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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

OMB No. 1645-0047

										Open to Public Inspection		
			ar vear or	tax year begin			01 , 2013, and e		06	5-30 ,2014		
					NGU OYATE H		. U 2013, and e	many		D Employer Identification no.		
_	idress ci				FRANCIS IND					23-7116414		
$\overline{}$	ime chai				if mail is not delivered			Beenfride		E Telephone number		
	tial retur		PO BOX	*	ir mair is not delivered	to street address)		Room/suite	į	(605) 747-2299		
$\overline{}$	minate	-		~~~~~~~	and 710 and and		·	10,383,143				
=			-	-	country, and ZIP or for	eign postal code			}			
=	nended i	-		FRANCIS,						G Gross receipts \$		
LJ 4F	phication	pending	r Name and	address of princip	аі опісег:			H(a) is this a	a group re inates?	sturn for		
		1 222 122	501(c)(3)	J 504(a) (\ d /innert no \	[] 4047/a)/4) as [507					
			.SFISK12	501(c) () (insert no)	4947(a)(1) or	527	H(b) Are all if "No,"	attach a	ates included? Yes No list. (see instructions)		
	ebsite:	= 10		=	clation Other		1. 14 14					
Par		Summary	Corporation L	Trust Asso	cration Other >		L Year of formation 1	L9/1 (M SI	Ate or reg	al domicile: SD		
18.40				nization'e mice	lon or most signif	Scant activities: TVI	CHOOT, PROV	The Phic	TON	TO GRADES K-12		
	1	-	-	NDIAN RES	*	TITI	BCHOOL FROV	IDEO DOCE	11 101	TO GREADED K-12		
ည	ŀ	ON IND MC	JOBBUD I	MUIAN KEB	BRVALION							
喜	ļ					 						
Activities & Governance	2	Check this ho	if the	o organization	discontinued its	operations or dispos	ad of more than 25	% of its not acc	ote			
ගී	1			-		VI, line 1a)		/0 ()1 (to 11 0) ass	. 3	1		
් ග						g body (Part VI, line			1	7		
ţţ	7					:013 (Part V, line 2a)			` _	1 242		
<u>\$</u>										243		
¥						(C) line 40						
-	1					(C), line 12						
₹—	-	1491 (1) 11919191	ו בכסוווכטע נ	axable income	HOIII FOIIII 980-	Г, line 34	 					
		Contributions	and amonto	(Post VIII line	16)		}	Prior Yea		Current Year		
. 9							-	10,48				
an re									36,94			
IVIA∫ ≜ Revenue	1		•	=	=	7d))-		9,83			
<u> </u>						10c, and 11e)	=		96,47			
 ب						VIII, column (A), line		10,62	28,52	9 10,310,778		
	1					nes 1-3)				 		
ov <i>a</i> Filvilv Jenses	1	-		-		3 4)	Г	£ 10	22 02	4 6 EE2 2E6		
3	1					X, column (A), lines !		6,482,0		6,552,356		
الاس Expenses	1		-	-	Jumn (D), line 25	1e)			georgian			
Š	1		• .	•	• •) ► -24e)						
	1	-	•			olumn (A), line 25) .	T	10,10	81,34			
	1	•		•	•	• • •	<u> </u>					
F 8		Keverius ies	s expenses	. Subtract inte	16 Iron ine 12.	 	• • • • • • • • • • • • • • • • • • • •		65,14			
15 SE	20	Total accete	/Part V line	16)			ŀ	Beginning of Curr				
88	1		-	•					63,00			
Net Assets or Fund Balances						20		27,6				
Par		Signatur		ices. Cubildot	MIC ZT HOME	20 1_1_1_1_1		2,,0.	30,62	26,537,221		
				examined this return	, including accompany	ying schedules and stateme mation of which preparer h	nts, and to the best of my	knowledge and bell	ief, it is			
true, co	rrect, an	d complete. Decla	aration of prepa	rer (other than office	er) is based on fill info	mation of which preparer h	is any knowledge.					
	- }			S IN WATE	R Gen	sie trees o	Malin					
Sign		Signature	e of officer		,	0 1 1			Da	te		
Here	•				R, BOARD CH	AIRMAN						
		Type or p	t bna eman inho	title								
_		Print/Type pre	parer's name	}	Preparer's signature		Date	Check	□ "	PTIN		
Paid		Donna D	enker			 	03-21-2017	self-emp	loyed	P00164769		
-	parer		m's name ▶ Donna Denker & Associates									
Use	Only	Firm's address	; >	PO Box 3				Phone no.				
					ty SD 57709			1	605-	721-3382		
						e instructions)	<u> </u>	· · · · · · · · ·	<u></u>	🛛 Yes 🗌 No		
For P	aperw	ork Reduction	on Act Noti	ce, see the se	parate instructi	ons.			\	Form 990 (2013)		

61421

	1990 (2013) SICANGU OYATE HO INC 23-7116414 Page 2 1 W Statement of Program Service Accomplishments
(F) (F)	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SCHOOL PROVIDES EDUCATION TO GRADES K-12 ON THE ROSEBUD INDIAN RESERVATION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	if "Yes," describe these changes on Schedule O.
*	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	are total expenses, and revenue, it arry, for each program service reported.
4a	(Code:) (Expenses \$ 10,319,910 including grants of \$) (Revenue \$)
	PROVIDE EDUCATION TO GRADES K-12 ON THE ROSEBUD INDIAN RESERVATION
4 b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program condees (Departure in Schodule O.)
4d	Other program services. (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

19

X

X

19

20a

20b

	990 (2013) SICANGU OYATE HO INC 23-71164	14		age 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	} :		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	}		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	[]		}
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		<u> </u>
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	1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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?	1		}
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			j
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		X 3.57	222
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part1	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Old the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u>x_</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b_	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			·
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	1
EEA				2013)

	Check If Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable			, " <u>"</u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	198	***	_{ૹ૽} ૢઌ૽ૺૺૡ૽ૺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		ww.	#X
	reportable gaming (gambling) winnings to prize winners?	1c	}	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	y 2887.		1980
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 243	8.3		W.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ÎX	• • • •
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		mannt	XX
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		" " [X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
744	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	{ }	- }	
	account)?	4a	}	X
h	If "Yes," enter the name of the foreign country:	2000 P	أسفك	<u>্</u> টিক
b	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Samo
				r 💸
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5b	{	<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	{	1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	}	<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or] }	}	
	gifts were not tax deductible?	8b	- No. 1	,,,,,,
7	Organizations that may receive deductible contributions under section 170(c).			Ŋĸ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	rw.	.4034	KI C
	and services provided to the payor?	7a		<u> X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1 1	ł	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	l	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	}	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	 		PK.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		SSM.	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		43	Š
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	1-/84	>3/4	63
а	Initiation fees and capital contributions included on Part VIII, line 12	N M		88
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			A
11	Section 501(c)(12) organizations. Enter:		¥ć.}	~ 3 * 3
—-a-	Gross income from members or shareholders		% ?:1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			0. WY
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			naar Frais
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			84.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	/	9. VI	NO.
ъ	Enter the amount of reserves the organization is required to maintain by the states in which	8		Y
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		TO!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	~4	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA			990 (2	2013)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in the Part VI		<u> </u>	. 🛚
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	No.	ķ.?.;	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			P\$8
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	}	
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 -	X
6	Did the organization have members or stockholders?	6	ļ	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	ł	
	one or more members of the governing body?	7a	 -	X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	}	
	stockholders, or persons other than the governing body?	7b	<u></u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1:27	\$ \$,322
	the year by the following:	iw i		28.
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
8	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	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)		,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		}	ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
11a		11a	000	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	\$ 2		233
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	•	1
40	describe in Schedule O how this was done	12c	X	125
13	Did the organization have a written whistleblower policy?	13	 	X
14	Did the organization have a written document retention and destruction policy?	14	200	X
15	Did the process for determining compensation of the following persons include a review and approval by		01.0	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1000	1.3.5	200.
a	The organization's CEO, Executive Director, or top management official	15a	X	 -
ь	Other officers or key employees of the organization	15b	X	lwa.
40-	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- (54)		P%.
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		laž I	
_	with a taxable entity during the year?	16a	100.00	X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ren ii Razi zi	MJ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
5	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on:		
	▶TERRI SHELBOURN (605)747-2299, PO BOX 379, SAINT FRANCIS, SD 57572			

Form 990 (20										23-7116		Page 7
Part VII	Compensation of Officers, Direct Independent Contractors	,			-	Ĭ	-		_			
	Check if Schedule O contains a response of	or note to any	/ line l	n this	s Pa	rt VI	II .	<u> </u>		<u> </u>		<u></u>
Section A.	Officers, Directors, Trustees, Key Emplo											
1a Complete organization's	this table for all persons required to be listed at tax year.	l. Report con	npens	ation	for	the	calend	iar y	ear ending with o	within the		
	of the organization's current officers, director n. Enter -0- in columns (D), (E), and (F) if no o					uals	or on	gani	zations), regardles	ss of amount of		
• List all d	of the organization's current key employees,	if any. See l	nstruc	tions	for	defi	nition	of "k	ey employee."			
who received	organization's five current highest compens reportable compensation (Box 5 of Form W- and any related organizations.											
	of the organization's former officers, key emple portable compensation from the organization							mpic	yees who receive	d more than		
	of the organization's former directors or tru more than \$10,000 of reportable compensat									rustee of the		
List persons i	n the following order: Individual trustees or di	rectors; instit	tutiona	al tru:	stee	s; of	fficers;	, key	employees; high	est		
compensated	employees; and former such persons.											
Check thi	s box if neither the organization nor any rela	ted organizat	ion co	mpe	nsa	ted a	any cu	irrer	t officer, director,	or trustee.		
	(A)	(B)	1		(0	;)			(D)	(€)	(F))
	Name and Title	Average	1		Post	tion			Reportable	Reportable	Estima	
		hours per week (list any	(do no	ot che	ck ma	ore th	an one		compensation from	compensation from related	emoun	
		hours for	box, u	ıniess	pera	on is	both an		the	organizations	compans	
		related organizations					rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from to	
		below dotted	Individual trustee or director	Institutional	Officer	Key	Highest compensated employee	Former	,,		and rei	ated
	•	(enli	55 F2	Ti or	4	employee	oyes est c	Ē			organiza	itions
		}	ੈਂ ਛੁੱ	i i		oye	°ă	{			1	
			8	trustee			8	{		{	{	
		{	}	"	{		\ \\ \bar{2}{2}					
		1	1				}					
(4) 507775			 	-		-		-		 	 	
	BRUSHBREAKER	6.00	- V		v		}		1			
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	WALKING EAGLE	4.00	x		х			Ì)		•
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TREASU	NE LAPOINT	40.00	x		x		}	Ì	20 410	o		•
		4.00	 ^		^	-	 	-	39,418	<u> </u>	 	0
SECRET	LEADER CHARGE, SR.	-3:00-	x		x			ĺ	1,475		1	0
	BORDEAUX	6.00	 ^		 ^	-		-	1,2/3		 	
MEMBER		- 2:00-	x	'			[1	1,200			•
	I WALKING EAGLE	6.00	 ** -	 -			 	 	1,200		 	0
	T REPRESENTATIVE	- 2:00-	x		l	ł	}	l	o	0	1	0
	D LUNDERMAN	1.00	 -	†	┢		 	 -		ļ <u>-</u>	 	
	REPRESENTATIVE		x		{		Į		,	0	{	0
	WALKING BAGLE	2.00	† 	†	 					_	 	
	EE-REPRESENTATIVE	† - =	x	[I		{	{	1,325	0	1	0
	D BAD MILK	50.00	† -	1	 	 	 	1	2,523	-	 	
	NTENDENT		}	1	1	x	}	}	93,049		}	0
(10)ROBERT		40.00	1	\vdash	 			\vdash	1	<u>-</u> -	 	
	GO WANADD	1	1	1		v	ļ	1	65 416	1	1	•

	(A) Name and title		box,	unless ir and	direc	ition ore the on is tor/tru	<u>-</u> -		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)											
(16)											
(17)			-								
(18)											
(19)											
(20)_											
(21)											
(22)											
(23)				-							
(24)											
(25)											
1b c	Sub-total										
d	Total (add lines 1b and 1c)								203,185		0
	reportable compensation from the organization				e) w	110 16			ore than \$ 100,000	0	
3	Did the organization list any former officer, direct	or, or trustee,	, key e	mpi	руев	e, or	highe	st cc	mpensated		Yes No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of r										3 X
•	organization and related organizations greater that	•	•					•			
5	individual										4 X
	for services rendered to the organization? If "Yes,					_		-	280011-01-11/01/10/02		5 X
	on B. Independent Contractors		nder.						M	2000 54	
1	Complete this table for your five highest compens compensation from the organization. Report compear.	-									
	(A) Name and business address								(B) Description of	l l	(C) Compensation
2	Total number of independent contractors (including specified mars than \$100,000 of companyation for	-			se li	sted	above	e) wł	10		
EEA	received more than \$100,000 of compensation from	om the organ	ıızatıol	-							Farm 000 (20

THE	1111	Check if Schedule O contain	=	ote to any line in t	this Part VIII			<u>.</u> .
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-614
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	tons)	10,120,586				
and	g	Noncash contributions include Total. Add lines 1a-1f			10,130,802			
				Business Code			N 1474834	
Program Service Revenue	2a b c d	FOOD SERVICE		900099	62,066			62,066
Progr	}	All other program service rever						
	3	Total. Add lines 2a-2f	dividends, interest,		5,632			5,632
	6a b	Royalties	(i) Real 99,257 72,365	(ii) Personal				
		Rental income or (loss) Net rental income or (loss)	26,892		26,892		142.3.3.44	26,892
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	Less: cost or other basis and sales expenses Gain or (loss)						
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on lin See Part IV, line 18	e 1c).					
ŧ.	b	Less: direct expenses Net income or (loss) from fund Gross income from gaming ac	b raising events .					
	b	See Part IV, line 19 Less: direct expenses Net Income or (loss) from gam	a					
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sale	a					
		Miscellaneous Revenue		Business Code		1	Com Whole fairle	I .
	b	MISCELLANEOUS REVENU		900099	85,386			85,386
	-	All other revenue			85.386			1 (2) (3) (4) (4) (4) (4)
	l	Total revenue. See instruction			10,310,778		· · · · · · · · · · · · · · · · · · ·	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. 7b. (B) Program service Management and 8b, 9b, and 10b of Part VIII. өхрөпаез Grants and other assistance to governments and organizations in the United States. See Part IV. line 21. Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Compensation of current officers, directors, 237,013 137,626 99,387 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,867,228 4,527,358 339,870 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 1,448,115 1,334,414 113,701 10 11 Fees for services (non-employees): a Management............ b Legal........... 18,785 18,785 7. 7. 18 1 TO Professional fundraising services. See Part IV, line 17. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 670,092 332,242 337,850 12 3,344 3,344 13 562,539 506,618 55,921 14 15 16 1,250,713 1,232,716 17,997 17 553,327 539,277 14,050 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 37,517 28,373 9,144 19 20 21 22 Depreciation, depletion, and amortization 776,341 724,281 52,060 23 84,243 57,543 26,700 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) : Wille a FOOD 340,216 340,216 OTHER 148,503 124,840 23,663 STUDENT/PARENT ACTIVITIES 434,406 434,406 All other expenses Total functional expenses. Add lines 1 through 24e 11,432,382 10,319,910 1,112,472 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🛄 if following SOP 98-2 (ASC 958-720)

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			<u></u> [
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	3,764,081	1	4,193,338
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	643,897	3	41,822
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees.			
1	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section		3.78	577 W. A. 1285
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		177	
1	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
j	organizations (see Instructions) Complete Part II of Schedule L	y w: 1970a A 1189 wast.am	6	pa / 100 00 00 0000
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	14,571
9	Prepaid expenses and deferred charges		9	35,270
10a	- · · · · · · · · · · · · · · · · · · ·		1	33,270
100		1861 (2001) 1 1 2. 200. 200. 200.		
			400	ł
l b			10c	26,432,854
11	Investments - publicly traded securities		11	1,399,965
12	Investments - other securities. See Part IV, line 11		12	1,036,164
13	investments - program-related. See Part IV, line 11		13	ļ
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)		16	33,153,984
17	Accounts payable and accrued expenses	582,763	17	419,86
18	Grants payable		18	
19	Deferred revenue	5,517,254	19	5,731,24
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
1	trustees, key employees, highest compensated employees, and		188	
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (Including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X			•
1	of Schedule D	462,987	25	465,654
26	Total liabilities. Add lines 17 through 25		26	6,616,76
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and	Nr : 100 C 10 C	138	11.357 VAG
1	complete lines 27 through 29, and lines 33 and 34.		134	D. C. Z. 4 4 1 4 3 4 5 1
27	Unrestricted net assets		27	m
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here		<u>বিষ্ট্</u> য	k. 21 32 22 22 22 22 22 22 22 22 22 22 22 22
l	complete lines 30 through 34.		H K	
30	Capital stock or trust principal, or current funds		466	p was assert my Sail W M
1	· · · · · · · · · · · · · · · · · · ·		30	00 600 000
31	Paid-in or capital surplus, or land, building, or equipment fund		31	27,658,82
32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·		(1,121,600
33	Total net assets or fund balances		33	26,537,22
34	Total liabilities and net assets/fund balances	34,221,831	34	33,153,984

	990 (2013) SICANGU OYATE HO INC	23-7116414	Page 12
Par	many de la company de la compa		
	Check If Schedule O contains a response or note to any line in this Part XI	<i></i>	<i>.</i> 🔀
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	10,310,778
2	Total expenses (must equal Part IX, column (A), line 25)		11,432,382
3	Revenue less expenses. Subtract line 2 from line 1	. 3	(1,121,604)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	27,658,827
5	Net unrealized gains (losses) on investments	. 5	
6	Donated services and use of facilities	. 6	
7	Investment expenses	. 7	
8	Prior period adjustments	. 8	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	(2)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	. 10	26,537,221
Par	t 💥 Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		🔯
b c	Accounting method used to prepare the Form 990: Cash Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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?		2a X 2b X 3a X
ď	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 X
	required addition additio, explain why in denotatio e and describe any steps taken to undergo such addits	<u> </u>	30 1 1

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Impaction

		organization							Employer	identification	unwper		
2000		OYATE HO INC								116414			
Par	1	Reason for P	ublic Charity S	Status (All organiza	ations mus	t comp	olete this	part.) Se	e instru	ctions.			
The o				use it is: (For lines 1 th	•	-							
1		A church, convention	n of churches, or a	ssociation of churches	described in	section	170(b)(1)(A)(i).					
2	X	A school described i	n section 170(b)(1	(A)(II). (Attach Sched	ule E.)								
3		A hospital or a coop	arative hospital ser	vice organization desc	ribed in sect	ion 170(b)(1)(A)(iii).					
4		A medical rèsearch	organization opera	ted in conjunction with	a hospital de	scribed	in section	170(b)(1)	(A)(III). En	ter the			
		hospital's name, city	, and state:										
5		An organization ope	rated for the benef	it of a college or univer	sity owned o	r operate	ed by a gov	ernmenta	l unit desc	ribed in			
		section 170(b)(1)(A)(Iv). (Complete Pa	art II.)									
6		A federal, state, or lo	ocal government or	governmental unit des	scribed in se	ction 170	D(b)(1)(A)(<i>r</i>).					
7		An organization that	normally receives	a substantial part of its	support from	a gove	rnmental u	nit or from	the gener	al public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in sectio r	n 170(b)(1)(A)(vi). (Cor	mplete Part il	.)							
9		An organization that	normally receives	: (1) more than 33 1/3%	6 of its suppo	rt from c	contribution	s, membe	rship fees,	, and gross	3		
		receipts from activitie	es related to its ex	empt functions - subjec	t to certain e	xception	s, and (2) r	no more th	an 33 1/3	% of its			
		support from gross i	nvestment income	and unrelated busines	s taxable inc	ome (les	ss section 5	11 tax) fro	om busine:	8888			
		acquired by the orga	anization after June	30, 1975. See sectio	n 509(a)(2).	(Complet	te Part III.)						
10		An organization orga	anized and operate	ed exclusively to test fo	r public safei	y. See s	ection 509	(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the b	enefit of, to p	erform t	ne functions	s of, or to	carry out ti	he			
		purposes of one or i	more publicly supp	orted organizations de	scribed In se	ction 509	9(a)(1) or s	ection 509	(a)(2). Se	e sectio n			
		509(a)(3). Check the	box that describe	s the type of supporting				s 11e thro	ough 11h.				
		a 🗌 Typel	ь 🗌 Тур	віі с 🗌 Турє	III-Function	ally integ	rated	d 🗀	Type III-	Non-funtio	nally in	tegrat	ed
0		By checking this box	k, I certify that the o	organization is not cont	rolled directly	or indire	ectly by one	or more	disqualifie	d persons			
		other than foundation	n managers and o	ther than one or more	publicly supp	orted or	ganizations	describe	d in section	n 509(a)(1))		
		or section 509(a)(2)	•										
f		if the organization re	eceived a written d	etermination from the II	RS that it is a	Type I,	Type II, or	Type III su	pporting				
		organization, check											[
9		Since August 17, 20	106, has the organi	zation accepted any gi	ft or contribu	ion from	any of the						
		following persons?											
		(I) A person who	directly or indirectly	controls, either alone									
					or together w	ith perso	ons describ	ed in (ii) a	nd			Yes	No
		(II) A family memb	er of a person des	the supported organiza	ition?						11g(i)	Yes	No
				the supported organiza cribed in (i) above?	ition?						11g(i) 11g(ii)		No
<u>h</u>		Provide the following		cribed in (i) above? on described in (i) or (ii)	ition?								No
	111 AL-	. 101100 010 101011111		cribed in (i) above?	ition?						11g(ii)		No
	(1) 146	me of supported		cribed in (i) above?	above? tation(s).	anization	(v) Did you	nolify	(vi) la	the	11g(ii) 11g(iii) (vii) Amos	unt of m	
	(1) INE		g information abou	cribed in (i) above?	above?	anization d in your	(v) Did you the organia	u notify	(vi) is	s the	11g(ii) 11g(iii) (vii) Amos		
	(I) NE	me of supported	g information abou	cribed in (i) above?	above? tation(s).	anization d in your	(v) Did you	u notify eation in	(vi) la	on in col.	11g(ii) 11g(iii) (vii) Amos	unt of m	
	(I) NE	me of supported	g information abou	cribed in (i) above?	above?	anization d in your	(v) Did you the organic col (i) o	u notify eation in	(vi) is organizati (i) organiza	on in col.	11g(ii) 11g(iii) (vii) Amos	unt of m	
(A)	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(B)	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(A) (B) (C)	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(B)	(1) NE	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(B)	(1) NB	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(B) (C)	(1) NB	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do	anization d in your cument?	(v) Did you the organic col (i) or supp	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	
(C) (D)	(1) NB	me of supported	g information abou	cribed in (i) above?	above? zation(s). (iv) is the org in coi (i) liste governing do Yes	anization d in your cument?	(v) Did you the organic cot (f) or supp. Yes	u notify telion in I your ort?	(vi) la organizati (i) organiz	s the on in col. ed in the 3?	11g(ii) 11g(iii) (vii) Amos	unt of m	

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

-	ANGU OYATE HO INC		23-7116414
Par	Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or Account	ts.
	Complete if the organization answered "Ye	s" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advis	ors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the or	· · · · · · · · · · · · · · · · · · ·	
	Did the organization inform all grantees, donors, and d		-
	only for charitable purposes and not for the benefit of t		
	conferring impermissible private benefit?	•	
Par			
<u> </u>	Complete if the organization answered "Y	es" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org		
	Preservation of land for public use (e.g., recreation	men .	lly important land area
	Protection of natural habitat	Preservation of a certified hi	
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified histo		
d	Number of conservation easements included in (c) acc	• •	
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transfer		
•	tax year >	or, released, exaligationed, or terminated by the org	armadon danning pro
4	Number of states where property subject to conservati	on easement is located	
5	Does the organization have a written policy regarding		
•	violations, and enforcement of the conservation easer	· · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe		
•	>	g constitution and all and a second a second and a second a second and a second a second a second and a second a second a	, a.e you
7	Amount of expenses incurred in monitoring, inspecting	and enforcing conservation easements during the	vear .
•	▶ \$	grand of the control	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	4\/B)
•	•		<u> </u>
9	In Part XIII, describe how the organization reports con		
•	balance sheet, and include, if applicable, the text of th	•	•
	organization's accounting for conservation easements		
Pa		ions of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS 1		and balance sheet
	works of art, historical treasures, or other similar asset	•	
	public service, provide, in Part XIII, the text of the foots	•	
b	If the organization elected, as permitted under SFAS 1		
	works of art, historical treasures, or other similar asset	•	
	public service, provide the following amounts relating		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, histor		
-	following amounts required to be reported under SFA	_	, p. ovido bio
а	Revenues included in Form 990, Part VIII, line 1	, , ,	> \$
~ b	Assets included in Form 990, Part X		
			· · · · · · · · · · · · · · · · · · ·

	ule D (Form 990) 2013 SICANGU OYATE HO						23-71164		Page 2
Pal	★訓 Organizations Maintaining Co	llections of A	rt, Histor	ical Trea	sures, o	r Othe	r Similar Asset	в (continu	ed)
3	Using the organization's acquisition, accession,	and other records	, check any	of the folk	wing that a	re a sign	ificant use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Loa	n or excha	nge progra	ms				
b	Scholarly research	e 🗌 Oth	er						
C	Preservation for future generations								
4	Provide a description of the organization's collection	tions and explain	how they fu	urther the o	rganization'	s exemp	ot purpose in Part		
	XIII.	·	•		•				
5	During the year, did the organization solicit or re	ceive donations of	art, historic	cal treasure	es, or other	similar			
	assets to be sold to raise funds rather than to be							. Tyes	□ No
Pai	Escrow and Custodial Arrange							<u> </u>	
-	Complete if the organization ans		Form 99	0. Part l	V. line 9.	or repo	rted an amount	on Form	
	990, Part X, line 21.								
1a	is the organization an agent, trustee, custodian	or other intermedia	ary for cont	ributions or	other asse	ts not			
			-					. Tyes	□ No
b	If "Yes," explain the arrangement in Part XIII and							. 🗀	
-				•			Amo	unt	
С	Beginning balance					1c	- 	un.	
ď	Additions during the year					<u> </u>			
e	Distributions during the year								
f	Ending balance								
, 2a	Did the organization include an amount on Form							Tivas	
b	if "Yes," explain the arrangement in Part XIII. Ch	eck nere ii trie ext	Dianation na	as been pr	OVIDED ITT PE	III AIII .			· <u>U</u>
8.86.i.		warnd "Van" to	. Earm Of	n Dort	V line 10				
	Complete if the organization ans								
	<u></u>	(a) Current year	(b) Pric	or year	(c) Two years	B back	(d) Three years back	(e) Four year	ns back
1a	Beginning of year balance							<u> </u>	
b	Contributions		 					<u> </u>	
C	Net investment earnings, gains, and			1				ĺ	
	losses		 		 				
d	Grants or scholarships		ļ						
0	Other expenditures for facilities and			1		}			
	programs		<u> </u>						
f	Administrative expenses								
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of the current	year end balance	(line 1g, co	olumn (a))	held as:				
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
Ç	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organizat	tion that are	held and	administere	d for the			
	organization by:							Ye	s No
	(i) unrelated organizations			<i>.</i> .				3a(i)	7
	***						· • • • • • • • • •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required or	n Schedule	R?				3b	_
4	Describe in Part XIII the intended uses of the on	-							
Pa	Land, Buildings, and Equipme								
FC-EX	Complete if the organization ans		Form 99	90. Part I	V. line 11	a. See	Form 990, Part	X. line 10	
	Description of property	(a) Cost or oth		(b) Cost or			Accumulated	(d) Book val	
	associption of proporty	(Investm			ther)		Accumulated spreciation	(a) DOOK ABI	u o
1a	l and			 `					
	Land	· · 		31 6	61 007		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24 445	AE3
b	Buildings			31,8	61,097	ļ	7,413,146	24,447	, 751
C	Leasehold improvements			 	70 07 1				
đ	Equipment	• •			79,272		1,685,452		,820
<u>e</u>	Other STMD1E				91,083	L		1,391	
Tota	 Add lines 1a through 1e. (Column (d) must equ 	ial Form QQA Part	Y column	(R) line 10	(n) \		<u>⊾</u> I	26 432	954

Part VII Investments - Other Securities Complete if the organization answered	l "Yes" to Form 990. Par	t IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED ANNUITY	995,424	
(B) TRIBAL LAND STOCK	40,740	
(C)		
(D)		
(E)		
_(F)		
(G)	**	
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,036,164	
Investments - Program Related.	l "Yes" to Form 990 Par	t IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation.
(1)		Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	 	
Part IX Other Assets. Complete if the organization answered	d "Yes" to Form 990, Par	t IV, line 11d. See Form 990, Part X, line 15.
	escription	(b) Book value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	5.)	
Part X Other Liabilities.		rt IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	10 717	
(2) CARTEL LEAGE OF TOWN	10,717	
(3) CAPITAL LEASE OBLIGATIONS (4) COMPENSATED ABSENCES	55,943	
	398,994	
(5) (6)	<u> </u>	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	465,654	
2. Liability for uncertain tax positions. In Part XIII. provide the to		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		3-1TT04T#	Page 4
尹曲	Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	12.7	
	Recoveries of prior year grants		
C		420)	
đ	Other (Describe in Part XIII.)		
8	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
		er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, Ilne 25:		
а	Donated services and use of facilities	S ac	
b	Prior year adjustments	1999	
c	Other losses	tell –	
-	Other (Describe in Part XIII.)		
d		-1 1	
8	Add Ilnes 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	MYT .	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
_ <u></u>	* XIII Supplemental Information		
	ide 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;	Dort V. No.s	
	· · · · ·	, rait A, lifte	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
		······································	
			

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 inspection.

Name of the organization

Employer identification number

SIC	ANGU OYATE HO INC 23-7116414			
Pa	ti		,	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	} _		1
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	ئىستى
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			100
	brochures, catalogues, and other written communications with the public dealing with student admissions,		1 233	p:
•	programs, and scholarships?	2	X	شقشة
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,	Kii		
	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. If you need more space, use Part II	3	108% X	Maria .
	NATIVE AMERICAN PREFERENCE IN HIRING AS ALLOWED BY BIA GRANT TERMS. NO	3		30
	DISCRIMINATION IS ALLOWED REGARDING STUDENT ADMISSION OR ANY OTHER ACTIVITIES.	- 8,30		
	PIDENTINATION ID ADMONID ADMONIDATION ON ANT OTHER ACTIVITIES.	- 63	1.3	18
		- 1000		M
		- [[[
4	Does the organization maintain the following?		f ro	/ % 8
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	\ \ \ \ \
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	{	{	ł
	with student admissions, programs, and scholarships?		X	ļ
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
		- Di		MX
		- 862		
	Dana the apportunities disclosingle by man is approximately	- 🚱		
э a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a	i ilaan	X
a	Olduente righte of privilegest	Ja	 	
þ	Admissions policies?	5b	ļ	X
		- {	{	1
C	Employment of faculty or administrative staff?	5c	X	ļ
	Outside with the country of the outside the outside the outside of the outside		1	.,
d	Scholarships or other financial assistance?	5d	 -	X
_	Educational policies?		1	v
ð	Educational policies r	5e	 	X
f	Use of facilities?	5f		x
•				
8-	_ Athletic programs? 	5 9	<u> </u>	X
			1	
n	Other extracurricular activities?	5h	1 1082	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	THE SCHOOL IS A P.L 93-638 GRANT SCHOOL. INDIAN PREFERENCE IS ALLOWABLE UNDER THE BURBAU OF INDIAN AFFAIRS POLICIES.	- []	\mathbb{N}_{N}	
	THE BURDAU OF IMPLANTATION FULLUES.	- PK/J	! '	
		- [43	M	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	_ XX	X	picilo
b	Has the organization's right to such aid ever been revoked or suspended?		↑	X
~	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		* ******	S
7	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through		Ka	Į Į
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7~	j	X

	ule E (Fom									CE H													3-7116414		Page 2
Pa	*!!																						7, as		
		ар	olicab	le. Al	80 C	ompl	ete t	his p	art to	o prov	vide	any	othe	er ad	ditio	nal I	nform	natio	n (se	e ins	tructi	ons).			
01.	GOT	vei	nne	enta	11	Age	enc	y _]	Fin	anc	zia	il .	Aid	i (Qu	est	10	ns	6a	an	d 6	b)			
THE	ORGAL	NIZ.	ATIO	N RE	CEI	VES	GRA	NTS	an	D FC	IND:	ING	FRO	OM G	OVI	RME	NTA	L A	BENC	IES	•				
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BUR	EAU O	F I	NDIA	n af	FAI	RS I	POLI	CIE	s.																

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Employer identification number

SICANGU OYATE HO INC 23-7116414 01. Form 990 governing body review (Part VI, line 11) REVIEWED BY MANAGEMENT PRIOR TO FILING. COPIES ARE GIVEN TO THE BOARD, BUT REVIEW MAY NOT OCCUR UNTIL AFTER FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) THE SCHOOL REQUIRES ALL EMPLOYEES TO FOLLOW THE CONFLICT OF INTEREST POLICY. 03. CEO, executive director, top management comp (Part VI, line 15a) THE PROCESS FOR DETERMINING COMPENSATION GOES THROUGH SUPERVISORS, THEN THE PERSONAL COMMITTEE, AND THEN ON TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL DURING CONTRACT NEGOTIATIONS. ALL EMPLOYEES INCLUDING THE CEO, EXECUTIVE DIRECTOR AND EVEN PART TIME EMPLOYEES ARE INTERVIEWED BY A COMMITTEE AND SCREENED BY AN EXTENSIVE FINGERPRINT AND BACKGROUND INVESTIGATION. A RECOMMENDATION IS GIVEN TO THE BOARD WHO MAKES THE FINAL VOTE ON THE CANDIDATE FOR THE JOB. EMPLOYEES ARE SUBJECT TO A SALARY SCALE BASED ON THEIR EDUCATION AND YEARS OF EXPERIENCE. 04. Other officer or key employee compensation (Part VI, line 15b ALL EMPLOYEES INCLUDING THE CEO, EXECUTIVE DIRECTOR AND EVEN PART TIME EMPLOYEES ARE INTERVIEWED BY A COMMITTEE AND SCREENED BY AN EXTENSIVE FINGERPRINT AND BACKGROUND INVESTIGATION. A RECOMMENDATION IS GIVEN TO THE BOARD WHO MARES THE FINAL DECISION ON THE CANDIDATE FOR THE JOB. EMPLOYEES ARE SUBJECT TO A SALARY SCALE BASED ON THEIR EDUCATION AND YEARS OF EXPERIENCE. 05. Governing documents, etc, available to public (Part VI, line 19) COPIES OF THE FORM 1023, FORM 990, GOVERNING DOCUMENTS AND FINANCIAL STATEMNETS ARE ALL

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Schedule O (Form 990 or 990-EZ) (2013)

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