

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



Form **990**

Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public Inspection

Form **990** (2009)

	-l. & l h.l.		r, or tax year beginn C Name of organization		and ending 09-30-2	010		D Employer i	identific	cation number		
	ck if applicable ress change	Please use IRS	OGLALA LAKOTA COLLE					23-71359	915			
_	ne change	label or print or	Doing Business As					E Telephone		r		
	al return	type. See Specific	Number and street (or	r P O hoy if mail is	not delivered to street ad-	dress) Room	/suite	(605) 455	5-6000)		
_ _{Теп}	mınated	Instruc- tions.	PIYA WICONI ROAD PO		not delivered to street da	arcss) Room	/ Suite	G Gross receip	ots \$ 39,	136,012		
☐ Am∈	ended return		City or town, state or		4							
Г Арр	lication pendin	g	KYLE, SD 577520490	1								
			me and address of pri	incipal officer		H(a)	Is thi	ı s a group retı	urn for	_		
			AS SHORTBULL WICONI ROAD				affilia	tes?		┌ Yes ┌ No		
		KYLE,	SD 57752			Н(b)	Are al	l affiliates incl	uded?	┌ Yes ┌ No		
Tax	c-exempt statu	 s	() (3) ◄ (insert no)	4947(a)(1) or F	- 527	_				instructions)		
		WW OLC ED		1317(4)(1) 01 1		H(c)	Grou	p exemption	numbei	•		
			tion Trust Association	on C Other ►		l Ve	ar of for	rmation 1971	M State	e of legal domicile SE		
		nmary	tion i rust i Association	on other F		Lite	11 01 101	mation 1971	M State	e of legal dofficile 3.		
			ne organization's miss A COLLEGE IS AN IN									
s & Governance	DETE BELIE TRIBA RESO COMI	RMINATION FS OF THE AL TO PROV URCES AND MUNITIES,	OTA COLLEGE BOAN WE PREPARE STULAKOTA PEOPLE WITHE OGLALAS PERSONNEL TO AND OF THE OGLALAS DEEDED FOR ITS DE	DENTS TO UND WORKING TOWA BIOUX TRIBE AS ASSIST PEOPLE A SIOUX TRIBE	DERSTAND THE LAR ARDS THESE ENDS, S A SOVEREIGN PE IN BEING ACTIVE, E TO PROVIDE THE	GER SOC WE HAVE OPLE WIT PRODUC	IETY / DEFII H EDU TIVE	AS WELL AS NED ITS PUR JCATED AND MEMBERS O	THE C RPOSES TRAI FTHEI	S AS FOLLOWS NED HUMAN R FAMILIES,		
Activities &								250/ 61				
<u> </u>		Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)										
4		_	ndent voting member:				٠.٠		3 — 4	1		
		•	mployees (Part V, line	-	,			5	71			
	6 Total	number of vo	olunteers (estimate if	fnecessary) .					6	1		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34											
	b Netu	related bus	iness taxable income	from Form 990	-1, line 34		Drio		7 Ь	Current Year		
	0 Camb							r Vear	1 1			
Ì	8 Cont	ributions and	d grants (Part VIII, I	ıne 1h)			PIIO	r Year 27,944,524				
une			d grants (Part VIII, l revenue (Part VIII, l				Pilo			33,862,617		
- Pevenue	9 Prog10 Inve	ram service stment incor	revenue (Part VIII, l me (Part VIII, colum	line 2g) n (A), lines 3, 4,	and 7d)		Pilo	27,944,524 2,419,437 950,124		33,862,617 3,053,393 1,227,450		
Revenue	9 Prog10 Inve11 Other	ram service stment incoi r revenue (P	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A)	line 2g) n (A), lines 3, 4, , lines 5, 6d, 8c,	and 7d)			27,944,524 2,419,437		33,862,617 3,053,393 1,227,450		
Revenue	9 Prog10 Inve11 Othe12 Tota	ram service stment incoi r revenue (P I revenue—a	revenue (Part VIII, l me (Part VIII, colum	line 2g) n (A), lines 3, 4, , lines 5, 6d, 8c, 1 (must equal Pa	and 7d)			27,944,524 2,419,437 950,124		33,862,617 3,053,393 1,227,450 360,632		
Revenue	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 	ram service stment incor r revenue (P l revenue—a ••••• ts and simila	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11	line 2g) n (A), lines 3, 4, , lines 5, 6d, 8c, 1 (must equal Pa t IX, column (A)	and 7d)	line	FIIO	27,944,524 2,419,437 950,124 439,405		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426		
Revenue	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 	ram service stment incoi r revenue (P I revenue—a ts and simila	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 	line 2g)	and 7d)	Ine		27,944,524 2,419,437 950,124 439,405 31,753,490		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426		
	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 	ram service stment incoi r revenue (P I revenue—a ts and simila	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11	line 2g)	and 7d)	Ine		27,944,524 2,419,437 950,124 439,405 31,753,490		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426		
	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe 	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to c ries, other co	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 	line 2g) n (A), lines 3, 4, , lines 5, 6d, 8c, 1 (must equal Pa t IX, column (A), IX, column (A), ee benefits (Par	and 7d)	Ine		27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426		
	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total	ram service stment incoi ir revenue (P I revenue—a ts and simila ifits paid to c ries, other co	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 ar amounts paid (Part or for members (Part ompensation, employ	Inne 2g)	and 7d)			27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069		
Expenses Revenue	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to c ries, other co	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (E) (Part IX, column (A),	Inne 2g)	and 7d)	s 5 –		27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069		
	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Total	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to cor ries, other cor essional fund fundraising exp r expenses I expenses	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 ar amounts paid (Part or for members (Part ompensation, employ	Inne 2g) In (A), lines 3, 4, In (A), lines 5, 6d, 8c, In (must equal Pattix, column (A), IX, column (A),	and 7d)	s 5 –		27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542		
Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Total	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to cor ries, other cor essional fund fundraising exp r expenses I expenses	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 or ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (E) (Part IX, column (A), Add lines 13-17 (mu	Inne 2g) In (A), lines 3, 4, In (A), lines 5, 6d, 8c, In (must equal Pattix, column (A), IX, column (A),	and 7d)	s 5 -	jinning	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 p of Current		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550		
Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to c ries, other co essional fund fundraising exp r expenses I expenses inue less exp	revenue (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), III, III,	and 7d)	s 5 -	jinning	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542		
Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Total	ram service stment incor revenue (P I revenue—a ts and simila fits paid to c ries, other co essional fund fundraising exp r expenses I expenses inue less exp	revenue (Part VIII, I me (Part VIII, colum Part VIII, column (A) dd lines 8 through 11 or ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX penses (Part IX, column (E) (Part IX, column (A), Add lines 13-17 (mu	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), IX, co	and 7d)	s 5 -	jinning	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 p of Current		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542		
Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota	ram service stment incor r revenue (P I revenue—a ts and simila fits paid to c ries, other cor essional fund fundraising exp r expenses I expenses inue less exp	revenue (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), Innes 11a-11d, Interpretation of the second	and 7d)		jinning	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear		33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552		
Not Assets or Expenses Fund Balances	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net s Under	ram service stment incor revenue (P I revenue—a ts and simila fits paid to c ries, other co essional fund fundraising exp rexpenses I expenses I expenses I liabilities (I essets or fun nature BI penalties of pe	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), IX, column (A), IX, column (A), IX, column (A), Innes 11a-11d, Inst equal Part IX In 18 from line 12 In 19 from line 12 In 19 from line 12	and 7d)	s 5 –	ginning Y	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503	to the be	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		
S Not Assets or Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net: 11 Sig	ram service stment incor revenue—a trevenue—a ts and simila fits paid to c ries, other cor essional fund fundraising exp rexpenses lexpenses lexpenses luxpenses luxpenses luxpenses luxpenses revenue less exp luxpenses luxpenses revenue less exp luxpenses luxpenses revenue less exp luxpenses luxpenses luxpenses revenue less exp luxpenses luxpens	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), IX, column (A), IX, column (A), IX, column (A), Innes 11a-11d, Inst equal Part IX In 18 from line 12 In 19 from line 12 In 19 from line 12	and 7d)	s 5 –	Jinning Y	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503 eatements, and ton of which prep	to the be	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		
S Not Assets or Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net : 11 Sig Under and b **Sig	ram service stment incor revenue (P I revenue—a ts and simila fits paid to c ries, other co essional fund fundraising exp rexpenses I expenses I expenses I liabilities (I assets or fur nature Bli epenalties of pe elief, it is true, **** inature of office	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), IX, column (A), IX, column (A), IX, column (A), Innes 11a-11d, Inst equal Part IX In 18 from line 12 In 19 from line 12 In 19 from line 12	and 7d)	s 5 –	inning Y	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503 eatements, and ton of which prep	to the be	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		
S Not Assets or Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net: 11 Sig Under and b	ram service stment incor revenue (P I revenue—a ts and simila fits paid to c ries, other co essional fund fundraising exp rexpenses I expenses I expenses I liabilities (I assets or fur nature Bli epenalties of pe elief, it is true, **** inature of office	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g) In (A), lines 3, 4, Innes 5, 6d, 8c, I (must equal Patt IX, column (A), IX, column (A), IX, column (A), IX, column (A), Innes 11a-11d, Inst equal Part IX In 18 from line 12 In 19 from line 12 In 19 from line 12	and 7d)	s 5 –	Jinning Y	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503 eatements, and ton of which prep	to the be	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		
Met Assets of Expenses and Balances Expenses	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net a 1 Tota 22 Net a 1 Tota 21 Tota 22 Net a 1 Tota 23 Net a 1 The 24 The 25 The 26 The 26 The 27 Tepans 28 The 28 The 29 Tepans 20 Tota 21 Tota 22 Net a 20 Tota 21 Tota 22 Net a 21 Tota 22 Net a 23 The 24 The 25 The 26 The 27 The 28 The	ram service stment incorer revenue (Pil revenue—a	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11	Inne 2g)	and 7d)	s 5 –	s and st formati 2011- Date	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503 eatements, and ton of which prep	to the becarer has	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		
Her Assets or Expenses a be und Balances	9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Gran 14 Bene 15 Sala 10) 16a Profe b Total 17 Othe 18 Tota 19 Reve 20 Tota 21 Tota 22 Net: 11 Sig	ram service stment incorer revenue (Pil revenue—a	revenue (Part VIII, Ime (Part VIII, Ime (Part VIII, column (A)) dd lines 8 through 11 ar amounts paid (Part or for members (Part ompensation, employ draising fees (Part IX) benses (Part IX, column (I) (Part IX, column (A), Add lines 13–17 (multiple) penses Subtract line rt X, line 16)	Inne 2g)	and 7d)	Beg	s and st formati 2011- Date	27,944,524 2,419,437 950,124 439,405 31,753,490 6,064,185 14,454,555 733,004 6,349,225 27,600,969 4,152,521 g of Current ear 45,025,152 2,482,649 42,542,503 atterments, and ton of which preports of the contract of the	to the becarer has	33,862,617 3,053,393 1,227,450 360,632 38,504,092 8,344,426 0 15,394,242 894,069 6,242,813 30,875,550 7,628,542 End of Year 60,353,552 7,799,368 52,554,184		

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OGLALA LAKOTA COLLEGE IS AN INSTITUTION OF HIGHER EDUCATION CHARTERED BY OGLALA SIOUX TRIBE TO COORDINATE ALL HIGHER EDUCATION ON THE PINE RIDGE RESERVATION ITS MISSION IS TO OFFER A WIDE RANGE OF EDUCATIONAL OPPORTUNITIES FROM COMMUNITY SERVICE OFFERINGS TO CERTIFICATES, TO UNDERGRADUATE DEGREES THE ULTIMATE GOAL IS THE ESTABLISHMENT OF A LAKOTA UNIVERSITY IN CARRYING OUT THE MISSION, THE OGLALA LAKOTA COLLEGE BOARD OF TRUSTEES STRESSES LAKOTA CULTURE AND TRIBAL SELF-DETERMINATION WE PREPARE STUDENTS TO UNDERSTAND THE LARGER SOCIETY AS WELL AS THE CUSTOMS AND BELIEFS OF THE LAKOTA PEOPLE WORKING TOWARDS THESE ENDS, WE HAVE DEFINED ITS PURPOSES AS FOLLOWS TRIBAL TO PROVIDE THE OGLALA SIOUX TRIBE AS A SOVEREIGN PEOPLE WITH EDUCATED AND TRAINED HUMAN RESOURCES AND PERSONNEL TO ASSIST PEOPLE IN BEING ACTIVE, PRODUCTIVE MEMBERS OF THEIR FAMILIES, COMMUNITIES, AND OF THE OGLALA SIOUX TRIBE TO PROVIDE THE OGLALA SIOUX TRIBE WITH EXPERTISE AND INFORMATION NEEDED FOR ITS DEVELOPMENT.

2	Did the organization undertake any state prior Form 990 or 990-EZ? .	significant program se	rvices during the year	which were not listed on 	_ Yes
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conduction services?	ng, or make significan	t changes in how it con		_ Yes ▽ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganizations and section	on 4947(a)(1) trusts ar	e required to report the amou	•
4a	(Code) (Expenses	\$ 21,156,639	ıncludıng grants of \$	8,319,350) (Revenue \$	3,829,136)
	OLC'S PRIMARY PROGRAM IS EDUCATION MASTER DEGREES IN A VARIETY OF FIELD:				
4b	(Code) (Expenses	\$ 4,928,249	ıncludıng grants of \$	25,076) (Revenue \$)
	OLC'S GOAL FOR THE HEADSTART PROGRA FAMILIES ADDRESSING COGNITIVE, EMOTI AND THE DEVELOPMENT NEEDS OF FAMILI	ONAL, PHYSICAL, NUTRITION			
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	•			
	(Expenses \$	including grants of	f \$) (Revenue \$)
4e	Total program service expenses►\$	26,084,88	8		

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSL	UI KEUUII	eu stii	cuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,	11	Yes	
	Parts VI, VIII, VIII, IX, or X as applicable	11		
	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.			
	◆ 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.			
	◆ 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		Į	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		N o
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? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νo
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		No
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		No
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		No
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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
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		Νo
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		Νο
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		Νο
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		No
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

-orm 990 (2009)	Page :
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
	1a 234			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
L	return			
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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		Νo
Ь	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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
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		Νo
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
_	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

PO BOX 490 KYLE,SD 57752 (605) 455-6011

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

Se	ction A. Governing Body and Management					
			Yes	No		
	1 1	1				
1a	Enter the number of voting members of the governing body 1a 13	!				
b	Enter the number of voting members that are independent 13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
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		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)					
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
	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				
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b		Νο		
•	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13		Νo		
14	Does the organization have a written document retention and destruction policy?	14		Νo		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, 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 with a taxable entity during the year?	16a		Νo		
b	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				
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 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 V Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n -		

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee		
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data											

· · · · · · · · · · · · · · · · · · ·	-										•
1b Total .	-								F	334,373	47,318

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	,		No
		3		IN O
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
		4		NO
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SCULL CONSTRUCTION 803 INDUSTRIAL AVE RAPID CITY, SD 57702	CONSTRUCTION	3,145,807
LAKOTA EXPRESS PO BOX 287 KYLE, SD 57752	PROF FUNDRAISIN	878,474
HILDEBRAND STEEL & CONCRETE 1421 1ST AVE KADOKA, SD 57543	CONSTRUCTION	285,731
SOD'S MECHANICAL PO BOX 578 MARTIN, SD 57751	HVAC UNIT BUILD	211,377
DOUG O'BRYAN CONTRACTING 21617 HWY 18 MARTIN, SD 57551	CONSTRUCTION	155,977
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization 🕨 6

Form 990 (2009) Page 9								
Part V	<u> </u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514	
nts nts	1a	Federated campaigns 1a						
<u>6</u> 29	Ь	Membership dues 1b						
ts, am	c	Fundraising events 1c						
<u>_</u>	d	Related organizations 1d Government grants (contributions) 1e						
ons	e £	All other contributions, gifts, grants, and 1f	4,257,104					
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above Noncash contributions included in lines 1a-1f\$	1,237,101					
Ser	h	Total. Add lines 1a-1f	▶	33,862,617				
			Business Code					
Program Serwce Revenue	2a	TUITION AND FEES	611,710	3,053,393	3,053,393			
Fe S	b							
92 <u>1</u>	С							
Ser.	d							
Ē	е							
1100 0	f	All other program service revenue						
<u>*</u>	g	Total. Add lines 2a-2f		3,053,393				
	3	Investment income (including dividen	. +	1 227 450			1 227 450	
	4	and other similar amounts) Income from investment of tax-exempt bond	<u>-</u>	1,227,450			1,227,450	
	5	Royalties	` ` . F					
		(ı) Real	(II) Personal					
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		(ı) Securities	(II) O ther					
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising						
Other Revenue		events (not including \$						
क >		of contributions reported on line 1c) See Part IV, line 18						
ά		a						
∯ E	ь	Less direct expenses ${f b}$						
Ö	С	Net income or (loss) from fundraising	events 🛌					
	9a	Gross income from gaming activities See Part IV, line 19 a						
	ь	Less direct expenses b						
	С	Net income or (loss) from gaming acti	vities					
	10a	Gross sales of inventory, less returns and allowances .	775,443					
	ь	Less cost of goods sold b	631,920					
	С	Net income or (loss) from sales of inve		143,523	143,523			
		Miscellaneous Revenue	Business Code	317 100	317 100			
		OTHER INCOME	900,099	217,109	217,109			
	Ь							
	c d	All other revenue						
	e	Total. Add lines 11a-11d	<u></u>					
			· · · · •	217,109				
	12	Total revenue. See Instructions .	▶	38,504,092	3,414,025		1,227,450	

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations m II other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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		'		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,344,426	8,344,426		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	381,691	330,749	50,942	
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	11,765,388	10,629,904	1,135,484	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,145,542	1,000,246	145,296	
9	Other employee benefits	1,175,886	780,198	395,688	_
10	Payroll taxes	925,735	807,592	118,143	
11	Fees for services (non-employees)				
а	Management	227,279	150,523	76,756	
b	Legal	53,044	34,575	18,469	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	894,069			894,069
f	Investment management fees	19,087		19,087	
g	Other	88,287	59,287	29,000	
12	Advertising and promotion	45,754	19,533	26,221	
13	Office expenses	1,652,724	967,622	685,102	
14	Information technology	20,238	20,238		
15	Royalties				
16	Occupancy	1,181,669	830,020	351,649	
17	Travel	910,600	774,299	136,301	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,792	988	76,804	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,131,122	938,379	192,743	
23	Insurance	193,557	35,111	158,446	
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	STUDENT ACTIVITIES	272,352	151,148	121,204	
b	CENTER OPERATIONS	161,814	102,246	59,568	
c	MISCELLANEOUS	125,690	79,349	46,341	
d	GRADUATION	54,619	1,270	53,349	
е	LABACCOUNT	27,185	27,185		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	30,875,550	26,084,888	3,896,593	894,069
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation			<u> </u>	rm 990 (2009)

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			4,089,074	2	3,580,181
	3	Pledges and grants receivable, net			1,875,927	3	1,671,426
	4	Accounts receivable, net	582,217	4	587,386		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	employees, and				
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and				
		Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			193,604	8	251,318
	9	Prepaid expenses and deferred charges			37,598	9	49,401
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	32,271,283			
	ь	Less accumulated depreciation	10Ь	7,735,248	20,055,630	10c	24,536,035
	11	Investments—publicly traded securities			18,191,102	11	29,677,805
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	45,025,152	16	60,353,552		
	17	Accounts payable and accrued expenses .			1,508,396	17	1,149,286
	18	Grants payable		18			
	19	Deferred revenue			974,253	19	6,650,082
76	20	Tax-exempt bond liabilities		20			
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		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				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,482,649	26	7,799,368
ces		Organizations that follow SFAS 117, check here ► and compthrough 29, and lines 33 and 34.	olete li	nes 27			
Balance	27	Unrestricted net assets				27	
<u>В</u>	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
Ε̈́		Organizations that do not follow SFAS 117, check here 🕨 🔽 ar	nd com	plete			
ō		lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds	•			30	
SSE	31	Paid-in or capital surplus, or land, building or equipment fund				31	
t As	32	Retained earnings, endowment, accumulated income, or other fu	ınds		42,542,503		52,554,184
Ř	33	Total net assets or fund balances			42,542,503		52,554,184
	34	Total liabilities and net assets/fund balances			45.025.152	I 34	60.353.552

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 Separate basis Consolidated basis Both consolidated and separated basis			
3a	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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

 $\overline{\mathbf{v}}$

7 3 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

Name of the organization OGLALA LAKOTA COLLEGE

described in

Employer identification number

23-7135915 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 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) 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

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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other

c Type III - Functionally integrated ∏ Туре I **b** Type II 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

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(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?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No		
Total										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129019091

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

rnal Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
lame of the organi			Emp	loyer identifica	tion numbe	er
OGLALA LAKOTA COLLEC	JL		23-	7135915		
		dvised Funds or Other Similar F			. Comple	te ıf th
organiz	zation answered "Yes" to Form 99	<u> </u>	1	(I-) =		
Total number a	t and afvect	(a) Donor advised funds	•	(b) Funds and o	iner accou	nts
	tributions to (during year)					
	nts from (during year)					
33 3 3	ue at end of year					
Did the organiz	zatıon ınform all donors and donor advı	sors in writing that the assets held in doi organization's exclusive legal control?	nor adv	ısed	┌ Yes	√ No
used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			☐ Yes	√ No
rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, line 7.	
Protection Preservati Complete lines	ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	on or pleasure) Preservation of ai Preservation of a	certifie	d historic struct	•	a
				Held at the	End of the	Year
Total number o	of conservation easements		2a			
Total acreage	restricted by conservation easements		2b			
Number of con	servation easements on a certified his	toric structure included in (a)	2c			
Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d			
the taxable yea	ar ▶	rred, released, extinguished, or terminat	ed by th	ne organization (during	
Does the orgar	tes where property subject to conserva nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, han	—— dling of	violations, and	┌ Yes	√ No
Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents d	uring the year 🕨		
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year 🟲 🕏 _		
	nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction		☐ Yes	√ No
balance sheet,	<u>-</u>	onservation easements in its revenue and the footnote to the organization's financia nents	•	•		
		ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar <i>i</i>	Assets.	
art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear lancial statements that describes these i	ch ın fu			e,
historical treas	·	116, to report in its revenue statement a public exhibition, education, or research is			•	
(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$		
(ii) Assets inc	luded in Form 990, Part X					
If the organiza	·	orical treasures, or other similar assets f S 116 relating to these items	or finan			
Revenues inclu	uded in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Par	TIL Organizations Maintaining Co	llections of Art	, Hist	torical Tre	eası	ares, or C	the	er Similar A	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e following th	nat ai	re a sıgnıfıc	ant u	ise of its colle	ctior	1	
а	Public exhibition		d	┌ Loan o	rexc	hange prog	rams	;			
ь	Scholarly research		e	┌ Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they further	the	organızatıoı	ı's ex	xempt purpose	ın.		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	_	Yes	√ No
Pai	t IV Escrow and Custodial Arrang	•				n answere	d "Y	es" to Form	990	,	
_	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions	or other ass	sets	not		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table		Г		1 .			
_						}	•	^	mou	mt	
C	Beginning balance					}	1c				
d	Additions during the year					}	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f		_		_
2a	Did the organization include an amount on F		e 21?						1	Yes	✓ No
	If "Yes," explain the arrangement in Part XI\			varad IIVaa	II &a	Farm 000	Day				
Рā	rt V Endowment Funds. Complete	(a)Current Year		<u>Wered Yes</u> Prior Year				Tt IV, IIIIe IU)Three Years Bac)Four Y	ears Back
la	Beginning of year balance	4,427,482		3,391,876			Ť	•	Ť		
b	Contributions	3,013,432		439,398							
c	Investment earnings or losses	1,036,980		753,503							
d	Grants or scholarships										
e	Other expenditures for facilities	777,374		157,295							
_	and programs								+		
f	Administrative expenses End of year balance	7,700,520		4,427,482					+		
g	·	, ,		1,127,102	<u> </u>						
2	Provide the estimated percentage of the year	r end balance neld a	15								
а	Board designated or quasi-endowment										
b	Permanent endowment - 100.000 %										
c Ba	Term endowment ► Are there endowment funds not in the posse		- 4 4	h-4 h-1d			٠	. 415 -			
oa	organization by	ssion of the organiza	ation t	nat are neiu	anu e	aummstere	u ioi	trie		Yes	No
	(i) unrelated organizations							3	a(i)		Νο
	(ii) related organizations							3a	ı(ii)		Νo
	If "Yes" to 3a(II), are the related organizatio						•	🗀	3b		Νo
1	Describe in Part XIV the intended uses of th					- 1 1/ 1	4.0				
Pai	t VI Investments—Land, Building	s, and Equipme	nt. Se			•			. T		
	Description of investment			(a) Cost or o		(b)Cost or o basis (other		(c) Accumulate depreciation	ed	(d) Boo	ok value
la	Land					196	5,750		\perp		196,750
b	Buildings					25,179	,600	4,831,9	73	2	0,347,627
С	Leasehold improvements					1,506	5,594	623,0	13		883,581
	Equipment					•	3,177		62		2,127,915
e	Other					980),162				980,162

24,536,035

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(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		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,504,092
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,875,550
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,628,542
4	Net unrealized gains (losses) on investments	4	2,254,537
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	128,602
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,383,139
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,011,681
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	41,390,549
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	2,886,457
3	Subtract line 2e from line 1	3	38,504,092
4	A mounts 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	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	38,504,092
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	31,507,470
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 631,920		
e	Add lines 2a through 2d	2e	631,920
3	Subtract line 2e from line 1	3	30,875,550
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,875,550
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
TERMS FOR NOT REPORTING ASSETS PER SFAS 116	SCHEDULE D, PAGE 1, PART III, LINE 1A	OLC FOLLOWS GOVERNMENTAL ACCOUNTING STANDARDS AND DOES NOT PRESENT ITS COLLECTIONS IN ITS FINANCIAL STATEMENTS
COLLECTIONS AND RELATION TO EXEMPT PURPOSE		COLLECTION INCLUDES CULTURAL ARTIFACTS, DOCUMENTS, ART WORKS, AND PHOTOGRAPHS OF HISTORICAL AND CULTURAL SIGNIFICANCE THEY ARE KEPT FOR SCHOLARLY RESEARCH AND CULTURAL PERSPECTIVE
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUND EARNINGS ARE AVAILABLE FOR SCHOLARSHIP AND FACULTY POSITIONS
	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF INVENTORY SALES 631,920 COST OF INVENTORY SALES -631,920
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF INVENTORY SALES 631,920
	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF INVENTORY SALES 631,920

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

OGLALA LAKOTA COLLEGE

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	23-7135915			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	THE COLLEGE PLACES ADVERTISEMENTS IN INDIAN COUNTRY TODAY AND PSA'S ON THE LOCAL RADIO STATION, KILI THESE ADS PUBLICIZE AND PROMOTE THAT OGLALA LAKOTA COLLEGE HAS AN OPEN DOOR POLICY AND DOES NOT DISCRIMINATE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c	Yes	
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	THE COLLEGE RECEIVES FUNDING THROUGH PUBLIC LAW 95-471 CONTRACTS UNDER THIS PUBLIC LAW ALLOWINDIAN PREFERENCE WHEN HIRING			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	, Has the organization's right to such aid ever been revoked or suspended? هم	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7		Νo

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 9349312901909

OMB No. 1545-0047

2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Vame	of the	organı	zatıo	n
OGLA	LA LA	кота	COL	LEGE

Employer identification number

23-7135915

Part I	Fundraising Activities. Complete if the organization answered	"Yes"	to Forr	n 990,	Part IV,	line 17.
	Form 990-EZ filers are not required to complete this part.					

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations

- e 🔽 Solicitation of non-government grants

Internet and e-mail solicitations

f Solicitation of government grants

Phone solicitations

Special fundraising events

- ✓ In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes	No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No															
LAKOTA EXPRESS	SOLICITING		No	1,280,386	894,069	386,317												
Total			٠	1,280,386	894,069	386,317												

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					. _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493129019091 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public **Inspection**

varie of the organization						Employer identifica	Employer Identification number		
OGLALA LAKOTA COLLEGE	23-7135915								
Part I General Infor	mation on Gra	nts and Assistance				•			
Part II Grants and Ot Form 990, Part	ed to award the grain organization's proce her Assistance IV, line 21 for ar	nts or assistance? edures for monitoring the us e to Governments and ny recipient that receive	e of grant funds in the longanizations in d more than \$5,000	United States the United States Check this box if n		anızatıon answered 'ved more than \$5,00	0. Use		
Part IV and Sch	edule I-1 (Form	990) if additional space	is needed				▶ ┌		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grand or assistance		
2 Enter total number of sec	ction 501(c)(3) and	d government organizations					1		

Enter total number of other organizations . . .

	•	
Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	TO RECEIVE A STIPEND, THE INDIVIDUAL MUST BE A STUDENT AND MEET THE REQUIRED GUIDELINE FROM THE AWARDING AGENCY EACH DEPARTMENT CHAIR VERIFIES THAT THE STUDENT MEETS THE AWARDING AGENCY'S GUIDELINES THE BUSINESS OFFICE MONITORS THE PAYMENTS
-		

Software ID: Software Version:

EIN: 23-7135915

Name: OGLALA LAKOTA COLLEGE

Form 990, Schedule I, Part III, Grant	ts and Other As	sistance to Individ	uals in the United	States	
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PELL	1396	5,120,574			
ACG	23	13,706			
SEOG	202	88,269			
SMART	6	13,729			
SDEAF	152	53,600			
LEAP	63	13,263			
GENERAL SCHOLARSHIPS	482	193,600			
NACTEP STIPENDS	77	124,596			
GOOD MEDICINE STIPENDS	11	122,558			
NURSING STIPENDS	23	133,641			
PRIVATE STIPENDS	695	497,764			
PRIVATE SCHOLARSHIPS	787	224,580			
STIPENDS	24	25,076			
HIGHER EDUCATION	544	932,050			
CRAZY HORSE NURSING	12	18,000			
DISADVANTAGE NURSING	45	28,919			
GATES SCHOLARS	21	80,830			
MORGAN STANLEY/DEAN WITTE	209	77,817			
AMERICAN INDIAN COLLEGE	288	196,263			
PRESIDENT (BOT) SCHOLARS	227	149,128			
JOHNSON ENTREPRENEURSHIP	67	75,000			
CRAZY HORSE NON NURSING	45	22,500			
ANGEL MATH	13	5,000			
NSF	197	109,963			
JOHN VUCURVICH	23	24,000			

Software ID: Software Version:

EIN: 23-7135915

Name: OGLALA LAKOTA COLLEGE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129019091

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization OGLALA LAKOTA COLLEGE Employer identification number

23-7135915

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	OGLALA LAKOTA COLLEGE IS AN INSTITUTION OF HIGHER EDUCATION CHARTERED BY OGLALA SIOUX TRIBE TO COORDINATE ALL HIGHER EDUCATION ON THE PINE RIDGE RESERVATION ITS MISSION IS TO OFFER A WIDE RANGE OF EDUCATIONAL OPPORTUNITIES FROM COMMUNITY SERVICE OFFERINGS TO CERTIFICATES, TO UNDERGRADUATE DEGREES THE ULTIMATE GOAL IS THE ESTABLISHMENT OF A LAKOTA UNIVERSITY IN CARRYING OUT THE MISSION, THE OGLALA LAKOTA COLLEGE BOARD OF TRUSTEES STRESSES LAKOTA CULTURE AND TRIBAL SELF-DETERMINATION WE PREPARE STUDENTS TO UNDERSTAND THE LARGER SOCIETY AS WELL AS THE CUSTOMS AND BELIEFS OF THE LAKOTA PEOPLE WORKING TOWARDS THESE ENDS, WE HAVE DEFINED ITS PURPOSES AS FOLLOWS TRIBAL TO PROVIDE THE OGLALA SIOUX TRIBE AS A SOVEREIGN PEOPLE WITH EDUCATED AND TRAINED HUMAN RESOURCES AND PERSONNEL TO ASSIST PEOPLE IN BEING ACTIVE, PRODUCTIVE MEMBERS OF THEIR FAMILIES, COMMUNITIES, AND OF THE OGLALA SIOUX TRIBE TO PROVIDE THE OGLALA SIOUX TRIBE WITH EXPERTISE AND INFORMATION NEEDED FOR ITS DEVELOPMENT TO ACTIVELY SEEK TO PLACE GRADUATES CULTURAL TO PRESENT THE LAKOTA CULTURAL PERSPECTIVE IN TEACHING WITHIN THE ACADEMIC, OCCUPATIONAL AND COMMUNITY PROGRAMS TO PROMOTE STUDY OF THE LAKOTA CULTURE AS AN AREA OF STUDY IN ITSELF TO RESEARCH, STUDY AND DISSEMINATE THE LAKOTA LANGUAGE, CULTURE AND PHILOSOPHY ACADEMIC TO MAINTAIN HIGH ACADEMIC STANDARDS FOR STAFF AND STUDENTS TO MAINTAIN OPEN ENROLLMENTS TO BE ACCESSIBLE TO POTENTIAL STUDENTS TO TEACH STUDENTS NECESSARY SKILLS AND HUMAN VALUES WHICH WILL ASSIST THEM IN FULFILLING THEMSELVES AND MAKING A PRODUCTIVE LIVING TO WORK WITH OTHER INSTITUTIONS AND AGENCIES IN FURTHERING THE INTERESTS OF THE COLLEGE COMMUNITY TO ASSIST WITH THE DETERMINATION OF DEVELOPMENT NEEDS OF THE

ldentifier	Return Reference	Explanation				
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE 990 IS PREPARED BY A LICENSED CPA AND OGLALA LAKOTA COLLEGE'S BOARD OF TRUSTEES REVIEWS THE FORM 990 PRIOR TO FILING				

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE REQUIRED TO SUBMIT WRITTEN DISCLOSURES OF CURRENT OR PENDING CONFLICTS OF INTEREST PRIOR TO OLC ENTERING INTO ANY FINANCIAL ARRANGEMENTS WITH THE OUTSIDE ENTITY THE BOARD MEMBER WITH THE POTENTIAL CONFLICT WILL ABSTAIN FROM VOTING OR PARTICIPATING IN ANY DISCUSSION OF THE ISSUE INVOLVING THE POTENTIAL CONFLICT THE BOARD MAKES ALL FINAL DECISIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	OGLALA LAKOTA COLLEGE (OLC) PERFORMS SALARY SURVEYS AT NEIGHBORING COLLEGES, BOTH TRIBAL COLLEGES AND PUBLIC COLLEGES, TO DETERMINE SALARIES OLC DETERMINES FROM THESE SURVEYS, AN APPROPRIATE SALARY AMOUNT FOR ITS KEY
OFFICIAL		EMPLOYEES, TOP MANAGEMENT AND OFFICERS

ldentifier	Return Reference	Explanation			
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION PERFORMS STUDIES OF OTHER COLLEGES AND UNIVERSITIES TO DETERMINE HOW MUCH COMPENSATION THE VICE PRESIDENT OF BUSINESS AND INSTRUCTION SHOULD RECEIVE ALSO SEE LINE 15A			

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST ALL POLICIES ARE INCLUDED ON THE OLC WEBSITE

ldentifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E, LINE 6	THE COLLEGE RECEIVES A MAJORITY OF ITS FUNDING THROUGH PUBLIC LAW 95-471 FUNDING, THE NATIONAL SCIENCE FOUNDATION, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE DEPARTMENT OF EDUCATION

ldentifier	Return Reference	Explanation
NONCOMPLIANCE WITH NONDISCRIMINATION REQUIREMENTS EXPLANATION	SCHEDULE E, LINE 7	THE COLLEGE RECEIVES FUNDING THROUGH PUBLIC LAW 95-471 CONTRACTS UNDER THIS PUBLIC LAW ALLOW INDIAN PREFERENCE WHEN HIRING

Software ID: Software Version:

EIN: 23-7135915

Name: OGLALA LAKOTA COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi	((tion (hat a	c) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	
PETE RED WILLOW MEMBER	1 00	Х						4,196	0	0
DENISE KING-RED OWL MEMBER	1 00	Х						4,115	0	0
NEWTON CUMMINGS PRESIDENT	1 00	Х						3,709	0	0
JOHN HER MANY HORSES MEMBER	1 00	Х						3,519	0	0
RICHARD IRON CLOUD MEMBER	1 00	Х						3,410	0	0
RICHARD RED OWL MEMBER	1 00	X						3,373	0	0
DENNIS BREWER MEMBER	1 00	X						3,316	0	0
ERNIE LITTLE MEMBER	1 00	Х						2,951	0	0
RHONDA TWO EAGLE MEMBER	1 00	X						2,815	0	0
PHEOBE TALLMAN MEMBER	1 00	X						2,518	0	0
BENNETT SIERRA VICE PRES	1 00	X						2,436	0	0
GERALD ONE FEATHER MEMBER	1 00	X						2,003	0	0
KYLE WHITE STUDENT REP	1 00	Х						1,922	0	0
ANTHONY VALELLA STUDENT REP	1 00	Х						839	0	0
FRANCINE POOR BEAR MEMBER	1 00	Х						650	0	0
THOMAS SHORTBULL PRESIDENT	40 00			х				108,494	0	27,439
GERALD GIRAUD VP INSTRUCTI	40 00			х				94,699	0	7,993
CHRIS NOORDSY VP BUSINESS	40 00			х				89,408	0	11,886

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STUDENT ACTIVITIES	272,352	151,148	121,204	
CENTER OPERATIONS	161,814	102,246	59,568	
MISCELLANEOUS	125,690	79,349	46,341	
GRADUATION	54,619	1,270	53,349	
LAB ACCOUNT	27,185	27,185		