wv			exemption num	nber ►	n/a	a
_				ration ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation 1999	M State of	legal domicil	e V	<u> </u>
Pa	rt I	Summ	ary					
	1			the organization's mission or most significant activities				
a)		Provide	s assis	tance, loan capital and training to Native tribes, communities and peop	les.			
Governance	İ			•••••				
eru	ŀ							
Š	2	Check this	box ► [$ \square $ if the organization discontinued its operations or disposed of more than 25% of its net ass	ets			
ಷ	3	Number of	of votin	g members of the governing body (Part VI, line 1a)	3			10
ties	4	Number of	of inde	pendent voting members of the governing body (Part VI, line 1b)	4			9
Activities &	5	Total nun	nber of	employees (Part V, line 2a)	5			23
Ac	6	Total nun	nber of	volunteers (estimate if necessary)	6			0
				lated business revenue from Part VIII, column (C), line 12	7a			0
	b	Net unrel	ated bu	isiness taxable income from Form 990-T, line 34	7b			0
				Prior Y		Curren		
ē	8			a granto (r art vin, into rin)	,052,446		_	9,780
Revenue	9	_		Toveride (Furt viii, line 2g)	,110,593			1,965
Re	10			me (Part VIII, column (A), lines 3, 4, and 7d)	129,926		12	7,046
	11			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0		0.04	0.704
	12				,292,965		3,31	8,791
	13			ar announts band (Earl IX, column (A), lines 1-3)	6,000			0
ý	14			or for members (Part IX, co) umn (A), line 4)	1,473,127		1 244 067	
Expenses	15	Salaries, o	other ជូទ្ធិ	The state of the s		1,344,067		4,067
xpe				draising tees (Part IX, column (A), line 11e)	0		4	
úì				5xp5n555-(1-4x-xy-55)array (2), mrs 25/ 2		CHARLES AND A CHARLES	4 4 4	F 526
				(i dispression (v 4)) in CS 11 L CO, TT 240	,890,190			5,536
				ridd iiricd 10 17 (mast equal f art ix, column (x), iiric 20)	,369,317 (76,352)			9,603
- S		Revenue	esa ext			End of		
ance		/	' '	Beginning of C		End of		
Net Assets or Fund Balances	20				,355,310 ,159,745			5,872 7,162
ig e	21	Total liab	ilities (F	ure A, into 20)	,195,565			8,710
	22 rt		ature l		, 130,300		2,02	8,710
Ге				perjury, I declare that I have examined this return, including accompanying schedules and states	ments and to	the hest of r	ny ka	
		and belief	it is tri	e, correct, and complete Declaration of preparer (other than officer) is based on all information	of which pre	parer has an	y kno	wledge
Si~	· n		X,		2/14/20	11		
Sign Here		Signa	ature of	flicer Dat	-/	Ц		
110		$+1.10^{\circ}$	<i>-</i> / I	Roberts, Chair	•			
			$\overline{}$	name and title				
		†' ''	$\overline{\vee}$	Date Check if	Preparer's in	lentifying numb	per	
_		Preparer's signature	5	self-	(see instructi		- •-	
Paid		"	,	employed ► L				
-	arer's	Firm's nai	me (or vo	urs L EIN	 :			
Use	Only	if self-emp	ployed)	EIIV)	-	
	, the	IRS discu		return with the preparer shown above? (see instructions)	-		<u>.</u> Γ	No
ivia	Line	in Guisco	35 11115	return with the biebarer shown above, (see instructions)			. <u>.</u>	

Form	990	(2009)

	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Provides assistance, loan capital and training to Native tribes, communities, and peoples.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$508,288 including grants of \$0) (Revenue \$495,025) Financial Education and Asset Building - The organization strives to enhance, through training, technical assistance and development of educational materials, the capacity of tribes, Native organizations and inidividuals to better manage their financial assets. Activities reflect the provision of instructor training workshops and follow-up technical assistance in asset building strategies and programs, participation in the Native Financial Education Coalition and their activities, and the development and distribution of new educational resources.
	(Code) (Expenses \$ 349,382 including grants of \$ 0 (Nevenue \$ 363,549_) Entrepreneurship - The organization and eight regional partners are developing a regional entrepreneurship development systems model to assist Native Community Development Financial Institutions with providing intensive, long-term technical assistance and training, which their clients need, as well as assistance with entrepreneurial development. The Organization anticipates exporting this model to other communities.
4c	(Code) (Expenses \$ 570,331 including grants of \$ 0) (Revenue \$ 395,661) Institutional Development - The primary goal is to help create, develop, expand and strengthen Native Community Development Financial Institutions (CDFIs.) Activities reflect the provision of regional and local CDFI workshops, participation and attendance at other industry conferences, participation on the CDFI Coaltion, and follow-up outreach, technical assistance and training to tribes who have expressed an interest in or are in the process of forming a CDFI.
	Other program services (Describe in Schedule O.) (Expenses \$ 293,612 including grants of \$ 0) (Revenue \$ 117,593)
4e	Total program service expenses ► 1,721,613

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	_
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	/	!
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	X		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII			ŝ
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	₩	SE SECO
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20		_ ✓

Pa	rt IV Checklist of Required Schedules (continued)			-3
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
	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		1
	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	25a		✓
b	Is the organization 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	25b		√
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		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		\
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	√	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	1
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		✓
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		✓
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	✓	
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		✓
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		✓
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		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Ť	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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.	0.74	4.4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	, , , , , , , , , , , , , , , , , , , ,	5b		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	E,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		■
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
Ч	If "Yes," indicate the number of Forms 8282 filed during the year		4	:55 /
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
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		(00)(2)
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	والعامات	
10	Section 501(c)(7) organizations. Enter			4
a	initiation rees and capital contributions included on rait vin, line 12	7		0.00
b	Gloss receipts, included off Form 350, Part VIII, line 12, for public use of club facilities			4.5
11	Section 501(c)(12) organizations. Enter Grees prome from members or shareholders	10		7.
a	dioss income from members of shareholders			7.
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
L	If "Vos." enter the amount of tay, exempt interest received or accrued during the year.		47.00	18 4

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
		*13626	Yes	No
1a	Enter the number of voting members of the governing body . 1a 10			
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		2.3	النمشية
	any other officer, director, trustee, or key employee?	2	✓	
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		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		✓
6	Does the organization have members or stockholders?	6_	✓	
7a				
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following			
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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?	10b	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
''	form?	11	✓	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
J	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
	Does the organization have a written document retention and destruction policy?	14	1	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	· · · · · · · · · · · · · · · · · · ·			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	J	3431,2460
		15b	1	
D	Other officers or key employees of the organization			
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	2733893	1
	with a taxable entity during the year?	TO A		
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 the organization's exempt status with respect to such arrangements?	16b	2000.23	322
		ן וטט	1	<u>. </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► SD, VA			
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 ☑ Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds c	f the	
	organization ► First Nations Oweesta Corp - Att: Angela Sharpe			
	910 5th Street, Suite 101, Rapid City, SD 57701 (605) 342-3770			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 co	ompensate	any i	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated 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
Michael E. Roberts	40.0			,				0	130,475	7,406
Chair S. Thomas Vivil	 	✓	├	✓_						
B. Thomas Vigil Director	<5	/		1				0	0	0
Marguerite Smith Vice Chair	<5	/		1				0	0	0
David Lester Secretary	<5	1		1				0	0	0
Donald Sampson Treasurer	<5	1		1				0	0	0
Chandra Hampson Director	<5	1						0	0	0
Siobhan Oppenheimer-Nicolau Director	<5	<u> </u>						0	0	0
Shyla Grace Sheppard Director	<5	1						0	0	0
Gelvin Stevenson Director	<5	1						0	0	0
Benny Shendo Jr. Director	<5	1						0	0	0
Kristi Coker Director	<5	1						0	0	0
J. D. Colbert Director	<5	_						0	0	0
Angela Sharpe CEO	40 0			✓	✓			113,928	0	8,223
Tracy Fischer President & CEO	40.0			✓	1			91,384	0	5,611
Stewart Sarkozy-Banoczy VP & COO	40.0			1	1			101,735	0	9,180
Jody Sarkozy-Banoczy Chief External Relations	40.0			1	1			74,279	0	1,137

Part VII Section A. Officers, Directors, Tru	(B)	Zinp	поу		, an C)	a nigi	nesi	(D)	(E)	(F)
Name and title	Average	Positi	on (that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
								o	0	0
								0	0	ď
								0	0	(
								0	0	C
								0	0	C
								0	0	(
								0	0	C
								0	0	(
								0	0	(
								0	0	
								0	0	(
								o	0	
								0	0	
1b Total							>	381,326	130,475	31,55
 Total number of individuals (including but reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete States 	ation ► 1	or tr	uste	 ее, I	key	empl				Yes No
4 For any individual listed on line 1a, is the state organization and related organizations individual.	sum of rep greater tha	ortab an \$1	le c 50,0	omi 000'	pen:	sation	' coi	mplete Schedu	le J for such	4
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen	satı	on	from	any	unrelated org		5 🗸
Section B. Independent Contractors										
Complete this table for your five highest c compensation from the organization	ompensate	ed ind	lepe	ende	ent (contra	acto	rs that receive	d more than \$1	00,000 of
(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
none										
			-			_	-			
									Series a Series	
2 Total number of independent contractors (more than \$100,000 in compensation from	including b n the <mark>orga</mark> i	ut no nizatio	t lım on ▶	nited • 0	d to	those	list	ed above) who	received	

Part	VIII	Statement of Re	venue						
				, -,		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
			,	· · · .			revenue	revenue	512, 513, or 514
ints	1a	Federated campaigns	1a		į				
gre	b	b Membership dues . 1b			-		1	-	
fts,	С	Fundraising events		1c		<u>'</u> ., .			. الجوائين
igi ilar	d	Related organizations		1d		[-3]			
Contributions, gifts, grants and other similar amounts	е	Government grants (contri	ibutions).	1e	1,150,533	-		,	
e tři	f	All other contributions, gifts, g							• ;,
trib		and similar amounts not inclu		1f	769,247	-			
on and		Noncash contributions include	ed in lines 1a-	If \$			1	ľ	
	n	Total. Add lines 1a-1f	•		Business Code	1,919,780	1	·	***
une					Business Code				
Program Service Revenue	2a	Program fees and rev	enue			1,271,965	1,271,965		
	b		•••••			0			
25	С	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						
Se	d								
гаш	e	All other program com-							
rog	_ T	All other program servi	ce revenue	;	L	1 071 005		ξ · · · · · · · · · · · · · · · · · · ·	,
	g				· · ·	1,271,965		***	
	3	Investment income (inc	luding divi	dend	s, interest, and	107.040	107.040		
		other similar amounts)				127,046	127,046		
	4	Income from investment of	of tax-exemp	ot bon	d proceeds				
	5	Royalties	(ı) Real		(ii) Personal	S COMMAND NOTES	Marie 19 h 3 Belieus 4	1886 7 308 W	
			(i) hear		(ii) Feisonai				
		Gross Rents	_						
		Less rental expenses		<u>-</u>			1. 201 V.C	16/1/5 Ber	
		Rental income or (loss) Net rental income or (lo			<u> </u>				<u>EASE CON ACTIONS AT</u>
- 1		·	(i) Secunti		(II) Other	7 68 . 22	Red William		
	7a	Gross amount from sales of	(ly decurits		(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							
	_	and sales expenses .							
		Gain or (loss) Net gain or (loss)			•	القديد مشدسة الأكار والأكار المستدر يستان	1881 . 25 Table 1861	Section 20	***************************************
a)						1. 1. 1. 2. 1. 1. 1.	ris constant to	6 k 5 1 5 / 6 5 1	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
enne	8a	Gross income from	fundraisi				能 设置等数 2		
Š		events (not including \$ of contributions reported							
æ		See Part IV, line 18	u on line i					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other R	l h	Less direct expenses		a b					
₹		Net income or (loss) from	om fundrais		vents ►	المناه المالية	Winesact Stated Since	Control of the Contro	
_				_		To a later of the state of	Will Bridge Co.	Estate in the state of	A PARTY OF THE STATE OF THE STA
	ya	Gross income from garr See Part IV, line 19							
	h	Less direct expenses							
		Net income or (loss) from			rities		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1	Gross sales of inve				1948/194	\$1.50 Y \$2.50	12 7 7 7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	12-21-57
		returns and allowances		a.					
	Ь	Less cost of goods so		. <u>-</u>		1	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Net income or (loss) from			ory >				
		Miscellaneous Rev			Business Code	24.6 3 6 Ch. St.			## P
	11a					0	The last section of the last		
	b			• • •					
	٦								
	4	All other revenue							
	l	Total, Add lines 11a-1	1d			0	A SHE		了多么说道的
	12				•	3,318,791	1,399,011	0	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	:					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 .						
4 5	Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees	369,629	122,890	186,203	60,536		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	777,922	584,573	141,295	52,054		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,550	6,994	2,182	374		
9	Other employee benefits	96,334	52,301	39,543	4,490		
10	Payroll taxes	90,632	55,145	26,507	8,980		
11	Fees for services (non-employees)						
_	Management						
b	Legal	29,609		29,609			
	Accounting . Lobbying						
	Professional fundraising services See Part IV, line 17		P. Tales				
	Investment management fees						
	Other .	390,700	385,586	843	4,271_		
12	Advertising and promotion	3,669		1,256	2,413		
13	Office expenses	92,419	70,303	13,602	8,514		
14	Information technology .	7,419	2,377	2,904	2,138		
15	Royalties						
16	Occupancy	104,491	59,636	26,909	17,946		
17	Travel	215,866	174,908	29,975	10,983		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .	55,843	54,269	924	650		
20	Interest	75,124	75,124				
21	Payments to affiliates	15,000		15,000			
22	Depreciation, depletion, and amortization	34,687	19,359	13,065	2,263		
23	Insurance	5,021		5,021			
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	Equipment rental and maintenance	27,177	5,416	20,511	1,250		
b	Printing and publications	46,017	42,749	1,164	2,104		
С	Fees, dues and other	17,683	6	17,672	5		
d	Expense for loan loss reserve	5,900	5,900				
е	Bad debt expense	9,452		9,452			
_o f	All other expenses	9,459	4,077	5,040	342		
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,489,603	1,721,613	588,677	179,313		

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	573,462	2	2,498,888
	3	Pledges and grants receivable, net	32,782	3_	5,000
	4	Accounts receivable, net	469,987	4	460,145
	5	Receivables from current and former officers, directors, trustees, key		18	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L \cdot \cdot \cdot \cdot		6	
sts	7	Notes and loans receivable, net	2,376,500	7	2,478,600
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	1,416	9	6,566
	10a	Land, buildings, and equipment cost or 10a 164,352 other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b 88,538	82,771	10c	75,814
	11	Investments—publicly traded securities	1,641,625	11	1,401,511
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	176,567	15	179,148
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,355,310	16	7,105,872
	17	Accounts payable and accrued expenses	217,991	17	205,571
	18	Grants payable		18	
	19	Deferred revenue	597,254	19_	1,066,591
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D	Tribure construction of the Viller of the Philosophic Society	21	AND MITTER OF THE PICTURE OF THE PROPERTY OF THE PICTURE OF THE PI
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,344,500	24	3,805,000
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,159,745	26	5,077,162
Seol		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ılaı	27	Unrestricted net assets	675,682	27	1,686,182
B	28	Temporarily restricted net assets	369,883	28	192,528
Fund Balanc	29	Permanently restricted net assets	150,000	29	150,000
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	1,195,565	33	2,028,710
\Box	34	Total liabilities and net assets/fund balances	5,355,310	34	7,105,872

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	1	* 4	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	√	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	1	

Form **990** (2009)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization First Nations Oweesta Corporation 54 1970097 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. **c** ☐ Type III–Functionally integrated **b** ☐ Type II e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \sqcup Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Nα Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (III) Type of organization (n) EIN (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US2 (see instructions)) support? Yes Yes Yes 0 0

Pal	(Complete only if you chec					and 170(b)(1)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						!
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .		and the second				
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	3 (34%) 60%			The second	4. W. M. W. W.	L
	tion B. Total Support	T			·		
Ça	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .					:	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1 W. 15T A . W. 4 16D.	Sensorary Scient and Market	94 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11	Total support. Add lines 7 through 10 .	於學生為數			经第一条 计图 第二条 计图 第二条 第二条 第二条 第二条 第二条 第二条 第二条 第二条 第二条 第二条	200	L
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere		nd, third, fourth	=	ear as a sectio	n 501(c)(3)
	tion C. Computation of Public Su			1 (0)		14	0/
14	Public support percentage for 2009 (line	,	•	i, column (t))		15	<u> </u>
15	Public support percentage from 2008 Sc						
	a 33½ % support test – 2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33% % support test – 2008. If the organi box and stop here. The organization qua				and line 15 is	33¼ % or more,	check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did by the o	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the▶ □

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.)

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(-/	(2) 2000	(0) 2001	(4) 2000	(6) 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,075,267	665,375	1,105,553	1,052,446	1,919,780	5,818,421
2	Gross receipts from admissions, merchandise				7		
	sold or services performed, or facilities furnished in any activity that is related to the						İ
	organization's tax-exempt purpose	279,410	535,734	1,575,256	2,061,849	1,271,965	5,724,214
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the		ļ				
	organization without charge						0
6	Total. Add lines 1 through 5	1,354,677	1,201,109	2,680,809	3,114,295	3,191,745	11,542,635
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
ь	Amounts included on lines 2 and 3 received	ľ					
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	227,394	466,808	1,488,941	1,899,522	1,126,021	
С	Add lines 7a and 7b	227,394	466,808	1,488,941	1,899,522	1,126,021	5,208,686
8	Public support (Subtract line 7c from						
Soc	tion B. Total Support	Barta and	2		14 A. 12 A. 1	9.₹\	6,333,949
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(-) 0000	/O Takal
		1,354,677	1,201,109	2,680,809	3,114,295	(e) 2009	(f) Total
9	Amounts from line 6	1,334,077	1,201,109	2,000,009	3,114,295	3,191,745	11,542,635
10a	Gross income from interest, dividends, payments received on securities loans.						
	rents, royalties and income from similar	76,418	89,806	125,272	129,926	127,046	E40 460
	sources	70,410	03,000	125,272	125,520	127,040	548,468
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ļ			0
	acquired after June 30, 1975	76,418	89,806	125,272	129,926	127,046	
С 11	Add lines 10a and 10b	70,410	03,000	123,212	125,520	127,040	340,400
' '	activities not included in line 10b,						1
	whether or not the business is regularly		İ				0
	carried on .						-
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV) Statement 1	986	598	2,212	48,742		52,538
					10,7 12		32,000
13	Total support. (Add lines 9, 10c, 11, and 12.)						12,143,641
14	First five years. If the Form 990 is for	the organization	n's first, secon	d. third. fourth	or fifth tax v	ear as a section	
	organization, check this box and stop	here					▶ □
Sec	tion C. Computation of Public Su	pport Percen					
15	Public support percentage for 2009 (lin	e 8. column (f)	divided by line	e 13. column (f))	15	52.16% %
16	Public support percentage from 2008 S				"	16	52.13% %
Sec	tion D. Computation of Investmer					· .	
17	Investment income percentage for 2009	9 (line 10c. coli	ımn (f) divided	by line 13, co	olumn (fl)	17	5% %
18	Investment income percentage from 20	•	**	•		18	5% %
19a					nd line 15 is m	ore than 331/4	%, and line
. –	17 is not more than 33½ %, check this b						
b	331/3 % support tests - 2008. If the organ	•	_				
-	line 18 is not more than 33% %, check this						
20	Private foundation If the organization						

Statement 1: Part II, Line 10, or Pa	rt III, Line 12 - Other Inco	me				
Description			2007	2008	2009	Tota
Reimbursements	986	598	2,212			52,53
	986	598	2,212	48,742	0	52,53
			• • • • • • • • • • • • • • • • • • • •			
			· · · · · · · · · · · · · · ·			
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

		Complete Parts I-A and B Do not co	•		
• ;	Section 501(c) (other than sect	ion 501(c)(3)) organizations. Complete	Parts I-A and C bel	ow Do not complete f	Part I-B
• (Section 527 organizations Cor	nplete Part I-A only			
• ;	Section 501(c)(3) organizations	s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election un	nder section 501(h))	Complete Part II-A D	o not complete Part II-B
		that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox		(h)) Complete Part II-B	Do not complete Part II-A
• ;	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Nar	ne of organization		•	Emp	loyer identification number
	st Nations Oweesta Corpo			54	
Par	t I-A Complete if the	e organization is exempt und	er section 501(d) or is a section	527 organization.
1 2 3	Provide a description of the Political expenditures Volunteer hours	ne organization's direct and indirect	ct political campa	gn activities in Part ▶	IV. \$ none none
Par	t I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1 2 3 4a b	Enter the amount of any e	excise tax incurred by the organization excise tax incurred by organization d a section 4955 tax, did it file For	managers under	section 4955 . 🕨	\$
		e organization is exempt und	er section 501(c), except section	n 501(c)(3).
1		expended by the filing organizati			\$
2	Enter the amount of the fill 527 exempt function activ	ing organization's funds contribute	ed to other organi	zations for section	\$
3	•	penditures. Add lines 1 and 2 Ei		· ·	\$
4	Did the filing organization	file Form 1120-POL for this year?	٠		🗌 Yes 🔲 No
5	Enter the names, addresses were made. For each organic contributions received that we have the contributions of th	s and employer identification numbe zation listed, enter the amount paid f were promptly and directly delivered mmittee (PAC) If additional space is	r (EIN) of all sectio rom the filing organ to a separate polit	ization's funds. Also e ical organization, sucl	enter the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0	contributions received and

Door	2
rage	-

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2009					Page 2
Pa	rt II-A Complete if the organ under section 501(h)).	ization is exemp	ot under section	n 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ if the filing organiza Check ► ☐ if the filing organiza				ons apply.	
		Lobbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opinio	on (grass roots lot	obvina)		
b				, 0,		
С	Total lobbying expenditures (add I	nes 1a and 1b)				
d	Other exempt purpose expenditure	es			2,489,603	
е	Total exempt purpose expenditure	s (add lines 1c and	i 1d)		2,489,603	
f	Lobbying nontaxable amount. Enti columns	er the amount from	the following tab	le in both	274,480	
	If the amount on line 1e, column (a) or (I Not over \$500,000		nontaxable amour	nt is:		
į	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	No. 18	
	Over \$1,000,000 but not over \$1,500,0	00 \$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000	000 \$225,000 plus	5% of the excess	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (er	ter 25% of line 1f)	•		68,620	
h	Subtract line 1g from line 1a If ze	ro or less, enter -0-			0	0
i	Subtract line 1f from line 1c If zer				0	0
j	If there is an amount other than zer section 4911 tax for this year?	o on either line 1h o	or line 1 $_{ ext{I}}$, did the c	organization file Fo	rm 4720 reporting	☐ Yes ☐ No
		ow. See the instru	501(h) election ductions for lines :	lo not have to co 2a through 2f on	page 4.)	five
	LOD	oying Expenditure	s During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	202,296	277,266	318,466	274,480	1,072,508
b 	Lobbying ceiling amount (150% of line 2a, column (e))					1,608,762
c	Total lobbying expenditures		:			
d	Grassroots nontaxable amount	50,574	69,316	79,617	68,620	268,127
e	Grassroots ceiling amount (150% of line 2d, column (e))					402,191

Schedule C (Form 990 or 990-EZ) 2009

Par	Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT f	iled I	Form 5	768	
		(a)		(b)	
		Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			7.1		
а	Volunteers?	Ĺ			3	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h						
i	Other activities? If "Yes," describe in Part IV					
i	Total Add lines 1c through 1i		100			
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			5 F 10 S	# JEN	74
	If "Yes," enter the amount of any tax incurred under section 4912	214	1	A. W. A. M. C.	AMMAGAD	MINESC.
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	7	- COLUMN	100	14.10	
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)	(5). 0	r secti	on	encorate or c
	501(c)(6).	J . (J)	(0), 0			
					Yes	No
4	Mana as hadardrally all (000), as areas have seen and an add to this by a see a					
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	3	-	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/01	(<u>5</u>) 0		ion	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes."					ed
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tical				
а	Current year		2a			
b	Carryover from last year		2b	ļ		
c	Total		_2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year?	n me	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Par	t IV Supplemental Information			L		
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.	line 5	and	Part II-	3, line	11.
						••••
	······································			• • • • • • • • •	• • • • • • •	
		• • • • • •				
		<i></i> .				<i></i>

Schedule C (For	n 990 or 990-EZ) 2009	e 4
Part IV	Supplemental Information (continued)	_
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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete of the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name	of the organization		Employer identification number
Firs	t Nations Oweesta Corporation		54 1970097
		nor Advised Funds or Other Similar I " to Form 990, Part IV, line 6	Funds or Accounts. Complete if
		(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		donor advisors in writing that the assets heet to the organization's exclusive legal co	
6		onors, and donor advisors in writing that gr for the benefit of the donor or donor advis	sor, or for any other
Pai	<u> </u>	plete if the organization answered "Yes"	
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space	d by the organization (check all that apply) , recreation or pleasure) Preservatio Preservatio	on of an historically important land area on of a certified historic structure
2	easement on the last day of the tax year	ation held a qualified conservation contribu	
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation e		. 2b
С	Number of conservation easements on a conservation	certified historic structure included in (a) .	. 2c
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06 .	2d
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, extinguished, or t	terminated by the organization during
4	Number of states where property subject f	to conservation easement is located >	
5	Does the organization have a written polic violations, and enforcement of the conserv	y regarding the periodic monitoring, inspec vation easements it holds?	stion, handling of
6	Staff and volunteer hours devoted to moni	toring, inspecting, and enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring \$ \inc \\$	g, inspecting, and enforcing conservation e	asements during the year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirement	ts of section
9	balance sheet, and include, if applicable, t the organization's accounting for conserva		s financial statements that describes
Pa		ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a		nder SFAS 116, not to report in its revenue ets held for public exhibition, education, or rete to its financial statements that describes	esearch in furtherance of public service,
b	provide the following amounts relating to t	held for public exhibition, education, or reshbese items	search in furtherance of public service,
	(i) Revenues included in Form 990, Part \		> \$
_	(ii) Assets included in Form 990, Part X		
2	following amounts required to be reported	<u> </u>	
a	Revenues included in Form 990, Part VIII,		
D	Assets included in Form 990, Part X		▶ \$

Sched	tule D (Form 990) 2009					Page 2
Par	t III Organizations Maintaini	ng Collections o	f Art, Historica	l Treasures, or 0	Other Similar As:	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)					
a b c 4	Public exhibition Scholarly research Preservation for future general Provide a description of the organiz Part XIV		e 🗌 C			
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive do r than to be maintai	nations of art, his ned as part of the	torical treasures, or e organization's col	other similar lection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an				ered "Yes" to Forr	n 990, Part
	Is the organization an agent, trusted included on Form 990, Part X?				r other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the following	ng table:	Am	nount
С	Beginning balance			10		lour.
d	Additions during the year .			10	1	
е	Distributions during the year			. 10	e	
f	Ending balance			11	<u> </u>	
2a b	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV				└ Yes └ No
Pa	t V Endowment Funds. Co					
		(a) Current year	(b) Prior year 150,000	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	150,000	150,000		100 April 100 Ap	
C	Contributions Net investment earnings, gains, and losses				4	
d	Grants or scholarships			79/21/2006	43.54	
е	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance	150,000	150,000	27. 22 - 77. 47. 40000- 05.77.00		
2 a b c	Provide the estimated percentage of Board designated or quasi-endowm Permanent endowment ►100.009 Term endowment ►00% %	nent ► 00% % %				
3a	Are there endowment funds not in thorganization by	e possession of the	e organization tha	at are held and adn	ninistered for the	Yes No
	(i) unrelated organizations .			,		3a(i) ✓
۳.	(ii) related organizations If "Yes" to 3a(ii), are the related organizations					3a(ii) ✓ 3b
4	Describe in Part XIV the intended us					
	t VI Investments—Land, Bu				line 10.	

Part VII Investments—Other Securities	See Form 990, Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests .		
Other	0	
	 	
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)		
Part VIII Investments—Program Relate		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		THE RESIDENCE OF THE PARTY OF T
Part IX Other Assets. See Form 990, Pa	rt X, line 15	J. 3000 10 10 10 10 10 10 10 10 10 10 10 10
	(a) Description	(b) Book value
Endowment assets		150,000
Interest receivable		19,944
Security deposits		9,204
_		
Total. (Column (b) must equal Form 990, Part X, col (▶ 179,148
Part X Other Liabilities. See Form 990,	Part X, line 25.	The state of the s
1. (a) Description of liability	(b) Amount	
Federal income taxes		
	<u></u>	
	ļ	
	<u> </u>	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1	

2. FIN 48 Footnote 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.

Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial State	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,318,791
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,489,603
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	829,188
4	Net unrealized gains (losses) on investments	4	3,957
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,957
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	. 10	833,145
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With	Revenue pe	er Return
1	Total revenue, gains, and other support per audited financial statements	1	3,322,451
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments	3,957	(8)
b	Donated services and use of facilities		R.E.
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	. 2	e 3,957
3	Subtract line 2e from line 1		3,318,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b		297	
С		}	c 297
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		3,318,791
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses	<u> </u>
1	Total expenses and losses per audited financial statements	1	2,489,306
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b		\\\.\\.\\.\\\\\\	
С			
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	· · · -	e 0
3	Subtract line 2e from line 1	Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	2,489,306
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		
b	Other (Describe in Part XIV)	297	
С	Add lines 4a and 4b		c 297
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		2,489,603
Com and this	rt XIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, Ii 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li part to provide any additional information Part V - Line 4 - Earnings on endowment funds are available for unrestricted use of t	nes 2d and 4l	o. Also complete
	arts XII and XIII - Lines 4b Book value of assets disposed of with no proceeds: expense reclassified from reven		
to	expense section.		

Schedule D (For	m 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
		
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons
Complete if the organization answered

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number

First Nat	tions Oweesta Corporation						5	4 :		19	7009	7	
Part I	Excess Benefit Transactions Complete if the organization answ								Part V	, line 4	40b		
											-	(c) Con	rected?
1	(a) Name of disqualified person				(b) i	Description of	transaction)				Yes	No
						-							
													
				<u> </u>								L	<u> </u>
	er the amount of tax imposed on t er section 4958	the orga	nızatıon	managers	or disqu	alified pers	sons durii	ng the	e year	• •			
	er the amount of tax, if any, on lin	e 2. abo	ve. rein	nbursed by	the orga	inization				► \$			
									•				
Part II				- 0								_	
	Complete if the organization a			1		T		T					
(a) N	ame of interested person and purpose		to or from anization?	(c) Ori principal		(d) Balan	ce due	(e) In	default?	by bo	proved pard or nittee?		/ritten ment?
		To	From	1				Yes	No	Yes	No	Yes	No
							0						
							0						
			ļ <u>.</u>	-			0						
				-	-		<u>0</u> 0				<u> </u>		
							0						
Total .		•			▶ \$	<u> </u>	······	44.5	is i Yaz	onis.	250	2.32	
Part III		-											
	Complete if the organization a	nswered	"Yes"	on Form 99	90, Part I'	V, line 27	_						
	(a) Name of interested person	(b) Re	elationship	p between inte organizat		son and the	(c) Amou	ınt and	type o	f assis	tance	
													
	· · · · · · · · · · · · · · · · · · ·											·	
						_	<u> </u>					•	
Part IV	Business Transactions Involve Complete if the organization a	•			90, Part I	V, line 28a,	. 28b, or	28c					
(a)	Name of interested person			p between son and the ation		mount of saction	(d) De	scription	on of tra	ansacti	on	(e) Sha organiz reven	
						· · · · · · · · · · · · · · · · · · ·						Yes	No
Kristi Co	oker	Direct	or		ļ	300,000	Program	n-rela	ted le	oans	to		✓
							Citizen					ļļ	
							She is C						
Kristi Co	okar	Direct	or		 		Profess				•		1

0 reimbursements.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
First Nations Oweesta Corporation

Employer identification number 54 1970097

•

,

First Nations Oweesta Corporation	54 1970097
Part VI - Questions 6 and 7a - Does the Organization have members or stockholders	?
Yes. First Nations Development Institute is the sole member of First Nations Oweest	a Corporation
and as such elects members to the governing body of First Nations Oweesta Corpor	ation.
	••••••
Part VI - Question 11a	
Board members are presented with draft copies of Form 990 and all schedules and a	affachments. They
are asked to review and approve it and at the same time to disclose any potential co	
are asked to review and approve it and at the same time to disclose any potential co	ntilicts of interest.
Part VI - Questions 12b and 12c	••••••••••••••
The By-Laws provide the conflict of interest policy for board members. The employe	e handbook provides
the conflict of interest policy for employees. The board is currently considering pro-	cedures to improve
monitoring of compliance with these policies which is currently on a self-reporting b	pasis.
Part VI - Question 15	
Board members approve the salary of the President/CEO and are informed of the sa	laries of other key
employees The members of the board are all familiar with the not-for-profit sector a	nd with the environment
in which the Organization works and from which it recruits employees. Therefore the	e board has sufficient
knowledge to evaluate and approve these salaries.	
Part XI - Question 2c	
The Finance Committee of the Board reviews the audited financial statements. The B	loard of Directors
also reviews and approves the audit.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Oweesta Corporation

Part I

Partnerships
Unrelated
Related Organizations and

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attac

▶ See separate instructions.
orm 990
ch to F

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Open to Publ Inspection

OMB No 1545-0047

Employer identification number 54-1970097

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	(1)					
(2)						
(3)	(5)					
(4)	(4)					
(5)	(5)					
(9)	(9)					
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	mplete if the organizative year.)	ation answered "Y	es" to Form 990, I	Part IV, line 34 bed	ause it had

Dart II		(T) = T = (T) = (T) = (T)		- 1 (1 - 2) (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	000	1 0 0 1	4. 4.	
	identification of helated lax-exempt Organizations one or more related tax-exempt organizations du	zations (Complete if the organization answered. Yes To Form 990, Part IV, line 34 because it had during the tax year.)	ne organization an	swered res to	Form 990, Part IV,	line 34 becaus	e it nad	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
							Yes	٥ ۷
(1) First N	(1) First Nations Development Institute El no. 54-1254491	bue soonenby.	VA. incorporated	E01(c)(3)	500(1)(1)	g		,
351 Coffm.	351 Coffman Street, Suite 200, Longmont, CO 80501	Auvailtes ainu	va-micorporated	201(2)100	(1)(8)505	2		,
(2)	(2)	promotes direct	CO-admin offices					
(3)	(2)	participation in						
(4)								
		the full use of the						
(2)								
		economy by Native						
(9)								
		American groups						
()								

Schedule R (Form 990) 2010

Cat No 50135Y

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

(k) Percentage ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (J) General or managing partner? end-of-year assets Yes (g) Share of (i)
Code V—UBI
amount in box 20 of
Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate allocations? Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (d)
| Direct controlling entity (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (b) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity Ξ (9) related organization (a) Name, address, and Part III Part IV 9 Ξ 2 8 Ξ € ₹ <u>0</u> R (2) E ල ල

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010

Part V Transactio

Note Complete line 1 if any entity is listed in Parts II III or IV of this schooling			Nos No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	ed organizations listed	in Parts II–IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a /
b Gift, grant, or capital contribution to other organization(s)			1b
c Gift, grant, or capital contribution from other organization(s)			10
d Loans or loan guarantees to or for other organization(s)			1d
e Loans or loan guarantees by other organization(s)			1e /
	·	· · · ·	i i a
f Sale of assets to other organization(s)			11 /
g Purchase of assets from other organization(s)			1g /
h Exchange of assets			- 4p
i Lease of facilities, equipment, or other assets to other organization(s) .			; -
			-
			-ji
K Performance of services or membership or fundraising solicitations for other organization(s)			* ;
Charing of facilities on incoment, mailing light, or other constitutions by other organization(s)			, , ,
Sharing of had employees			E :
)
o Reimbursement paid to other organization for expenses			10
p Reimbursement paid by other organization for expenses			10
			(美國
q Other transfer of cash or property to other organization(s)			>
.			1r
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ne, including covered	relationships and trans	saction thresholds.
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-r)		amount involved
The board of directors of First Nations Development Institute (FNDI) controls the board of directors of (1)			
First Nations Oweesta Corporation (FNOC.) (2)			
FNDI guarantees program related debt of FNOC (3)	-1e	\$375,000	\$375,000 loan guarantee
FNDI performed program services and billed FNOC (4)	=	\$1,365	accrual basis
FNOC reimbursed FNDI their share of workers comp, business insurance, audit fees and other expenses (5)	10	\$42,650	\$42,650 accrual basis
FNOC paid FNDI an administrative fee	19	\$15,000	\$15,000 accrual basis
		Sched	Schedule R (Form 990) 2010

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) (4) (14) (14) (15) (14) (14) (15) (14) (15) (14) (15) (14) (15) (1	(state or foreign Section country) (state or foreign Section country) (state or foreign Section country) (state or foreign Section Sec	Share of end-of-year assets	Disproportionate allocations?	Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
	Yes No		Yes No		Yes No
(5) (6) (7) (8) (9) (10) (11) (12) (13) (13)					
(6) (9) (10) (11) (12) (13)					
(7) (8) (9) (10) (11) (12) (12) (13)					
(9) (10) (11) (12) (13)					
(10) (11) (12) (13)					
(11) (12) (13) (14)					
(12)					-
(13)					
(13)					
(14)					
(15)					
(16)			· · · · · ·		

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

• If yo	ou are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (i	on page 2	
Do not Part		plete Part II unless you have already been granted an automatic 3-month extension on a part Automatic 3-Month Extension of Time. Only submit original (no copies nee		iled Form 8868
	— ooratio	n required to file Form 990-T and requesting an automatic 6-month extension—check	ŕ	and complete
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form T ncome tax returns	7004 to red	quest an extension of
one of electro returns	f the re onically s, or a c	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Hower if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www irs gov/efile and click on e-file f	ver, you cases 990-BL, and signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form
Туре	or	Name of Exempt Organization	Employer	identification number
print		First Nations Oweesta Corporation Number, street, and room or suite no. If a P.O. box, see instructions	54	1970097
File by t due date filing you	e for ur			
return S instruction		City, town or post office, state, and ZIP code. For a foreign address, see instructions. Rapid City, SD 57701		
_		of return to be filed (file a separate application for each return)		
☑ Fo				Form 4720
_	rm 990			Form 5227
	rm 990			Form 6069
∐ Fo	rm 990	D-PF		Form 8870
Teleg If the	phone e orga is is fo whole	First Nations Oweesta Corporation, Att. Angela Sharpe, CFO No ► (605) 342-3770 FAX No ► (605) 342 Initiation does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box If it is for part of the group, check this box e names and EINs of all members the extension will cover		
u	intil or the	organization's return for		
		calendar year 20 or tax year beginning July 1, 20	une 30,	, _{20_} 10_
2 11	f this ta	ax year is for less than 12 months, check reason 🗌 Initial return 🗎 Final return 🕻	Change	in accounting period
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions	(, 3 <u>a</u>	\$
b If	f this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta its made. Include any prior year overpayment allowed as a credit	3b	
c E	Balanc deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Paymer) See instructions	I, it 3c	
	-	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions		