Form

Ret. i of Organization Exempt From In. ome Tax

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

2020 Open to Public Inspection

OMB No. 1545-0047

<u>A</u> _	For the 2	020 calendar year, or tax year beginnir	g 10/01/20 , and ending 09/	30/2	Т					
В	Check if applic	able: C Name of organization				D Employe	r identification number			
	Address chang	je LAKOTA	YOUTH DEVELOPMENT							
	Name change	Doing business as					436638			
\equiv	•	Number and street (or P.O. box if mail is no PO BOX 277	t delivered to street address)		Room/suite	E Telephon	775-2147			
\Box	Initial return Final return/	City or town, state or province, country, and	ZIP or foreign postal code			003-	113-2141			
	terminated		• •				F07 003			
	Amended retu	The HERRICK F Name and address of principal officer:	SD 57538			G Gross rec	eipts\$ 597,883			
$\overline{\Box}$	Application pe	' '			H(a) Is this a g	roup return for s	ubordinates? Yes X No			
ш	Application po	nding MARLA BULL BEAR			11/h) A		uded? Yes No			
						bordinates incl				
					11 140	o, allach a list.	See instructions			
1_	Tax-exempt :) ◀ (insert no.) 4947(a)(1) or 527	7						
J	Website:				·····	emption number				
200.000	Form of organ		iation Other ►	L Ye	ar of formation:		M State of legal domicile: SD			
	art I	Summary			····					
	1 Brie	fly describe the organization's mission or	most significant activities:							
ø	1	YD mission is to reclaim	n Lakota culture, language	and	spiritua	lity,	and			
Governance	F	romote education and hea	althy life styles for yout	h thr	ough cul	turall	Y			
Ĭ	Ŀ	ased strategies and yout	ch development initiatives							
Š	2 Che	 	sets							
	2 Nur		is box ▶ if the organization discontinued its operations or disposed of more than 25% of its of voting members of the governing body (Part VI, line 1a)							
≪ ′∩					6					
Ęį	4 Nur	nber of independent voting members of ti	ne governing body (Part VI, line 1b)			4	0			
Activities	5 Tota	al number of individuals employed in cale	ndar year 2020 (Part V, line 2a)			5	5			
Act		al number of volunteers (estimate if nece				6	0			
•	7a Tota	al unrelated business revenue from Part \	/III, column (C), line 12			7a	26,739			
	b Net	unrelated business taxable income from	Form 990-T, Part I, line 11			7b	0			
Revenue					Prior Y		Current Year			
	8 Cor	tributions and grants (Part VIII, line 1h)			46	9,436	552,185			
		gram service revenue (Part VIII, line 2g)					0			
Š	ı	estment income (Part VIII, column (A), lin			.,	1,500	-496			
8		er revenue (Part VIII, column (A), lines 5,	2	1,561	45,414					
						2,497	597,103			
			equal Part VIII, column (A), line 12)		73.3	2,331	391,103			
		nts and similar amounts paid (Part IX, co			<u> </u>					
		efits paid to or for members (Part IX, col					100 000			
es			efits (Part IX, column (A), lines 5–10)	_	12	0,838	188,269			
Sus	16a Pro	fessional fundraising fees (Part IX, colum	n (A), line 11e)				0			
Expenses	b Tota	al fundraising expenses (Part IX, column	(D), line 25) ► 1,427							
ш	17 Oth	er expenses (Part IX, column (A), lines 1	1a–11d, 11f–24e)		28	1,998	372,130			
			l Part IX, column (A), line 25)	·····		2,836	560,399			
		renue less expenses. Subtract line 18 from				9,661	36,704			
5 6					Beginning of Co		End of Year			
Net Assets or	20 Tota	al assets (Part X. line 16)				2,009	499,094			
Ass	21 Tot:					9,404	168,507			
Set	22 Net	assets or fund balances. Subtract line 21		·····-		2,605	330,587			
1000000	art II	Signature Block	TIGHT IIIIC 20	<u></u>		2/000				
			nis return, including accompanying schedules and han officer) is based on all information of which p				nowledge and belief, it is			
	do, correct,	and complete. Declaration of preparer (other t	That officery is based on all information or which p		as any knowled					
Sig		Signature of officer				Date				
He	re	EARL BULL HEAD	SI	ECRET	'ARY					
		Type or print name and title								
	Pr	int/Type preparer's name	Preparer's signature		Date	Check	X if PTIN			
Pai	d _{Mo}	rey Monk			08/1	2/22 self-en	-			
Pre	narer		& ASSOCIATES LLC		1 33, 2	Firm's EIN	46-4381644			
	Only	P.O. BOX 17				I HILLS CHAP	10 1001011			
	- 1	TITATION OF	57580			-	605-842-0806			
N.A						Phone no.				
		liscuss this return with the preparer show			<u></u>		X Yes No			
ror	raperwork	Reduction Act Notice, see the separate in	structions.				Form 990 (2020)			

Part III		Service Accomplishments ntains a response or note to any lin	ne in this Part III	X
•	lescribe the organization's missic	on:		
		laim Lakota culture,		
		healthy life styles		culturally
based	strategies and	youth development in	itlatives.	
2 Did the	organization undertake any signi	ficant program services during the year w	hich were not listed on the	
•				Yes X No
	describe these new services on			
		or make significant changes in how it cond	ducts, any program	
services		adula O		Yes X No
	describe these changes on Sch	edule O. vice accomplishments for each of its three	e largest program services, as measure	d hv
		4) organizations are required to report the		
•		for each program service reported.	v	
4= (O=d=)	\	224,131 including grants of \$) (Revenue	
4a (Code:) (Expenses \$	Rise! Through reclai	ming Lakota culture	· language and
spiri	tuality, we prom	ote education and he	althy life styles f	or vouth
throu	gh culturally ba	sed strategies. We	support youth to re	claim their
cultu	re and skills th	rough; experiential	cultural camps, wee	kend youth
		led youth leadership	societies and yout	h led social
enter	prises and appre	nticeships.		
* * * * * * * * * * * * * * * * * * * *				
for o to bu Wolak into throu opera emplo	ur youth. We im ild relationship ota camp series youth societies. gh youth led soc	141,562 including grants of \$ ie through a conscious plement afterschool is, immerse them in cand deepen their cul. We help them with call enterprises in word utural values. The prepare them for finintities.	s continuum of deve and weekend retreat cultural life ways w tural practices thr cultural workforce d hich they conceive,	sessions ith our ough membership evelopment lead and
• • • • • • •				
) (Expenses \$	including grants of \$) (Revenue	\$)
N/A				
	,			
• • • • • • • • • • • • • • • • • • • •				***************************************
• • • • • • • • • • • • • • • • • • • •				
	• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •				
4d Other p	rogram services (Describe on Sc	hedule O.)		
(Expens		including grants of \$) (Revenue \$)
4e Total pr	ogram service expenses ▶	367,807	****	

Form 990 (2020) LAKOTA YOUTH DEVELOPMENT 46-0436638 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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 See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

21

***	Checklist of Required Schedules (Commued)				\/-	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individua	ls on			Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	13 011		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			······ 		
	organization's current and former officers, directors, trustees, key employees, and highest compensate	ed				
	employees? If "Yes," complete Schedule J			23		x
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 lin	es 24t)			
	through 24d and complete Schedule K. If "No," go to line 25a	<i></i>		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s bene	efit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	90-EZ	?			v
	If "Yes," complete Schedule L, Part I			25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curre	nt			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, truste					
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	-	,			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the					
	persons? If "Yes," complete Schedule L, Part III			27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	L. Pa	rt			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If				
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	lf .				
	"Yes," complete Schedule L, Part IV			28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	le M 🚊		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed				
	conservation contributions? If "Yes," complete Schedule M			30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ule N,	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					37
	complete Schedule N, Part II			32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regular Table 20 1570 (2015)	ulation	S			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part			33	 	X
34	The state of the s			34		x
35a	District and the second of the			25-	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				<u> </u>	 -
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	_		35b		
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		x
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, I			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1					
	19? Note: All Form 990 filers are required to complete Schedule O.			38		X
P	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					<u>, Ш</u>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				1	•
	reportable gaming (gambling) winnings to prize winners?			1c		X (2020)
DAA				Fo	rm フゴ	u (2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 5 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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 as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7α g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 0 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section 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 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MOREY A. MONK & ASSOCIATES PO BOX 1791

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	hours for related organizations below dotted line)	Individual trustee or director	Institu	9	_		e)	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
		trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-211099-WIGC)	(V-2) 1030-MIGO)	related organizations	
(1)MARLA BULL BEAF	0.00										
EXECUTIVE DIRECTOR	0.00	X	ļ	<u> </u>				0	0	0	
(2) WAYNE WESTON	0.00							_	_		
HISTORIAN	0.00	X	<u> </u>	ļ	ļ			0	0	0	
(3) EARL BULL HEAD	0.00										
SECRETARY	0.00			X				0	0	0	
(4) JOSEPH MARSHALI											
PRESIDENT	0.00			x				0	0	0	
(5) JEROME KILLS SM	12ALL 0.00										
TREASURER	0.00	1		X				0	0	0	
(6)											
		1									
(7)											
(8)											
(9)											
		-									
(10)											
		1									
(11)		T									

NAAPROGRAM 08/12/2022 4:41 PM Form 990 (2020) **LAKOTA YOUTH DF** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (D) (F) Position Reportable Reportable Estimated amount Name and title Average (do not check more than one compensation of other hours compensation box, unless person is both an from the from related compensation per week officer and a director/trustee) organizations organization from the (list any hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and Institutional trustee (ey employee related related organizations organizations below dotted line) Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 X 3 employee on line 1a? If "Yes," complete Schedule J for such individual 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 X 4 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. Report compensation for the calendar year ending with or within the organization's tax year.

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Pa	rt VI			FRevenue edule O conta	ains a	response or note	to any line in thi	s Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		es nts ations ntribution gifts, grait t included 1a-1f	is) nts, d above in lines 1a-1f		Business Code	552,185			
	g Total. Add lines 2a–2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties					rest, and proceeds	34	34		
	6a b	Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
	d 7a	Net rental incom Gross amount from sales of assets other than inventory		OSS)(i) Securities		(ii) Other 250				
ner Revenue	С	Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss	7b 7c			780 -530	•	-530		
Ott	b	Gross income from (not including \$ of contributions rep See Part IV, line 18 Less: direct expe	orted o	n line 1c).	8a 8b					
	9a b	Net income or (Id Gross income from See Part IV, line 19 Less: direct expe	gamin) enses	g activities.	9a 9b	······				
	10a b	Gross sales of ir returns and allow Less: cost of good	or (loss) from gaming activities of inventory, less illowances goods sold or (loss) from sales of inventory							
Miscellaneous Revenue	<u>c</u> 11a b c		S			Business Code 900099	25,351 15,333 2,098	****	25,351	
Misc	d e	All other revenue Total. Add lines Total revenue.	e 11a–1	1d			2,632 2,632 45,414 597,103	1,244	1,388 26,739	

Form 990 (2020) LAKOTA YOUTH DEVELOPMENT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must contains a resp			прієєє соіштіп (А).	X
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	176,170	117,964	58,206	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 000	n cac	4 453	
10	Payroll taxes	12,099	7,646	4,453	
11	Fees for services (nonemployees):				
	Management				
d	Legal	27,179	27,179		
C	Accounting	21,119	21,113		
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,854	1,427		1,427
13	Office expenses	11,358		11,358	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	38,440	6,596	31,844	
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,149		4,149	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,053	26,770	283	
23	Insurance	13,992	2,123	11,869	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	E4 000	E4 000		
a	YOUTH SOCIETY	54,008	54,008		
b	HONORARIUMS	31,454 30,070	31,454		
C	CAMPS	20,704	30,070 10,352	10,352	
d	MISC	110,869	52,218	58,651	
	All other expenses	560,399	367,807		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	300,399	307,007	171,100	1,721
	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) End of year Beginning of year 98,450 42,837 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 36,133 42,073 4 Accounts receivable, net Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 1,920 4,024 8 Inventories for sale or use 2,161 2,074 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 547,983 basis. Complete Part VI of Schedule D 10a 10b 357,405 10c 414,026 b Less: accumulated depreciation Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 502,009 499,094 Total assets. Add lines 1 through 15 (must equal line 33) 16 18,507 19,404 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 150,000 150,000 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 168,507 169,404 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 330,587 Net assets without donor restrictions 332,605 27 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 332,605 330,587 Total net assets or fund balances 499,094 502,009 Total liabilities and net assets/fund balances

Form **990** (2020)

orm	n 990 (2020) LAKOTA YOUTH DEVELOPMENT 46-0436638			Pag	je 12
	Reconciliation of Net Assets				
*****	Check if Schedule O contains a response or note to any line in this Part XI			<i></i> .	X
1	Total revenue (must equal Part VIII, column (A), line 12)		5	97,:	103
2	Total expenses (must equal Part IX, column (A), line 25)			60,3	
3	Revenue less expenses. Subtract line 2 from line 1	9		36,	704
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3	32,0	605
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	0			
9	Other changes in net assets or fund balances (explain on Schedule O)	اما		38,	722
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	3	30,	587
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,			

Form **990** (2020)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

			LAKOTA YOUTH	DEVETORMENT			46-043	0030	
P	art l	Rease	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	ons.	
Γhe	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1)(A)(i).		
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ).)			
3	П			ce organization described in sec			ii).		
4	П	•	•	I in conjunction with a hospital o				ospital's name,	
•	ــــا	city, and state	-	· · · · · · · · · · · · · · · · · · ·					
5		•		f a college or university owned	or operate	ed by a go	overnmental unit described in		
٠			b)(1)(A)(iv). (Complete Part		or operati	ou by u g	, vorminantar anni accombac in		
6		•		overnmental unit described in s	ection 17	0(b)(1)(A)(v)		
7	X		-	substantial part of its support fro				•	
•		•	section 170(b)(1)(A)(vi). (Co	. , ,	m a gove	minonia	and or from the general passes	•	
8				70(b)(1)(A)(vi). (Complete Part	11.)				
9	H			cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colle	ge	
Ū	LJ			of agriculture (see instructions).				9-	
		university:				,	3,		
10		An organizati	on that normally receives: (1) more than 33 1/3% of its supp	ort from	contribution	ons, membership fees, and gro	oss	• •
	٠١			pt functions, subject to certain					
				d unrelated business taxable in					
	·		-	0, 1975. See section 509(a)(2).					
11		•	,	exclusively to test for public safe	•			•	
12				exclusively for the benefit of, to	•			*	
				ations described in section 509					
				at describes the type of suppor					
	а			erated, supervised, or controlled				ng	
			- · · · · · · · · · · · · · · · · · · ·	ver to regularly appoint or elect o complete Part IV, Sections A a	-	or the di	ectors of trustees of the		
	L		• •	pervised or controlled in connec		ite eunnoi	ted organization(s), by having		
	b			ting organization vested in the s					
			tion(s). You must complete		anic por	ons that	control of manage the support	.cu	
	С		` '	upporting organization operated	l in conne	ction with	and functionally integrated w	vith.	
	•			tructions). You must complete				,	
	d	Type III r	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	on(s)	
		that is no	t functionally integrated. The	organization generally must sa	itisfy a dis	tribution	requirement and an attentiven	ess	
			,	nust complete Part IV, Section		-			
	е			eived a written determination fro			s a Type I, Type II, Type III		
				n-functionally integrated support	ing organ	ization.		<u> </u>	_
	f		nber of supported organizati					L	
	g		ollowing information about th		I			T	
(e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
	OIĘ	ganization		(described on lines 1–10 above (see instructions))		nent?	instructions)	instructions)	
				, , ,	Yes	No	,	· ·	
(A)									_
(-1									
/B					<u> </u>				_
(B)									
<i>(C)</i>					 				
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/D					 				
(D)									
<u></u>	***								
(E)			,						
		w							

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	457,938	435,975	356,774	469,436	552,185	2,272,308
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	457,938	435,975	356,774	469,436	552,185	2,272,308
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,272,308
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	457,938	435,975	356,774	469,436	552,185	2,272,308
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
	• •						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,272,308
12	Gross receipts from related activities, etc.	(see instructions)				12	72,387
13	First 5 years. If the Form 990 is for the o	rganization's first, s				(3)	
	organization, check this box and stop he						>
Sec	tion C. Computation of Public S	upport Percent	age				
14	Public support percentage for 2020 (line 6	6, column (f) divided	l by line 11, colum	ın (f))		14	100.00%
15	Public support percentage from 2019 Sch	nedule A, Part II, line	e 14			15	100.00%
16a		nization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization qua	lifies as a publicly s	upported organiza	tion			> X
b	33 1/3% support test—2019. If the organ	nization did not che	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or mo	ore, check	
	this box and stop here. The organization	qualifies as a publi	cly supported orga	ınization			▶ ∐
17a	10%-facts-and-circumstances test-20	20. If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "f	acts-and-circumsta	nces" test. The org	ganization qualifies	s as a publicly supp	orted	. —
	organization						▶ ∐
b	10%-facts-and-circumstances test—20	19. If the organizati	on did not check a	box on line 13, 16	8a, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization				-		
	in Part VI how the organization meets the	"facts-and-circums	tances" test. The	organization qualif	ies as a publicly su	pported	,
	organization						▶ ∐
18	Private foundation. If the organization d instructions	id not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e	> \[\]

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1			<u> </u>	
14	First 5 years. If the Form 990 is for the or	-		•	•		
Sec	organization, check this box and stop her tion C. Computation of Public St						
15	Public support percentage for 2020 (line 8			mn (fl)		1	5 %
16	Public support percentage for 2020 (line of Public support percentage from 2019 Sch						
	tion D. Computation of Investme						<u> </u>
17	Investment income percentage for 2020 (······		3, column (f))	· · · · · · · · · · · · · · · · · · ·	1	7 %
	Investment income percentage from 2019		H. Ban 47			1 4	8 %
19a	33 1/3% support tests—2020. If the orga						
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2019. If the orga	nization did not ch	neck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	-	_	•			
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	ions	> [_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	***********

4		
1		
***********		************
2		
····		**************
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6 7 8 9a		
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6 7 8 9a		
6 7 8 8 9a 9b		
6 7 8 8 9a 9b		
6 7 8 8 9a 9b		
6 7 8 9a		
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6 7 8 8 9a 9b		
6 7 8 8 9a 9b		

	ile A (Form 990 or 990-EZ) 2020 HAKOIA 100111 DEVELOPPERAT	40 0430030		rage 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
_	detail in Part VI .	11c	***********	***********
Secti	on B. Type I Supporting Organizations			
	<u> </u>		Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	nin of one or		140
1		£000000000\$		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	\$00000000F		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of the support of the su	[000000000]		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than o			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	r. 1		***********
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	*****************	p. 2000000000000000000000000000000000000
Secti	ion D. All Type III Supporting Organizations	<u> </u>		L
	/		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	r tay		
		[00000000]		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	[]		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	i i		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ((see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	al entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
L	that these activities constituted substantially all of its activities.			
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ach		
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	3h		1

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	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	tions	OSO Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ee
	instructions. All other Type III non-functionally integrated supporting organizations must			
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
		1b		
	Average monthly cash balances Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	100		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	† <u> </u>		
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>_</u> 6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
<u>,</u> 8	Minimum Asset Amount (add line 7 to line 6)	8		-
	ion C – Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		:
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization	
	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable **Section E – Distribution Allocations** (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017... d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

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		AKOTA YOUTH			-U436638 Page 8
Part VI	III, line 12; Part IV, Sec B, lines 1 and 2; Part I' 3a, and 3b; Part V, line	ction A, lines 1, 2, 3b V, Section C, line 1; e 1; Part V, Section E	, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, I 3, line 1e; Part V, Se	ea, 9b, 9c, 11a, 11b, and ines 2 and 3; Part IV, S	ection E, lines 1c, 2a, 2b, 8; and Part V, Section E,

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Employer identification number

L	AKOTA YOUTH DEVELOPMENT		46-0436638
*******	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
_	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
_	only for charitable purposes and not for the benefit of the donor or don		
	• •		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or edu	produced	v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		indicate distribution of the second of the s
2	Complete lines 2a through 2d if the organization held a qualified conse	envation contribution in the form of a cons	servation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	man a state of the		2b
c		cluded in (a)	2c
-	Number of conservation easements included in (c) acquired after 7/25		
ŭ	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e.	vtinguished or terminated by the organiz	ration during the
•		Atinguished, of terminated by the organiz	ation daming the
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor		
J	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
Ŭ	>	or riolatione, and officially control value.	oddomonto damig mo you
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations, and enforcing conservation ease	ements during the year
•	S	stations, and officially consolitation case	smeme daring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	ari)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statem	
•	balance sheet, and include, if applicable, the text of the footnote to the	-	
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Similar Assets.
4 -			naa ahaat warke
па	If the organization elected, as permitted under FASB ASC 958, not to	•	
	of art, historical treasures, or other similar assets held for public exhib		ce of public
L	service, provide in Part XIII the text of the footnote to its financial state		ahaat wada af
D	If the organization elected, as permitted under FASB ASC 958, to repr		
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	or public service,
	provide the following amounts relating to these items:		. ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, o		provide the
	following amounts required to be reported under FASB ASC 958 relati		▶ •
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

200000000000000000000000000000000000000	Till Organizations Maintaining			reasures, or	Other Simil	ar Assets	(continue	d)
	Using the organization's acquisition, accession collection items (check all that apply):							
а	Public exhibition		oan or exchange pr					
b	Scholarly research	e [_] (Other					
C	Preservation for future generations					la David		
	Provide a description of the organization's coll	ections and explain	now they further the	organization's e	xempt purpose	in Part		
	XIII. During the year, did the organization solicit or	receive donations o	of art historical treas	ures or other sin	nilar			
	assets to be sold to raise funds rather than to						Yes	No
*********	t IV Escrow and Custodial Arra		art of the organization	ar o concenion				
************	Complete if the organization 990, Part X, line 21.		on Form 990, P	art IV, line 9,	or reported a	n amount	on Form	
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for contributions	or other assets r	not			
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:		1			
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e 1f		
1 2a	Ending balance Did the organization include an amount on Fo	rm 990 Part X line	21 for escrow or cu	stodial account li	liahility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
	nt V Endowment Funds.							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 10	•			
		(a) Current year	(b) Prior year	(c) Two years I	pack (d) Th	ree years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a))) held as:				
	Board designated or quasi-endowment	%						
	Permanent endowment ▶ %							
С	Term endowment ▶ %	1.4000/						
٥-	The percentages on lines 2a, 2b, and 2c should be a standard of the decrease of the second of the se	•	hald	al a almainia bayand fa	th-a			
за	Are there endowment funds not in the posses	sion of the organiza	ition that are new an	a administered it	or tile		\vec{v}	s No
	organization by:							3 110
	(i) Unrelated organizations (ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule R?				3b	
	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equip							
	Complete if the organization	<u>answered "Yes'</u>	' on Form 990, P	art IV, line 11	a. See Form	990, Part	X, line 10.	
	Description of property	(a) Cost or other b	1 ''	r other basis	(c) Accumulate	d	(d) Book valu	ie
		(investment)	(0	ther)	depreciation			
1a	Land			15 400		220	10	070
b	Buildings			15,409	3	,330	12	,079
	Leasehold improvements			83,093	66	, 955	1 4	,138
	Equipment			449,481		,672		, 809
	Other	ual Form 990. Part				, , , , ,		,026
	(Column (a) must be	,	,			,,,, <u>F</u>		

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	n Form 990. Part IV. I	ine 11b. See Form 990. F	art X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation:
(1) Financial o	I and the second		000101 0114 01 900	i manor rate
	ld equity interests			
(0) 011	a equity interests			
(4)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV. I	ine 11d. See Form 990. F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
<u>(9)</u>				
Part X	Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" or the complete if the organization and the organization and the complete if the organization and th	n Form 990, Part IV, I	line 11e or 11f. See Form	990, Part X,
	line 25. (a) Description of liability			(b) Book value
1. (1) Federal	income taxes			(B) Book value
(2)	income taxes			
(3)				
(4)				
(5)				
(6)				***
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	2
	uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization	's financial statements that repo	orts the
	liability for uncertain tax positions under FASB ASC 740. Ch			

Dogo	A
Page.	4

Pi	Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Form			
	Total revenue, gains, and other support per audited financial statements			596,951
1			·····	330,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities			
С			150	
d	/	2d	-152	150
е	Add lines 2a through 2d			-152
3	Subtract line 2e from line 1		3	597,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)	5	<u>597,103</u>
P	art XII Reconciliation of Expenses per Audited Financial	Statements With Ex	kpenses per Return.	
	Complete if the organization answered "Yes" on Forn			
1				563,106
2				
	Donated services and use of facilities	2a		
а ь	Direct year adjustments	2b		
	Prior year adjustments			
C			2,707	
d				2 707
e	Add lines 2a through 2d			2,707 560,399
3			3	560,399
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	560,399
P	art XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	o; Part V, line 4; Part X, line	
2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	o provide any additional in	formation.	
P	Part XI, Line 2d - Revenue Amounts Inc.	luded in Fina	ncials - Other	
P	BOOK / TAX DIFFER ON DISPOSED ASSET		\$	-152
т:	ont VII line 2d - Evnenge Amounts Inc	aluded in Fin	ancials - Otho	~
	Part XII, Line 2d - Expense Amounts Ind	studed in till	aliciais - Othe	· · · · · · · · · · · · · · · · · · ·
-	Darl / Mary Danmariation Difference			2 707
	Sook / Tax Depreciation Difference		\$	2,707
	<i>†</i>			
				· · · · · · · · · · · · · · · · · · ·
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Schedule D ((Form 990) 2020	O LAKOTA	YOUTH	DEVELOPMEN'	ľ	46-0436638	Page 5
Part XIII	Supplem	ental Informa	ation (conti	nued)			
						,,,,	
					,		
							· · · · · · · · · · · · · · · · · · ·
				.,			
,							

SCHEDULE O (Form 990 or 990-EZ) 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.

provide any additional information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employ	er	ider	ntific	ation	number
	_	40			

LAKOTA YOUTH DEVELOPMENT 46-0436638 Form 990, Part I, Line 6 Volunteers performed day labor to assist in the completion of construction and facilities maintenance projects. Form 990, Part III, Line 4d - All Other Accomplishments THE NATIVE AMERICAN ADVOCACY PROGRAM ESTABLISHED THE MATO TASUNKA WAKINYAN OKALAKICIYE (BEAR HORSE THUNDER YOUTH SOCIETY) TO PROMOTE LAKOTA CULTURE TO YOUTH ON THE ROSEBUD SIOUX RESERVATION. SELECTED MEMBERS OF THE YOUTH-DRIVEN SOCIETY WILL LEARN ABOUT CULTURAL TOURISM, BEEKEEPING AND MEDICINAL HERBS SOCIAL ENTERPRISES THROUGH AN 18-MONTH APPRENTICESHIP. NAAP ALSO HOSTS VOULNTEER GROUPS THAT WISH TO ASSIST NATIVE AMERICAN COMMUNITIES BY WORKING WITH NATIVE YOUTH AND NONPROFIT STAFF TO IMPROVE YOUTH CAMP FACILITIES, GARDENS AND OUTDOOR EXPERIENTIAL ACTIVITIES AND PROJECTS. IN TURN NAAP OFFERS CULTURAL EDUCATION AND AWARENESS SESSION, TOURS, TIPT STAYS AND NATURE HIKES WITH STORYTELLING TO HELP BREAK DOWN STEREOTYPES AND BUILD RELATIONS WITH OTHER POPULATIONS. Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached JOSEPH MARSHALL III Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Name of the organization

Employer identification number

_			
LAKOTA	YOUTH	DEVELO)PMF:NT

46-0436638

Description					
Tot	:/Prog Service	Mgt	& General	Fund	raising
VEHICLE EXPENSE	1				
\$	8,865	\$	8,865	\$	0
DAY LABOR					
\$	0	\$	15,768	\$	0
CONTRACTUAL					
\$	14,074	\$	0	\$	0
EQUIPMENT EXPEN	ISE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$	0	\$	8,780	\$	0
UTILITIES					
\$	4,158	\$	4,159	\$	0
EQUINE EXPENSE					
\$	8,232	\$	0	\$	0
TELEPHONE			,		
\$	3,795	\$	3,796	\$	0
SMALL TOOLS					
\$	0	\$	5,994	\$	0
CRAFT SUPPLY					
\$	5,133	\$	0	\$	0
ADMIN COSTS					
\$	0	\$	4,691	\$	0
EVALUATOR					
ş	3,189	\$	0	\$	0
MEMBERSHIP FEES	•				

Page 1 of 2

Schedule O (Form 990 or 990-EZ) 2020 Employer identification number Name of the organization LAKOTA YOUTH DEVELOPMENT 46-0436638 1,511 1,511 SUPPLIES 1,072 1,524 BANK CHARGES 1,507 IT SERVICES 1,285 REPAIR AND MAINTENANCE 735 487 RENT 360 RESOURCE MATERIAL Total 52,218 58,651 Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation HONEY LODGE EXPENSE ON 990T -35,869 BOOK VS TAX DEPRECIATION -2,707ROUNDING -152 BOOK VS TAX - G/L ON ASSET DISPOSAL -38,722 Total Page 2 of 2

Filing Instructions

LAKOTA YOUTH DEVELOPMENT

Exempt Organization Business Tax Return

Taxable Year Ended September 30, 2021

Date Due:

AS SOON AS POSSIBLE

Remittance:

None is required. Your Form 990-T for the tax year ended 9/30/21 shows no

balance due.

Signature:

Form 8453-EO, Exempt Organization Declaration and Signature for Electronic

Filing should be signed and dated by an authorized officer of the organization

and returned to:

MOREY MONK & ASSOCIATES LLC

P.O. BOX 1791

WINNER, SD 57580

Form 8453-EO will be included as an attachment to the electronic file and therefore must be signed and returned before the electronic file is transmitted to

the IRS.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you mail a paper copy of your return to the IRS it will delay the

processing of your return.

	Exempt Organization Business Income Tax Return	OMB No. 1545-0047
Form 990-T	2020	
	(and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning 10/01/20, and ending 09/30/21	
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.	Open to Public Inspection
nternal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(o	for 501(c)(3) c)(3). Organizations Only
Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	oyer identification number
B Exempt under section	Print LAKOTA YOUTH DEVELOPMENT 46-	-0436638
X 501(C)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions. E Group	exemption number
408(e) 220(e)	Type PO BOX 277 (see in	nstructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	Ob 1- 1 ''f
529(a) 529A	HERRICK SD 57538 F	Check box if
	C Book value of all assets at end of year 499,094	an amended return.
G Check organization type		Applicable reinsurance entity
H Check if filing only to ▶	Claim credit from Form 8941 Claim a refund shown on Form 2439	
	anization filing a consolidated return with a 501(c)(2) titleholding corporation	
	ached Schedules A (Form 990-T)	
	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ Yes X No
If "Yes," enter the name	and identifying number of the parent corporation	
	A MODER A MONE C ACCOCTANG	nber ▶ 605-842-0806
		IDER > 003-842-0806
	related Business Taxable income	
	iness taxable income computed from all unrelated trades or businesses (see	-9,130
		9
3 Add lines 1 and 2	Control Contro	
4 Charitable contribution	ns (see instructions for limitation rules)	5 -9,130
	ess taxable income before net operating losses. Subtract line 4 from line 3	6 0
•	rating loss. See instructions	
	iness taxable income before specific deduction and section 199A deduction.	-9,130
Subtract line 6 from li		
	enerally \$1,000, but see instructions for exceptions)	
	deduction. See instructions	1 000
10 Total deductions. Ad		10 1,000
	taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11 0
		111
Part II Tax Com	iputation	T . T
	as corporations. Multiply Part I, line 11 by 21% (0.21)	1 0
	st rates. See instructions for tax computation. Income tax on the amount on	
Part I, line 11 from:	Tax rate schedule or Schedule D (Form 1041)	2 0
3 Proxy tax. See instru	***************************************	3
4 Other tax amounts. So	ee instructions	4
5 Alternative minimum t	tax (trusts only)	5
6 Tax on noncomplian	nt facility income. See instructions	6 7

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

0

Form **990-T** (2020)

Form 990-T (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶Go to www.irs.gov/Form990T for instructions and the latest information.

B Employer identification number

46-0436638

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

LAKOTA YOUTH DEVELOPMENT

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

C Unrelated Business Activity Code (see instructions) ▶ 900099	D Sequ	ence:	1	of	1		
E Describe the unrelated trade or business ▶ Unrelated Busine	ess A	ctivity	T				
Part I Unrelated Trade or Business Income	(B) Exper	(B) Expenses			t		
1a Gross receipts or sales							
b Less returns and allowances c Balance							
2 Cost of goods sold (Part III, line 8)	2		<u> </u>				
3 Gross profit. Subtract line 2 from line 1c	3						
4a Capital gain net income (attach Sch D (Form 1041 or Form							
1120)) (see instructions)	4a						
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
c Capital loss deduction for trusts	4c						
5 Income (loss) from partnership and S corporation (attach							
statement)	5						
6 Rent income (Part IV)	6						
7 Unrelated debt-financed income (Part V)	7						
8 Interest, annuities, royalties, and rents from a controlled							
organization (Part VI)	8						
9 Investment income of section 501(c)(7), (9), or (17)							
organization (Part VII)	9						
10 Exploited exempt activity income (Part VIII)	10						
11 Advertising income (Part IX)	1 1						
12 Other income (see instructions; attach statement) See Stmt 1	12	26,739)			2	6,739
13 Total. Combine lines 3 through 12	1 1	26,739	9			2	6,739
Part II Deductions Not Taken Elsewhere (See instructions	for limit	ations on deduct	ions) Deduc	ctions n	nust t	e dire	ctly
connected with the unrelated business income							
1 Compensation of officers, directors, and trustees (Part X)				1			
2 Salaries and wages							
3 Repairs and maintenance							•
4 Bad debts							
5 Interest (attach statement) (see instructions)							
6 Taxes and licenses				6			950
7 Depreciation (attach Form 4562) (see instructions)		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b			(
9 Depletion				9			
10 Contributions to deferred compensation plans				10			
11 Employee benefit programs				11			
12 Excess exempt expenses (Part VIII)				12			
13 Excess readership costs (Part IX)				13			
14 Other deductions (attach statement)		See Statem	ent 2	14		3,	4,91
15 Total deductions. Add lines 1 through 14							5,869
16 Unrelated business income before net operating loss deduction. Subtract lin		Part I line 13		 '	<u> </u>		-,
				16		_	9,130
column (C) 17 Deduction for net operating loss (see instructions)					<u> </u>		- , 13
			• • • • • • • • • • • • • • • • • • • •	18	 -	_	9,130
18 Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.				Schedule	. A /E		

Sche	OGRAM 08/12/2022 4:42 PM dule A (Form 990-T) 2020 LAKOTA	UTH DEVELOPMEN	T	46-0436638	Page 2
Par	t III Cost of Goods Sold	Enter method of in	nventory valuation		
1	Inventory at beginning of year				
2	Purchases			2	
	Cost of labor			3 4	
4	Additional section 263A costs (attach statem	ent)		5	
5 6	Other costs (attach statement)				
7	Total. Add lines 1 through 5			7	
8	Cost of goods sold. Subtract line 7 from line	e 6. Enter here and in Part I. li	ne 2	8	
9	Do the rules of section 263A (with respect to				Yes No
Par	t IV Rent Income (From Real P				
1	Description of property (property street addre	ess, city, state, ZIP code). Che	ck if a dual-use (see inst	ructions)	
	A				
	В				
	С				
	D				
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
h	but not more than 50%) From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c	columns A through D. Enter he	ere and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
•	in lines 2(a) and 2(b) (attach statement)				
_	Total deductions. Add line 4 columns A thro	D. Enter here and an Day	t Line C. column (D)		
5					
Par	t V Unrelated Debt-Financed				
1	Description of debt-financed property (street	address, city, state, ZIP code). Check if a dual-use (se	ee instructions)	•
	A				
	B				
	C				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable	1			
_	to debt-financed property (attach statement) Average adjusted basis of or allocable to del				
5	financed property (attach statement)	I I			
6	Divide line 4 by line 5		9/	%	9/
7	Gross income reportable. Multiply line 2 by line 6				· · · · · · · · · · · · · · · · · · ·
8	Total gross income (add line 7, columns A		Part I line 7 column (A)	
			are i, into 7, column (A	,	
9	Allocable deductions. Multiply line 3c by line 6		and an Dad I II 7	I P	1
10	Total allocable deductions. Add line 9, colo				
11	Total dividends-received deductions inclu	ided in line 10		<u></u>	

Schedule A (Form 990-1) 2020			VETIOET						Page 3	
Part VI Interest, Ann	Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instru Exempt/Nonexempt Controlled Or								3	
					· · · · · ·	· · · · · · · · · · · · · · · · · · ·			1	
Name of controlled organization		' '		1		4. Total of specified		olumn 4	6. Deductions directly	
		identification number	1	income (loss) ee instructions)	paymen	ts made	that is includ controlling org		connected with income in column 5	
		Hallibei	,	ee mandononaj			gross inc		moonie in column o	
(1)										
(2)										
(3)										
(4)										
2 /		No	nexempt Co	ontrolled Organiz	ations					
7. Taxable income	8. Net unre	elated	9. To	otal of specified		10. Part of co	lumn 9	1.	1. Deductions directly	
	income (l	oss)	pa	yments made		that is include	d in the		connected with	
	(see instru	ctions)			C	ontrolling orga		i	ncome in column 10	
						gross inco	ome			
(1)										
(2)										
(3)										
(4)										
Totals					•	line 8, colur	nn (A)		line 8, column (B)	
Part VII Investment I	ncome of a S	Section 501	I(c)(7), (9), or (17) Org	anizatio	n (see in	structions)			
1. Description of inco			ount of income		ductions		4. Set-asides		5. Total deductions	
				directly	connected	(4	(attach statement)		and set-asides	
				(attach	statement)				(add columns 3 and 4)	
(1)										
(2)										
(3)										
(4)					,					
		i	unts in column :	I					Add amounts in column 5. Enter here and on Part I,	
		l l	re and on Part I e, column (A)						line 9, column (B)	
Part VIII Exploited Ex		v Income	Other Th	an Advertisi	na Incom	ne (see ii	estructions))		
1 Description of exploited ac		<i>y</i>	<u> </u>	4117141011101	ng moon	(000 !!	,ou double	/		
2 Gross unrelated business i	* *************************************	le or business	. Enter here	and on Part I. li	ne 10. colur	mn (A)		2		
3 Expenses directly connecte										
line 40 celumen (D)								3		
4 Net income (loss) from unr										
lines 5 through 7				_	•			4		
5 Gross income from activity	that is not unrel	ated business	income					5		
6 Expenses attributable to in		. line #					1	6		
7 Excess exempt expenses.	Subtract line 5 fr									
4. Enter here and on Part I	II, line 12							7	·	

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46-0436638

Federal Statements

FYE: 9/30/2021

Unrelated Business Activity <u>Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income</u>

	Description	Ar	Amount		
HONEY SALES TIPI STAY	,	\$	25,351 1,388		
Total		\$	26,739		

Unrelated Business Activity Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount	
SUPPLY	\$ 10,36	
MATERIALS	9,08	
ADVERTISING	4,80	
TRAVEL	1,89	0
POSTAGE	3,71	6
COGS	3,55	5
UTILITIES	89	8
BANK CHARGES	27	5
FOOD FOR HELP	33	7
Total	\$34,91	9

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

LAKOTA YOUTH DEVELOPMENT 46-0436638 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,590,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 8,975 Other depreciation (including ACRS). MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 13,117 MACRS deductions for assets placed in service in tax years beginning before 2020 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only-see instructions) 3-year property 5-year property 7-year property 18,362 7.0 HY S/L 1,312 10-year property 21,755 15.0 HY S/L 15-year property 20-year property 25-year property 25 yrs. S/L MM S/L 27.5 yrs. Residential rental property MM S/L 27.5 yrs. 05/20/21 30 3,114 39 yrs. MM S/L Nonresidential real property Various 44,081 39.0 MM S/L Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs. 30-year 30 yrs. MM S/L d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 2,847 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 27,053 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

44

DAA

Total. Add amounts in column (f). See the instructions for where to report

46-0436638

LAKOTA YOU	TH DE	VETC	PME
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9699	

Form	4562 (202															Page 2
Pa	irt V	Listed Prope entertainmen Note: For any ve 24b, columns (a)	t, recreation, chicle for which	or amuse	ement.) Id the sta	ndard r	nileage r	ate or d	eductina	lease ex						-
			—Depreciation								nits for pa	asseng	er autor	nobiles.)		
24a	Do you ha	ve evidence to support th	e business/investmer	nt use claimed?			Yes	No	24b	If "Yes,"	is the ev	idence	written?	?	Yes	No
	(a) Type of property (list vehicles first) (b) Cate placed in service (list vehicles first) (c) Business/ investment use percentage Cost or		-	other basis Basis for depreciation Reco		(f) Recovery period	Recovery Method/			(h) Depreciation deduction			(i) Elected section 179 cost			
25	•	depreciation allowa	•					-			25					
26		used more than 5									· 1 - 2 - 2				100000000000000000000000000000000000000	•••••
		NATED 07/05/19			1,300		1	,300	5.	0 s,	/L-H	Z		130		
2	011 E	ORD EXPLO		1	3,58	5	13	, 585	5.	0 s,	/L-H	Z	2	,717		
27	Property	used 50% or less														
			%							S/L-	-					
			%							S/L-	-					
28	Add am	ounts in column (h), lines 25 throug	gh 27. Enter	here and	on line	e 21, pag	e 1		, , , , , , , , , , , , , , , , , , ,	28		2	,847		
29	Add am	ounts in column (i)	, line 26. Enter h	ere and on	line 7, pa	ige 1								. 29		
_					tion B—l											
	•	section for vehicle yees, first answer t	•												es	
to yo	ui emplo	yees, mst answer t	ne questions in	Section C to	(a)	Complet		(d)			e)	Τ (f)
30	Total by	siness/investment	miles drives du	rina	Vehic	-		cle 2	Vehi	-	Vehic		1	nicle 5	1	icle 6
30		· (don't include cor		•												
31		mmuting miles driv									···		 		 	
32		her personal (nonc		Jai											<u> </u>	······································
32	miles dr		ommung)													
33		iles driven during th		• • • • • • • • • • • • • • • • • • • •					-					***************************************		
J J		through 32	io year. Add													
34		vehicle available	for personal	• • • • • • • • • • • • • • • • • • • •	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
0-7		ng off-duty hours?	•		100		1	110	1.00				1.00	1	1.00	1
35		vehicle used prim														
00		owner or related p	, ,													
36		er vehicle available		e?			-									
	io dilotii		Section C—Que		Employe	rs Wh	o Provid	e Vehic	les for L	se by Ti	neir Emi	olovees	3		<u> </u>	<u> </u>
Ansv	wer these	questions to deter								-	-	-				
		owners or related	•	•						ţ						
37	Do you	maintain a written j	policy statement	that prohib	its all per	sonal u	se of ve	nicles, ir	cluding	commuti	ng, by				Yes	No
	-	ployees?														
38	Do you	maintain a written į														
	employe	ees? See the instru	ctions for vehicl	es used by	corporate	office	rs, direct	ors, or 1	% or mo	re owner	s					
39		treat all use of vehi														
40	Do you	provide more than	five vehicles to	your employ	ees, obta											
	use of t	he vehicles, and re	tain the informat	tion receive	d?							. <i>.</i>				
41	Do you	meet the requirem	ents concerning	qualified au	ıtomobile	demor	nstration	use? Se	e instruc	tions						
		your answer to 37	, 38, 39, 40, or 4	11 is "Yes,"	don't com	plete S	Section B	for the	covered	vehicles.						
P	art VI	<u>Amortization</u>	1													
		(a) Description of costs		(b Date amo beg	ortization	(c) Amortizable amount			(d) Code section		(e) Amortization period or Amort percentage		Amortiz	(f) tization for this year		
42	Amortiz	ation of costs that I	begins during yo	our 2020 tax	year (se	e instru	ctions):						L			

43	Amortiz	ation of costs that I	began before yo	ur 2020 tax	year								43			
	_															

LAKOTA YOUTH DEVELOPMENT PO BOX 277 HERRICK, SD 57538

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.