

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">LAKOTA YOUTH DEVELOPMENT</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 277 City or town, state or province, country, and ZIP or foreign postal code HERRICK SD 57538	D Employer identification number <p style="text-align: center;">46-0436638</p> E Telephone number <p style="text-align: center;">605-775-2147</p> G Gross receipts \$ 535,195
F Name and address of principal officer: <p style="text-align: center;">MARLA BULL BEAR</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ N/A		L Year of formation: M State of legal domicile: SD
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To reclaim Lakota Language, culture and spirituality by promoting education, healthy lifestyles for our youth through culturally based strategies.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,779	
b Net unrelated business taxable income from Form 990-T, line 38	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	435,975	356,774	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-21,467	-35,777	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,647	18,417	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	456,155	339,414	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	119,508	118,620	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,297			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	285,334	229,511	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	404,842	348,131		
19 Revenue less expenses. Subtract line 18 from line 12	51,313	-8,717		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	501,682	299,496	
	22 Net assets or fund balances. Subtract line 21 from line 20	203,552	33,272	
		298,130	266,224	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer EARL BULL HEAD	Date			
	Type or print name and title SECRETARY				
Paid Preparer Use Only	Print/Type preparer's name Morey Monk	Preparer's signature	Date 10/23/20	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00636424
	Firm's name ▶ MOREY MONK & ASSOCIATES LLC	Firm's EIN ▶			
	Firm's address ▶ P.O. BOX 1791 WINNER, SD 57580	Phone no. 605-842-0806			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.