Form 990-EZ

Short Form 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. 1545-1150

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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

			ar year, or tax year beginning , 2014, and ending	, 2014, and ending							
В	Check if	applicable:	C Name of organization		plover identi	, 20					
		change	Tribal Nations Research Group		46-5453270 E Telephone number						
	Name ci	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele							
1	Initial ret	errore,	PO Box 1906								
F	CAN CENTRE	urn/terminated ed return	City or town, state or province, country, and ZIP or foreign postal code	-		77-5526					
Ē		ion pending	Belcourt, ND 58316		oup Exempt	lion					
G					ımber ▶						
	Websit		tribalnationresearchgroup.org			e organization is no					
			1 1 1 5			Schedule B					
K	Form o	of organization:		(Form	990, 990-E2	Z, or 990-PF).					
L	Add line	es 5b, 6c, and	✓ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to								
(Pa	art II. co	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal assets	3						
	art I	Povonu	S Expenses and Character in New York 1990-EZ.		▶ \$	113,500					
•	aiti	Check if	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ictions for	r Part I)					
_	1	Contributio	the organization used Schedule O to respond to any question in this Part ns, gifts, grants, and similar amounts received	1	1	🗸					
	2	Program se	envice revenue including government feet and contract		1	113,500					
	3	Membershi	ervice revenue including government fees and contracts		2						
	4	Investment	p dues and assessments		3						
	5a				4						
	-	Loos and	unt from sale of assets other than inventory								
	b	Coin or /lea	William .								
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c									
	a	Gaming and fundraising events									
Revenue	a	\$15,000)									
ve	b	Gross incor	(B) (C)								
Re		from fundra	ising events reported on line 1) (attach Schedule G if the		The same of						
			gross income and contributions exceeds \$15,000) 6b								
	С	Less: direct	expenses from gaming and fundraising events 6c		200						
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract							
		line 6c) .			6d						
	7a	Gross sales	of inventory, less returns and allowances		-						
	b	Less: cost of	of goods sold								
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	Other reven	ue (describe in Schedule O)		8						
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	(222.222					
	10	Grants and	similar amounts paid (list in Schedule O)		10	113,500					
	11	Benefits paid	d to or for members								
S	12	Salaries, oth	er compensation, and employee benefits		11						
uses	13	Professional	fees and other payments to independent contractors		12	5,595					
bei	14	Occupancy.	rent, utilities, and maintenance		13						
Expen	15	Printing put	plications, postage, and shipping		14	690					
	16	Other expen	ses (describe in Schedule O)		15	45					
	17	Total expen	ses. Add lines 10 through 16		16	1,659					
	18	Excess or /d	ses. Add lines 10 through 16	. >	17	7,989					
ets	19	Net assets	eficit) for the year (Subtract line 17 from line 9)		18	105,511					
SS		end-of-vear	or fund balances at beginning of year (from line 27, column (A)) (must agree figure reported on prior year's return)	e with							
Net Assets	20	Other chara	os in not apports or fund belonger (and b) a control of		19	0					
	21	Not assets	es in net assets or fund balances (explain in Schedule O)		20						
	21	ivet assets o	r fund balances at end of year. Combine lines 18 through 20	. >	21	105,511					

Pa	Balance Sheets (see the instruction	ns for Part II)			-	r age
	Check if the organization used Sched	dule O to respond to	any question in this	Part II		
				(A) Beginning of year	Ė	(B) End of year
22	Cash, savings, and investments			0	22	105,51
23	Land and buildings				23	100,01
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	25	105,51
26	Total liabilities (describe in Schedule O) .				26	100,01
27	Net assets or fund balances (line 27 of colu	ımn (B) must agree wi	th line 21)	0	27	105,51
Par	Statement of Program Service Acc	omplishments (see t	he instructions for	Part III)		,
	Check if the organization used Sched	lule O to respond to a	any question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	Promote research r	elated to Turtle Mtn E	Band of Chippewa		uired for section c)(3) and 501(c)(4)
perso	cribe the organization's program service acconneasured by expenses. In a clear and concise ons benefited, and other relevant information fo	e manner, describe the r each program title.	e services provided	program services, d, the number of		nizations; optional for
28	N/A (only start-up activities occurred in current ye	ear, as it was the first ye	ear of operations)			
	(Granta \$					
29	(Grants \$) If this amou				28a	
29						
	(Grants \$) If this amou	unt includes foreign gr	ants, check here		29a	
30					200	
	(Grants \$) If this amou	ınt includes foreign gr	ants, check here .	> 🗆	30a	
	Other program services (describe in Schedule (
	(Grants \$) If this amou	int includes foreign gra	ants, check here .	▶ □	31a	
Part	Total program service expenses (add lines 28	sa through 31a)			32	
	List of Officers, Directors, Trustees, and I Check if the organization used Schedu	vie O to respond to a	n one even if not comp	- 12 A		
	Shook in the organization aska contect		(c) Reportable	Part IV		🗆
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe		stimated amount of her compensation
	B. Parisien-Frederick, Chief Executive Officer					
3802 E	BIA Road 2 S, Saint John, ND 58316	40	\$5,595	0		0
	erald Monette, Chair					
	7th St NW, East Grand Forks, MN 56721	10	0	0		0
	rol Davis, Treasurer					
A 1- 11	BIA Road 10, Belcourt, ND 58316	10	0	0		0
	ula Morin-Carter, Secretary					
3720 (Cherry Street #H32, Grand Forks, ND 58201	10	0			0
						1
	А					The second

						Y. I
				X		<u> </u>
						VIII James III

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	ho	rage
-	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		_
35a		34		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	36 37b		√
39 a	Section 501(c)(7) organizations. Enter:	38a		1
b 40a	Initiation fees and capital contributions included on line 9	THE REAL PROPERTY.		
Ь	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	37.5	1
41	List the states with which a copy of this return is filed ▶ None			_
42a	The organization's books are in care of ▶ Anita Parisien-Frederick Telephone no. ▶ 7	01-477	7-5526	
	Located at ▶ PO Box 1906, Belcourt, ND ZIP + 4 ▶	58316-	1906	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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: N/A	42b		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	If "Yes," enter the name of the foreign country: ► N/A	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, >	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b	300E	V
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions)	45h		j

46	Die	d the ergonization and all the st					-	Yes	No	
40	to	the organization engage, directly or	indirectly, in political of	campaign activities o	n behalf o	of or in oppos	ition			
Dowl	10	candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46		1	
Part	VI	Section 501(c)(3) organization	s only							
		All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and	complete th	ne tables	for lin	es	
		ou and or.								
		Check if the organization used So	chedule O to respond	d to any question in	this Part	VI			Г	
								Yes	No	
47	Dio	the organization engage in lobbying	activities or have a	section 501(h) election	on in effe	ct during the	tay	163	NO	
	yea	ar? If "Yes," complete Schedule C, Par	rt II			or during the			,	
48	ls t	he organization a school as described i	n section 170/b)/1\/A\/	ii)2 If "Voc " complete	Cobodula	-	47	-	V	
49a	Did	the organization make any transfers	to an exempt per als	ing in res, complete	Schedule	E	. 48	_	1	
b	If "	the organization make any transfers t	to all exempt non-cha	iritable related organi	zation? .				1	
50	Co	Yes," was the related organization a se	ection 527 organization	on?			. 49b			
30	om	mplete this table for the organization's	s five highest comper	sated employees (ot	her than o	officers, direc	tors, truste	es an	d ke	
	GIII	ployees) who each received more than	n \$100,000 of compe	nsation from the orga	nization.	If there is non	e, enter "N	Vone."		
	((a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributi	alth benefits, ons to employee		e) Estimated amount of		
			devoted to position	(Forms W-2/1099-MISC)		ans, and deferred apensation	other con	npensat	ion	
None					-	(portoditori			7	
								7.61		
									711	
					- L					
f	Tota	al number of other employees paid over	er \$100.000	•					_	
51	Con	nplete this table for the organization	s five highest compe	ensated independent	contract	ore who seeh	rossiused		Alexander	
	\$10	0,000 of compensation from the orga	nization. If there is no	ne, enter "None "	Contracti	ors who each	received	more	tnar	
						T			_	
	(8	 a) Name and business address of each independ 	ent contractor	(b) Type of serv	ice	(c)	Compensation	on		
None								_		
							100			

							- X		-	
d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 I			90		_	
		the organization complete Schedul				marine attack	20	-	_	
	com	pleted Schedule A	ic A: Note. All Sec	cuon sun conso organ	lizations		and the same of th			
	-						► ✓ Yes	□N		
rue, corr	ect, a	s of perjury, I declare that I have examined this re nd complete. Declaration of preparer (other than	officer) is based on all infor	ing schedules and stateme mation of which preparer h	nts, and to t	he best of my kno	owledge and	belief, it	is	
	T			material of miletiproparer in	us any know	neage.				
Sign		Signature of officer						4		
Here					D	ate				
rere		Anita Parisien-Frederick, Executive	Director							
		Type or print name and title	4							
Paid		Print/Type preparer's name	Preparer's signature	Dat	е	Check	PTIN			
repa	rer	Tiffany M. Sathre				self-employ	E	746643		
Jse C				4			1 00	TO THE STATE OF TH		
,3e C	rilly	Firm's address ▶ 411 Sinclair St, Botting	PAUL ND 58319			rm's EIN ▶	45-0447	10-12-12	-	
May the	IRS	discuss this return with the preparer	shown above? See in	structions] Pi	hone no.	701-228-2		_	
	T-0.7.10.7.10	The second with the property		oudelles			VIVAC	I N	0	

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Triba	al Natio	ns Research Group					Linployer identificati	on number		
	rt I	Reason for Public C	harity Status (A	Il organizations mu	st comp	lete this	nart) See instruct	453270		
The	organi	zation is not a private fou	ndation because i	t is: (For lines 1 through	gh 11 ch	eck only	one hov \	ons.		
1	□ A	church, convention of ch	urches, or associa	tion of churches desc	cribed in	section 1	170/b\/1\/A\/i\			
2	□A	school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule F)	30011011	170(D)(1)(A)(I).			
3	$\Box A$	hospital or a cooperative	hospital service o	rganization described	in section	on 170(b)	(1)(Δ\(iii)			
4	LA	medical research organiz	ation operated in	conjunction with a ho	spital des	scribed in	section 170(b)(1)(A	(iii). Enter the		
	110	spital's name, city, and s	itate:							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit des section 170(b)(1)(A)(iv). (Complete Part II.)									
6		federal, state, or local gov	vernment or gover	nmental unit describe	ed in sect	ion 170(b)(1)(A)(v).			
7	✓ Ar	organization that normal scribed in section 170(b)	ally receives a sub (1)(A)(vi). (Comple	stantial part of its su ete Part II.)	pport fro	m a gove	ernmental unit or from	m the general public		
8	□ A	community trust describe	d in section 170(I	b)(1)(A)(vi). (Complete	Part II.)					
9	☐ Ar	organization that norma	lly receives: (1) m	ore than 331/3% of its	s support	from co	ntributions, member	ship fees, and gross		
	160	beings from activities rela	ited to its exempt	t functions—subject	to certain	exception	ons and (2) no mor	a than 331/20% of ita		
	Su	pport from gross invest	ment income and	unrelated business	taxable	income	(less section 511 to	x) from businesses		
10		quired by the organization	n arter June 30, 18	75. See section 509	(a)(2). (Co	omplete F	Part III.)			
11	□ An	organization organized a	ind operated excit	usively to test for publ	lic safety.	See sec	tion 509(a)(4).			
	on	organization organized ar	ted organizations	sively for the benefit of	f, to perfo	rm the fu	nctions of, or to carry	out the purposes of		
	the	e or more publicly suppore box in lines 11a through	11d that describes	the type of supporting	a organiz	or section	n 509(a)(2). See sect	ion 509(a)(3). Check		
а		ype I. A supporting organ	nization operated	supervised or contro	y organiza	a aumana	tod assesiantia (a)	ii, and iig.		
	t	he supported organization	n(s) the power to r	egularly appoint or ele	ect a mai	s suppor ority of th	ted organization(s), ty	pically by giving		
	0	rganization. You must co	omplete Part IV, S	Sections A and B.	oot a maj	only of th	ie directors or truster	s of the supporting		
b		ype II. A supporting orga	nization supervise	rvised or controlled in connection with its supported organization(s), by having						
	C	ontrol or management of	the supporting or	ganization vested in t	he same	persons t	that control or manac	e the supported		
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
С	11	ype III functionally integ s supported organization	(s) (see instruction	s). You must comple	ete Part I	V, Section	ons A, D, and E.			
d	□ T	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
	r.	lat is not functionally inte	grated. The organ	ization generally must	t satisfy a	distribut	ion requirement and	an attentiveness		
	re	equirement (see instruction	ins). You must co	mplete Part IV, Sect	ions A ar	nd D, and	d Part V.			
е	L C	heck this box if the organ	nization received a	written determination	n from the	e IRS that	t it is a Type I, Type I	I, Type III		
f	Coto	inctionally integrated, or	ype III non-functi	onally integrated supp	porting or	ganizatio	n.			
g	Provi	the number of supported	organizations .							
		de the following informati of supported organization								
	(i) ivairie	or supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above or IRC section		ment?	instructions)	instructions)		
				(see instructions))	Yes	No				
(A)					100	140				
(~)										
(B)										
(C)				DEED TO THE STATE OF	11-11-11-1					
(D)										
								FERRINA CO		
(E)										
					CONTRACTOR OF THE PARTY.	THE PERSON NAMED IN				

Pa	Support Schedule for Organiz	ations Desc	rihad in Sact	tions 170/h//:	4\/A\/:	470/-1/41/41/	Page 2
	(Complete only if you checked the	he box on lin	e 5. 7. or 8 of	f Part I or if th	e organizatio	170(b)(1)(A)(vi	lify under
	rart III. If the organization falls to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	ality under
	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A	N/A			113,500	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			N/A	NA	113,500	113,500
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					113,500	113,500
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.	THE RESERVE			AND THE PERSON NAMED IN COLUMN		113,500
Sect	tion B. Total Support						110,000
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	N/A	N/A	N/A	N/A	113,500	113,500
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	701-70-00	E PART OF THE			To Garage	113,500
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	(see instruction	ns)		or fifth tay ye	12	
	organization, check this box and stop here	е			· · · · ·		301(c)(3)
Secti	on C. Computation of Public Support	Percentage)				· ·
14	Public support percentage for 2014 (line 6,	, column (f) div	rided by line 11	, column (f))		14	%
15	Public support percentage from 2013 Sche	edule A, Part II	l, line 14			15	0/_
16a	331/3% support test—2014. If the organization qualified the organization qu	fies as a public	cly supported of	organization			. • □
b	331/3% support test—2013. If the organize check this box and stop here. The organize	zation did not	check a box	on line 13 or	16a, and line	15 is 33½% or	more,
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part VI how the organization meets the "factorganization".	ts the "facts-a cts-and-circun	nd-circumstan nstances" test	ces" test, chec . The organizat	ck this box and tion qualifies as	stop here. Exp	e 14 is
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization men	13. If the organ on meets the ets the "facts-	nization did not "facts-and-circ and-circumsta	t check a box of cumstances" to ances" test. The	on line 13, 16a est, check this e organization	, 16b, or 17a, a box and stop	here.
18	supported organization	not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	e

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

Tribal Nations Research G Organization type (chec	46-5453270	
	is only.	
Filers of:	Section:	
Form 990 or 990-EZ	√ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	☐ 527 political organization	
Form 990-PF	☐ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	a private foundation
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
nstructions. General Rule		
 For an organizati or more (in mone contributor's total 	on filing Form 990, 990-EZ, or 990-PF that received, during by or property) from any one contributor. Complete Parts I a al contributions.	g the year, contributions totaling \$5,000 and II. See instructions for determining a
pecial Rules		
13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedand that received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	dule A (Form 990 or 990-EZ), Part II, line
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, total contributions of more than \$1,000 exclusive ional purposes, or for the prevention of cruelty to children or	elv for religious, charitable, scientific
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions <i>exclusively</i> for religious, charitable aled more than \$1,000. If this box is checked, enter here the or an <i>exclusively</i> religious, charitable, etc., purpose. Do not be be to this organization because it received <i>nonexclusively</i> more during the year	e, etc., purposes, but no such e total contributions that were received complete any of the parts unless the
	hat is not covered by the General Bule and/or the Special I	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number Tribal Nations Research Group 46-5453270 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 Northwest Area Foundation (Pathways to Prosperity Program) Person 1 Pavroll 60 Plato Boulevard E., Suite 400 Noncash 112,500 (Complete Part II for St. Paul, MN 55107 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Name, address, and ZIP + 4

(c)

Total contributions

(a)

No.

(d)

Type of contribution

Person

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.

OMB No. 1545-0047

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

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

Open to Public Inspection

			Employer identification number
Tribal Nations Resear	ch Group		46-5453270
Part I, Line 16, Other	Expenses:		
IRS Nonprofit Applica	tion Fee \$850		
Bank Fees	30		
Office Supplies	779		
Total	\$1,659	*	

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