Form 990-T	Exempt Organization I			ax Return	OMB No 1545-0687
•·•	(and proxy tax For calendar year 2018 or other tax year beginning OCT		• • •	77 <i>U</i> 1	2018
-	► Go to www irs.gov/Form9907				- 2010
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as				Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if n	ame changed a	and see instructions.)	D	Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print NATIVE AMERICAN DEVE	ELOPMEN	T CORPORATI	ON	81-0512124
X = 501(c0/3)	Number, street, and room or suite no. If a P.			E	Unrelated business activity code (See instructions.)
408(e)220(e)	Type 17 N 26TH STREET				,,,
408A 530(a)	City or town, state or province, country, and BILLINGS, MT 59101	ZIP or foreign	postal code	5	331120
529(a) C Book value of all assets	F Group exemption number (See instruction	nc)			131120
at end of year 2,699,4			501(c) trust	401(a) tr	rust Other trust
	organization's unrelated trades or businesses	1		the only (or first) unre	
	SEE STATEMENT 1			complete Parts I-V. If	
	plank space at the end of the previous sentence, compl	lete Parts I and			
business, then complete					
	the corporation a subsidiary in an affiliated group or a	parent-subsid	liary controlled group?	▶ □	Yes X No
If "Yes," enter the name a	and identifying number of the parent corporation.				
	► LEONARD SMITH				6-259-3804
शृक्षताः 🖫 Unrelate	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale					
b Less returns and allo		1c			
2 Cost of goods sold (S		2		NECTAL LINE AND E	
3 Gross profit Subtract		3			
	ne (attach Schedule D) 1 4797, Part II, line 17) (attach Form 4797)	4 <u>a</u> 4b		ETTE TOTAL	
c Capital loss deduction		4c			\$ 1.50 m
•	partnership or an S corporation (attach statement)	5			
6 Rent income (Schedu		6			
·	ced income (Schedule E)	7	مر920, 26	37,12	9. $-10,209$.
8 Interest, annuities, roy	yalties, and rents from a controlled organization (Sched	fule F) 8			
9 Investment income o	fa section 501(c)(7), (9), or (17) organization (Schedu	ule G) 9			
	ıvıty ıncome (Schedule I)	10			
11 Advertising income (S	•	11		618112 12010	258.0
	structions; attach schedule)	12/	26 020	#1.74 # 200 P. 1 2	
13 Total. Combine lines	s 3 through 12 ons Not Taken Elsewhere (See instruction	13	26,920.	37,12	9. -10,209.
	contributions, deductions must be directly conf			ıncome)	
2 14 Compensation of off	ficers, directors, and trustees (Schedule K)			•	14
Compensation of off Salaries and wages			mai Revenue Sen		15
16 Repairs and mainten	nance	Kec	eived US Bank - t 733)gB	16
					17
Interest (attach sche Taxes and licenses	edule) (see instructions)		AUG 21 2020		18
◀ 19 Taxes and licenses			Kansas City, MO	·	19
A R	ions (See instructions for limitation rules)			L.	20
21 Depreciation (attach			21		
22 Less depreciation cla	aimed on Schedule A and elsewhere on return		22a		22b
23 Depletion	erred compensation plans				23 24
25 Employee benefit pro					25
26 Excess exempt expe					26
27 Excess readership co					27
28 Other deductions (at				 	28
	dd lines 14 through 28				29 0.
30 Unrelated business t	taxable income before net operating loss deduction. Su	ubtract line 29 t	from line 13		30 -10,209.
/	oerating loss arising in tax years beginning on or after ι	January 1, 201	8 (see instructions)		31
	taxable income Subtract line 31 from line 30				$\frac{32}{200}$
823701 01-09-19 LHA FC	or Paperwork Reduction Act Notice, see instructions			.0	Form 990-T (2018

Form 990-T		E AMERICAN I		CORPORATI	ON	81-051	2124	Page 2
		ness taxable income com		radas ar husunasas	/acc instructions		T 99 T	-10,209.
			pueo from all unrelateo i	rades or dusinesses	(see instructions	5) [33	-10,209.
34	Amounts paid for disal	rating loss arising in tax yo	nare hogunnung hafore lar	nuary 1 2018 (eas in	etructione)		35	
35 36		ness taxable income befo					1	
30	lines 33 and 34	iless taxable illicolle belo	re specific deduction 301	onaci inie 33 nom n	ie suili oi		36	-10 209
37		nerally \$1,000, but see lin	ne 37 instructions for eve	entions)		0.	37	-10,209. 1,000.
38	•	xable income Subtract			me 36	<i>U</i>	T'	
30	enter the smaller of ze			c or is greater than i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		38	10,209.
Part I	/ Tax Comput						, ,	·
39	Organizations Taxable	e as Corporations Multip	oly line 38 by 21% (0.21)			>	39	0.
40	Trusts Taxable at Trus	st Rates See instructions	for tax computation. Inc	ome tax on the amou	ınt on line 38 fro	m:	18 18 400 16	
	Tax rate schedule	e or Schedule D	(Form 1041)			>	40	
41	Proxy tax See instruc					>	41	
42	Alternative minimum ta	ax (trusts only)					42	
43	-	Facility Income See inst					43	
44		2, and 43 to line 39 or 40,	whichever applies				44	0.
Part N			10		45		5,000 5	
	- ,	porations attach Form 11	18, trusts attach Form 11	16)	45a		2.00 AG	
	Other credits (see instr	•			45b			
_	General business credi		0004 0007)		45c			
		inimum tax (attach Form	8801 or 8827)		45d	· · · · · · · · · · · · · · · · · · ·	450	
	Total credits. Add line	-					45e	0.
	Subtract line 45e from	rom: Form 4255	Form 8611 For	m 8697 Form		IET (attach schedule)	47	
47				111 0097 FUIII	10000 [] UII	iei (attach schedule)	48	0.
		3 and 47 (see instructions		olumn (k) lina 2			49	0.
49 50 a		ity paid from Form 965-A erpayment credited to 201		oluliiii (k), iille 2	50a		3.40	
	2018 estimated tax pay		10		50b			
	Tax deposited with For				50c			
		Tax paid or withheld at so	nurce (see instructions)		50d	· · · · · · · · · · · · · · · · · · ·		
	Backup withholding (s	•	, area (500 metraenone)		50e			
		yer health insurance prem	nums (attach Form 8941)	1	50f			
	Other credits, adjustme	_	Form 2439	,				
	Form 4136	[Other	Total	► 50g			
51	Total payments. Add I	ines 50a through 50g					51	
52		see instructions). Check i	f Form 2220 is attached	▶ □			52	
53	Tax due. If line 51 is le	ess than the total of lines	48, 49, and 52, enter amo	unt owed		>	53	
54	Overpayment If line 5	1 is larger than the total o	of lines 48, 49, and 52, en	ter amount overpaid		>	54	
		ne 54 you want Credited t				Refunded 🕨	55	
\$Parit*V	Statements	Regarding Certai	n Activities and (Other Informa	tion (see ins	tructions)		
56	At any time during the	2018 calendar year, did ti	he organization have an ir	nterest in or a signati	ure or other auth	ority		Yes No
		nt (bank, securities, or oth		_				
	FinCEN Form 114, Rep	ort of Foreign Bank and F	inancial Accounts. If "Yes	," enter the name of	the foreign count	try		
	here ►							X
57		d the organization receive			r transferor to, a	foreign trust?		X
		is for other forms the org						
58		x-exempt interest received				Ab a b a at of any longwis	dec and halia	t dualities
Sign		Declaration of preparer tother t					age and belie	i, ii i3 ii ue,
Here	VIII or a		Thyd lucker	Sal EXECUT	rive dir	ECTOR M	•	scuss this return with
	Signature of offi	icer	Date / 201	Title	IIVE DIN			own below (see X Yes No
1/	Print/Type prepa		Preparer's signature		Date		f PTIN	
Paid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/,			self- employed		-
Prepa	rer MATT HJE	ÉLM_	MATT HJELN	<u>1</u>	08/14/20		P01	413336
Use O	- · •	WIPFLI LLP				Fırm's EIN ▶	39-	0758449
			31ST ST, S	UITE 300				
	Firm's address	► BILLINGS,	MT 59101			Phone no. 4	06.24	8.1681
823711 01-	09-19						F	orm 990-T (2018)

Schedule A - Cost of G	oods Sold. Enter	method of invent	ory valuation N/A	· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year			6 Inventory at end of year		6		
2 Purchases	2		7 Cost of goods sold. Si				
3 Cost of labor	3		from line 5. Enter here and in Part I,			·	
4a Additional section 263A cost	s		line 2	,	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to	ס		
5 Total. Add lines 1 through 4	b 5		the organization?				
Schedule C - Rent Inco (see instructions)	me (From Real	Property and	Personal Property L	eased With Real F	Propert	y)	
1 Description of property							
(1)							
(2)							
(3)				,			
(4)							
	2 Rent receiv	ed or accrued		24.35.1.			
(a) From personal property (if rent for personal property 10% but not more that	is more than	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge 3(a) Deductions columns	directly conr s 2(a) and 2(t	nected with the income b) (attach schedule)	ın
(1)							
(2)			,				
(3)	<u> </u>					_	
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of collhere and on page 1, Part I, line 6, 0	column (A)			(b) Total deduction Enter here and on pa Part I, line 6, column	ge 1,		0.
Schedule E - Unrelated	Debt-Financed	Income (see ii	nstructions)				
			2 Gross income from or allocable to debt-		t-financed pr	roperty	
1 Description of	debt-financed property		financed property	(a) Straight line depreciat (attach schedule)	ion	(b) Other deduction (attach schedule	
				·		STATEMENT	2
(1) 17 NORTH 26TH	STREET, BI	LLINGS,					
(2) MT 59101		·	29,453.			40,6	522.
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-finance property (attach schedule) STATEMENT 3	d of or a debt-fina	adjusted basis affocable to nced property Schedule MENT 4	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)	511112		%				
(2) 841,38	39.	920,590.	91.40%	26,9	20-	37,1	29.
(3)		320,0301	%				
(4)			%				
- 	<u> </u>	<u> </u>		Enter here and on page Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
T-4-1-			<u>.</u>				
Totals	ana inglisidad sa salesas	. 0	▶	26,9	20.	37,1	0.
Total dividends-received deduction	ons included in columi	1 Ø					<u> </u>

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(3)						
Totals (carry to Part II, line (5))	0	0	FA. ON MONTHOUSE, S. A. S. S. S. J. J. S. P.F.			0

Form **990-T** (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	-					
(3)	-					
(4)		·				
Totals from Part I	0.	0.	14 14 14 14 14 14 14 14 14 14 14 14 14 1			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 ¹ Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RENTING OUT DEBT-FINANCED COMMERCIAL SPACE

TO FORM 990-T, PAGE 1

FORM 990-T	SCHEDULE E - OTH	IER DEDUCTIONS		STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			8,526.	
INTEREST			10,436.	
UTILITIES			5,168.	
INSURANCE			0.	
CLEANING			2,757.	
SECURITY			11,478.	
OCCUPANCY COSTS			0.	
OFFICER AND STAFF	WAGES		2,257.	
	- SUBTOTAL	1		40,622.
TOTAL OF FORM 990-	r, schedule e, colum	IN (3(B)		40,622.

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT (\$8 \$834,899 ENDING)	48,138 BEGINNING, - SUBTOTAL -	· 1	841,389.	841,389.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	4		841,389.

FORM 990-T	STATEMENT 4			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BASIS (\$93 \$908,410 ENDING)	2,769 BEGINNING, - SUBTOTAL -	- 1	920,590.	920,590.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	5		920,590.