Filing Instructions

NATIONAL CENTER FOR AMERICAN INDIAN ENTERPRISE DEVELOPMENT

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2023

- **Date Due:** AS SOON AS POSSIBLE
- **Remittance:** Your Form 990-T for the tax year ended 6/30/23 shows a balance due of \$4,165. No remittance is to be filed with Form 990-T, but a payment in the amount of \$4,165 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.
- **Signature:** You have previously signed and returned Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization. No further action is required.
- **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.

					OMB No. 1545-0047
For	m 990-T		Exempt Organization Business Income Tax Re (and proxy tax under section 6033(e))		2022
		For cale	ndar year 2022 or other tax year beginning $07/01/22$, and ending $06/30/2$		Open to Public Inspection
	partment of the Treasury ernal Revenue Service	Do no	Go to www.irs.gov/Form990T for instructions and the latest information enter SSN numbers on this form as it may be made public if your organization		for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) NATIONAL CENTER FOR AMERICAN INDIAN	D Employer ide	ntification number
В	Exempt under section	Print	ENTERPRISE DEVELOPMENT	95-262	7645
	X 501(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exemp	
	408(e) 220(e)	Туре	953 EAST JUANITA AVENUE		115)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		I. I
	529(a) 529A	C Bo	MESA AZ 85204 ok value of all assets at end of year 4,762,841	-	k box if
<u> </u>			$\mathbf{\zeta}$ 501(c) corporation 501(c) trust 401(a) trust 0 ther th		nended return. college/university
G H	Check organization type Check if filing only to		Claim credit from Form 8941		college/utiliversity
<u></u>	ž i	anizatio	i filing a consolidated return with a 501(c)(2) titleholding corporation		
ı J			hedules A (Form 990-T)		
			poration a subsidiary in an affiliated group or a parent-subsidiary controlled g		
Ň			ntifying number of the parent corporation		
L	The books are in care o	of C	HRIS JAMES Telep	hone number	480-545-1298
F	Part I Total Un	related	Business Taxable Income		
1	Total of unrelated bus	siness ta	able income computed from all unrelated trades or businesses (see		
	instructions)			1	19,799
2	– .				
3	Add lines 1 and 2			1 2	19,799
4	Charitable contribution	ns (see i	nstructions for limitation rules)	4	
5	Total unrelated busine	ess taxal	le income before net operating losses. Subtract line 4 from line 3	5	19,799
6	Deduction for net ope	rating lo	s. See instructions	6	0
7	Total of unrelated bus	siness ta	able income before specific deduction and section 199A deduction.		
	Subtract line 6 from lin			7	19,799
8	Specific deduction (ge	enerally S	1,000, but see instructions for exceptions)		1,000
9	Trusts. Section 199A	deducti	on. See instructions		
10	Total deductions. Ad	dd lines a	and 9		1,000
11	Unrelated business	taxable	income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
-				11	18,799
F	Part II Tax Com	-		I	
1	-		rporations. Multiply Part I, line 11 by 21% (0.21)	1	3,948
2	r		See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from:		rate schedule or Schedule D (Form 1041)		0
3	Proxy tax. See instru				
4	Other tax amounts. So				
5	Alternative minimum t				
6			/ income. See instructions		2.040
	I otal. Add lines 3 thro	ough 6 to	line 1 or 2, whichever applies	7	$\frac{3,948}{5 \text{ corm } 990 - T}$

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

1a b (t III Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions)							
b								
	Other credite (see instructions)		1a					
			1b					
C (General business credit. Attach Form 3800 (see instructions)		1c					
	Credit for prior year minimum tax (attach Form 8801 or 8827)		1d					
	Total credits. Add lines 1a through 1d				1e			
	Subtract line 1e from Part II, line 7				2		3,9	948
3 (Dther amounts due. Check if from: Form 4255 Form 8611 Form 4255 Other (attach statement) Other (attach statement)				3			
4	Fotal tax. Add lines 2 and 3 (see instructions). Check if includes tax provide the second sec	evious	ly deferre	d under				
5	section 1294. Enter tax amount here			·	4		3,9	948
5 (Current net 965 tax liability paid from Form 965-A, Part II, column (k)				5			
6a	Payments: A 2021 overpayment credited to 2022		6a					
b 2	2022 estimated tax payments. Check if section 643(g) election applies		6b					
	Fax deposited with Form 8868		6c					
dl	Foreign organizations: Tax paid or withheld at source (see instructions)		6d					
	Backup withholding (see instructions)		6e					
f (Credit for small employer health insurance premiums (attach Form 8941)		6f					
	Other credits, adjustments, and payments: Form 2439							
Ū [Form 4136 To	tal	6g					
7	Fotal payments. Add lines 6a through 6g				7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			X	8		2	217
9 -	Fax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ow	ed			9		4,1	165
10 (Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amour	t overp	paid		10			
	Enter the amount of line 10 you want: Credited to 2023 estimated tax			Refunded	11			
	t IV Statements Regarding Certain Activities and Other	[.] Info	rmatio	n (see instructions)				
1 /	At any time during the 2022 calendar year, did the organization have an interest	st in or	a signatu	ure or other authority			Yes	No
(over a financial account (bank, securities, or other) in a foreign country? If "Ye	s," the	organiza	tion may have to file				
I	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e	nter the	e name o	f the foreign country				
ł	nere							Х
2 [During the tax year, did the organization receive a distribution from, or was it th	ne gran	ntor of, or	transferor to, a foreign	trust?			Х
I	f "Yes," see instructions for other forms the organization may have to file.							
4 I	Enter the amount of tax-exempt interest received or accrued during the tax yea Enter available pre-2018 NOL carryovers here \$ Do shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown h Part I, line 6.	ar not in ere by	clude any any dedu	\$ / post-2017 NOL carryo uction reported on	over			
	Post-2017 NOL carryovers. Enter the Business Activity Code and available po he amounts shown below by any NOL claimed on any Schedule A, Part II, line							
-	Business Activity Code		Ava	ailable post-2017 NOL	carryo	/er		
	\$							
	\$							
	\$							
	\$							
6a 1	Did the organization change its method of accounting? (see instructions)							X
· b I	f 6a is "Yes," has the organization described the change on Form 990, 990-Ez explain in Part V	2, 990-						

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign		I declare that I have examined this retu d complete. Declaration of preparer (ot							d	with t	he IRS discu he preparer s	ss this return hown below
Here				PRESIDE	NT &	CEO				· ·	nstructions)?	□ No
	Signature of officer	Date		Title							A 163	
	Print/Type preparer's	name	Prepa	arer's signature			Date		Check	if	PTIN	
Paid	ARMANDO SANCH	IEZ	ARMZ	ANDO SANCHEZ			01/	03/24	self-emp	loyed	P01712	667
Preparei	Firm's name	SJT Group LLC						Firm's	EIN	8	4-348	32539
Use Onl	У	4811 HARDWAR	RE D	R. NE SU	ITE	E-4						
	Firm's address	ALBUQUERQUE,	NM	87109				Phone	e no.	505	-312-	<u>-8702</u>
											000	

Form 990-T (2022)

SCHEDULE A

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

(Fo	rm 990-T)	-	an Unrelated						2	022	2
Depar	tment of the Treasury		s.gov/Form990T for in					Op	en to Pu	ublic Inspe	ction for
-	al Revenue Service	Do not enter SSN numbers	on this form as it may	y be made pu	blic if your orga	anizatior				Organizatio	
	Name of the organizatio						B Employ			ation n	umber
INA	TIONAL CENT	ER FOR AMERICA	N INDIAN				95-262	2704	13		
сı	Inrelated business activ	vity code (see instructions)	531120				D Sequer	ice.	1	of	2
<u> </u>							B codaoi				
E	Describe the unrelated t	rade or business BUI	LDING SUBL	EASE							
Pa	art I Unrelate	d Trade or Business I	ncome		(A) Incom	e	(B) Expense	es		(C) Net	•
1a	Gross receipts or sale	S	_								
b	Less returns and allow	vances	c Balance								
2	Cost of goods sold (P			2							
3	Gross profit. Subtract	line 2 from line 1c		3							
4a		ne (attach Sch D (Form 1041	or Form								
	1120)). See instruction			4a					<u> </u>		
b		4797) (attach Form 4797). S									
	instructions			4b					<u> </u>		
с -	Capital loss deduction	for trusts		4c					<u> </u>		
5	()	partnership or an S corporati		5							
6	Pont income (Part IV)			5							
7	Linrelated debt-finance	ed income (Part V)		0	50	,475	30	,676		19	,799
8	Interest annuities row	alties, and rents from a cont	rolled	···· ·		/ - / 0					/////
Ŭ	organization (Part VI)			8							
9		section 501(c)(7), (9), or (17)								
•	organizations (Part VI			9							
10		vity income (Part VIII)	• • • • • • • • • • • • • • • • • • • •	10							-
11	Advertising income (P										
12	Other income (see ins	structions; attach statement)		12							
13	Total. Combine lines	3 through 12		13		,475		,676			,799
Pa		ons Not Taken Elsewh			nitations on	deduc	tions. Dedu	uction	is mi	ist be	
		onnected with the unre									
1	Compensation of offic	ers, directors, and trustees (Part X)					1	<u> </u>		
2	Salaries and wages							2	<u> </u>		
3	Repairs and maintena	ince						3	──		
4	Bad debts							4	<u> </u>		
5	Interest (attach staten	nent). See instructions						5	├──		
6	Taxes and licenses	4500) O intime-time-			· · · · · · · · · · · · · · · · · · ·	1		6			
7	Depreciation (attach F	Form 4562). See instructions	on roturn		<u>7</u> 8a			8b			0
8 9	D 1 <i>C</i>	med in Part III and elsewher						9			
9 10		red compensation plans						10			
11	Employee benefit prog	red compensation plans						11			
12		ises (Part VIII)						12	<u> </u>		
13	Excess readership co							13	<u> </u>		
14	Other deductions (atta							14			
15	Total deductions. Ad							15			
16		come before net operating lo									
	column (C)	· · ·						16		19	,799
17		rating loss. See instructions						17			
18	Unrelated business	taxable income. Subtract li	ne 17 from line 16					18		19	,799

For Paperwork Reduction Act Notice, see instructions.

	dule A (Form 990-T) 2022 NATIONAL	CENTER FOR A	MERICAN	INDIAN95-262	7645	Pa	age 2
Pai	rt III Cost of Goods Sold	Enter method of					
1	Inventory at beginning of year				. 1		
2	Purchases						
3	Cost of labor				3		
4	Additional section 263A costs (attach stateme	nt)			. 4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				. 6		
7	Inventory at end of year						
8	Cost of goods sold. Subtract line 7 from line				·		
9	Do the rules of section 263A (with respect to p					Yes	No
Pai	rt IV Rent Income (From Real P				roperty)		
1	Description of property (property street addres	s, city, state, ZIP code). (Check if a dual-ւ	use. See instructions.			
	A						
	В						
	c						
	D			I			
		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%)						
b	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 co	olumns A through D. Ente	r here and on P	art I, line 6, column (A)			
4	r						
4	Deductions directly connected with the income						
	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through	ugh D. Enter here and on	Part I, line 6, co	lumn (B)	<u> </u>		
Pa	rt V Unrelated Debt-Financed I	come (see instruct	ons)				
1	Description of debt-financed property (street a			dual-use. See instructions			
-	A X 953 EAST JUANITA AVE		MESA	Až			
	B						
	c 🗌						
	D						
	Stmt 1	Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property	50,475					
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
	Other deductions (attach statement)	30,676					
	Total deductions (add lines 3a and 3b,						
	columns A through D)	30,676					
4	Amount of average acquisition debt on or allocable	See Statemer	nt 2				
	to debt-financed property (attach statement)	213,909	-				
5	Average adjusted basis of or allocable to debt		nt 3				
-	financed property (attach statement)	213,387					
6		100.00%		%	%		%
7	Gross income reportable. Multiply line 2 by line 6	50,475		/0			/0
		•					
8	Total gross income (add line 7, columns A th	nrough D). Enter here and	on Part I, line 7	7, column (A)	<u></u>	50,4	475
9	Allocable deductions. Multiply line 3c by line 6	30,676					
10	Total allocable deductions. Add line 9, colu	mns A through D. Enter h	ere and on Part	I, line 7, column (B)	_	30,0	<u>676</u>
11	Total dividends-received deductions include	led in line 10					

Schedule A (Form 990-T) 2022 NATIONAL CENTER FOR AMERICAN INDIAN 95-2627645

Page 3

Part VI Interest, Annuities, R	oyalties, and	Rents from	Controll	ed Organi	zation	s (see ins	truction	IS)
				Exempt	Controll	ed Organiza	tion	
1. Name of controlled organization	2. Employer identification number	incon	unrelated ne (loss) structions)	 Total of spe payments m 		5. Part of c that is includ controlling org gross inc	ed in the anization's	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
	Nor	nexempt Contro	olled Organiz	ations				
	unrelated	9. Total of	f specified		Part of co		11.	Deductions directly
	ne (loss) nstructions)	paymen	its made	contro	is included olling orgai gross inco	nization's	in	connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Totals				Enter lin	columns 5 here and o le 8, colum	on Part I, n (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Part VII Investment Income of	f a Section 50)1(c)(7), (9),	or (17) O	rganizatio	n (see	instructio	ons)	
1. Description of income	2. Amot	unt of income	directly	ductions connected statement)		 Set-asides tach statement) 		5. Total deductions and set-asides (add columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
	Enter here line 9,	nts in column 2. e and on Part I, column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		Other The	n Advarti	aina Inaan		o inotructiv		
Part VIII Exploited Exempt Act 1 Description of exploited activity:	ivity income,		n Auvertis	sing meon	ie (se			
2 Gross unrelated business income from	trade or business	Entor horo or	ad on Part I	line 10. colum	$n(\Lambda)$		2	
3 Expenses directly connected with prod								
line 10. column (P)					ar e 1,		3	
4 Net income (loss) from unrelated trade	or business. Sub						<u> </u>	
lines E through 7							4	
5 Gross income from activity that is not u	nrelated business	s income					5	
6 Expenses attributable to income entered	d and line E	·····					6	
7 Excess exempt expenses. Subtract line	e 5 from line 6, bu	t do not enter r	nore than the	e amount on li	ne			
4. Enter here and on Part II, line 12 …							7	

Schedule A (Form 990-T) 2022 NATIONAL CENTER FOR AMERICAN INDIAN 95-2627645 Part IX Advertising Income

1	Nai A	me(:	s) of pe	eriodical	(s). Che	CK DOX I	f reporti	ng two or	more peri	odicais d	on a conso	idated basi	IS.			
	В															
	С															
Ente	D ram	U oun	ts for e	ach peri	odical lis	sted abo	ove in th	e corresp	ondina co	lumn.						
									Α			В		С		D
2	Gro	ossa	adverti	sing inco	ome											
а	Ado	d co	lumns	A throug	h D. En	ter here	e and on	Part I, lin	e 11, colu	mn (A) _.						
3	Dire	ect a	adverti	sing cos	ts by pe	riodical										
а	Ado	d co	lumns	A throug	h D. En	ter here	e and on	Part I, lin	e 11, colu	mn (B) _.						
4 5 6 7 8	2. F com line Rea Circ Exc line than Exc ded	For a nplet 4 sh s 5 t adei cula cula 5, si n line cess uctio	ny colur e lines 5 howing a hrough ² rship co readers ubtract l e 6, ente readers on. For e	n (loss). S mn in line 5 through a loss or z 7, and eni osts come hip costs. line 6 from er zero hip costs each colur	4 showin 8. For an ero, do n ter zero c If line 6 i n line 5. If allowed a mn showi	g a gain, y columr ot compl on line 8 is less that f line 5 is as a ing a gair	n in lete an less									
				lesser of												
а					-		-					ero here an				
	i ui	· · · · ,	1110 10	•												
Pa		•	Co									e instruct				
Pa			Co									e instruct		3. Percer		4. Compensation
Pa			Со			of Of						e instruct			ntage voted	4. Compensation attributable to unrelated business
Pa			Co		sation	of Of					tees (se	e instruct		3. Percer of time de	ntage voted ess %	attributable to
(1)			Со		sation	of Of					tees (se	e instruct		3. Percer of time de	ntage voted ess %	attributable to
(1) (2) (3)			Со		sation	of Of					tees (se	e instruct		3. Percer of time de	ntage voted ess % %	attributable to
(1)			Co		sation	of Of					tees (se	e instruct		3. Percer of time de	ntage voted ess %	attributable to
(1) (2) (3) (4)	rt X		r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct		3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4)	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to
(1) (2) (3) (4) Tot	nt X	Enter	r here a	mpens	1. Name	of Of 	ficers	, Direct	ors, and	d Trus	tees (se 2. Tit	e instruct	tions)	3. Percer of time de to busin	ntage voted ess % %	attributable to

SCHEDULE A

Unrelated Busine	ss Taxable Income
From an Unrelated	Trade or Business

OMB No. 1545-0047

(Fo	rm 990-T)		an Unrelate						2	022	2
	tment of the Treasury		s.gov/Form990T for i							ıblic Inspe	
	al Revenue Service	Do not enter SSN numbers	s on this form as it m	ay be made pi	Iblic if your	organizatio				Organizatio	
	lame of the organizatio	ER FOR AMERICA	N TNDTAN				B Emplo 95-26			ation n	umper
							55 20	270	10		
c ι	Inrelated business activ	vity code (see instructions)	541800				D Sequer	nce:	2	of	2
EC	Describe the unrelated t	rade or business MAG	AZINE ADVE	ERTISEM	ENTS						
Pa	art I Unrelated	d Trade or Business	Income		(A) Inc	ome	(B) Expens	es		(C) Net	t
1a	Gross receipts or sale		_								
b		vances									
2	Cost of goods sold (Pa	art III, line 8)		2							
3	Gross profit. Subtract	line 2 from line 1c		3							
4a		ne (attach Sch D (Form 104									
_	1120)). See instruction	1s		<u>4a</u>							
b		4797) (attach Form 4797). S									
-	instructions			4b 4c							
с 5		for trusts partnership or an S corporat		<u>4C</u>							
5				5							
6	Rent income (Part IV)			5							
7	Unrelated debt-finance	ed income (Part V)		7							
8		alties, and rents from a con									
	organization (Part VI)			8							
9		section 501(c)(7), (9), or (1									
	organizations (Part VI		-	9							
10	Exploited exempt activ	vity income (Part VIII)		10							
11	Advertising income (P	art IX)		11		58,900	85	,879		-16	5,979
12	Other income (see ins	tructions; attach statement)		12							
13		3 through 12				58,900		,879			5,979
Pa		ns Not Taken Elsewl			nitations	on deduc	ctions. Dedu	uction	is mu	ist be	
		onnected with the unre									
1	<u> </u>	ers, directors, and trustees						1			
2								2			
3 4	Repairs and maintena Bad debts							4			
4 5		nent). See instructions						5			
6	Taxes and licenses							6			
7		orm 4562). See instructions			·····	7					
8	Less depreciation clai	med in Part III and elsewher	e on return		·····	Ba		8b			0
9	B 1 1							9			
10	Contributions to defer	red compensation plans						10			
11	Employee benefit prog							11			
12	Excess exempt expen	ses (Part VIII)						12			
13	Excess readership co	sts (Part IX)						13			
14	Other deductions (atta	ach statement)						14			
15	Total deductions. Ac	d lines 1 through 14						15			
16	Unrelated business in	come before net operating le	oss deduction. Subtr	act line 15 fro	om Part I, lin	e 13,				. .	
4-	column (C)							16		-16	5,979
17	Deduction for net oper	rating loss. See instructions						17		1 (070
<u>18</u>	Unrelated DUSINESS	taxable income. Subtract I	ne i/ irom line 16					18		-16	5 <u>,979</u>

For Paperwork Reduction Act Notice, see instructions.

				CENTER	FOR	AMERICAN	INDIAN95-2	627645	Page 2
Pa	rt III	Cost of Goo		Ente	r methoo	d of inventory valua	tion		
1	Invent	ory at beginning of ye	ear					1	
2	Purcha	ases						2	
3		f labor						3	
4	Additic	onal section 263A co	sts (attach stateme	ent)				4	
5	Other	costs (attach statem	ent)					5	
6		Add lines 1 through	5						
7		ory at end of year							
8		of goods sold. Subt						8	
9							apply to the organizati		
	rt IV						Leased with Rea	al Property	()
1		ption of property (pro	operty street addres	ss, city, state, 2	IP code). Check if a dual-u	se. See instructions.		
	B								
	C								
				Α		В		с	D
2	Pont r	eceived or accrued		A		В		<u> </u>	
ے a		personal property (if	the percentage of						
a		r personal property i							
		t more than 50%)							
h		eal and personal proper	tv (if the						
~		tage of rent for personal							
	•	if the rent is based on p							
с		ents received or acc	<i>'</i>						
-		nes 2a and 2b, colum							
							I	ı	
3	Total r	ents received or acc	rued. Add line 2c c	olumns A throu	igh D. Ei	nter here and on Pa	art I, line 6, column (A)	
4	Deduct	ions directly connected	with the income						
		2(a) and 2(b) (attach st							
-	Tatal	deductione. Add lin				an Dant Llina Caal	lumn (B)		
5									
Pa	rt V		ebt-Financed I						
1	Descri	ption of debt-finance	ed property (street a	address, city, st	ate, ZIP	code). Check if a c	dual-use. See instruct	ons.	
	A 🗌								
	В								
	С								
	D							-	_
	o ,	<i>c</i>		Α		В		С	D
2		ncome from or allocable	e to debt-financed						
•	propert	• • • • • • • • • • • • • • • • • • • •							
3		ions directly connected	with of allocable						
-		-financed property							
		ht line depreciation (a deductions (attach si							
		deductions (add lines							
U		ns A through D)							
4		t of average acquisition							
4		-financed property (attac							
5		ge adjusted basis of		 _					
5		ed property (attach s							
6		line 4 by line 5				%	%	%	%
7	Grace	ncome reportable. Multi	inly line 2 by line 6			//	//	70	70
•						1	I		
8	Total	gross income (add	line 7, columns A t	hrough D). Ent	er here a	and on Part I, line 7	, column (A)		
9	Allocab	le deductions. Multiply I	line 3c by line 6						
							· · · · · ·		
10	Total	allocable deduction	ns. Add line 9, colu	mns A through	D. Ente	r here and on Part	I, line 7, column (B)		
11	Total	dividends-received	I deductions inclue	ded in line 10					

Schedule A (Form 990-T) 2022 NATIONAL CENTER FOR AMERICAN INDIAN 95-2627645

Page 3

Part VI Interest, Annuities, R	oyalties, and	Rents from	Controll	ed Organi	zation	s (see ins	truction	IS)
				Exempt	Controll	ed Organiza	tion	
1. Name of controlled organization	2. Employer identification number	incon	unrelated ne (loss) structions)	 Total of spe payments m 		5. Part of c that is includ controlling org gross inc	ed in the anization's	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
	Nor	nexempt Contro	olled Organiz	ations				
	unrelated	9. Total of	f specified		Part of co		11.	Deductions directly
	ne (loss) nstructions)	paymen	its made	contro	is included olling orgai gross inco	nization's	in	connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Totals				Enter lin	columns 5 here and o le 8, colum	on Part I, n (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Part VII Investment Income of	f a Section 50)1(c)(7), (9),	or (17) O	rganizatio	n (see	instructio	ons)	
1. Description of income	2. Amo	unt of income	directly	ductions connected statement)		 Set-asides tach statement) 		5. Total deductions and set-asides (add columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
	Enter here line 9,	nts in column 2. e and on Part I, column (A)						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		Other The	n Advorti	aina Inaan		o inotructiv		
Part VIII Exploited Exempt Act 1 Description of exploited activity:	ivity income,	Uner ma	n Auvertis	sing meon	ie (se			
2 Gross unrelated business income from	trade or business	Entor horo or	ad on Part I	line 10. colum	$n(\Lambda)$		2	
3 Expenses directly connected with prod								
line 10. column (P)					ar e 1,		3	
4 Net income (loss) from unrelated trade	or business. Sub						<u> </u>	
lines E through 7							4	
5 Gross income from activity that is not u	nrelated business	s income					5	
6 Expenses attributable to income entered	d and line E	·····					6	
7 Excess exempt expenses. Subtract line	e 5 from line 6, bu	t do not enter r	nore than the	e amount on li	ne			
4. Enter here and on Part II, line 12 …							7	

i uyc i

	edule A (Form 990-T) 2022 NATIONAL art IX Advertising Income	CENTER FOR AM	ERICAN	INDIAN	95-2627645	Page 4
1	Name(s) of periodical(s). Check box if reporti A		on a consolida	ted basis.		
	D					
Ente	er amounts for each periodical listed above in th	e corresponding column.				-
		A	В		С	D
2	Gross advertising income	68,900				
а	Add columns A through D. Enter here and or					68,900
3	Direct advertising costs by periodical	85,879				
а	Add columns A through D. Enter here and or	Part I, line 11, column (B)				85,879
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	-16,979				
5	Readership costs					
6 7	Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, outer area					
8	Excess readership costs allowed as a deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7	0				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, colum	ns total or zero	here and on		•
	Part II, line 13					
Pa	Part II, line 13 art X Compensation of Officers					
Pa						4. Compensation attributable to unrelated business
Pa	art X Compensation of Officers		stees (see ii		3. Percentage of time devoted	attributable to
	art X Compensation of Officers		stees (see ii		3. Percentage of time devoted	attributable to unrelated business %
(1) (2) (3)	art X Compensation of Officers		stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1)	art X Compensation of Officers		stees (see ii		3. Percentage of time devoted	attributable to unrelated business %
(1) (2) (3) (4)	art X Compensation of Officers 1. Name		stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	art X Compensation of Officers	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 Ital. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 tal. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 tal. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Art X Compensation of Officers 1. Name 9 tal. Enter here and on Part II, line 1	, Directors, and Trus	stees (see ii		3. Percentage of time devoted	attributable to unrelated business % % %

BUILDING SUBLEASE Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information

Description	Deduction
LEASE INCOME	\$
Cleaning & Maintenance	30,676
Total	\$30,676

BUILDING SUBLEASE Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property

Description	Deduction
LEASE INCOME Sum of Debt Outstanding at First of Each Month Divided by Total Number of Months Property Held	2,566,910 12
Average Acquisition Debt	213,909
Unrelated Activity Percentage	100
Allocated Acquisition Debt	213,909

BUILDING SUBLEASE

Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property

Description	Deduction
LEASE INCOME Adjusted Basis on First Day Property Was Held Adjusted Basis on Last Day Property Was Held	214,745 212,028
Total Divided by 2	426,773 2
Average Adjusted Basis	213,387
Unrelated Activity Percentage	100
Allocated Adjusted Basis	213,387

F	orm	990-т
Underpayment of Estimated Tax by Corpo	oratio	ons

OMB No. 1545-0123

2022

Attach	to	the	corp	oratio	n's	tax	retur

Department of the Treasury Internal Revenue Service

Form **2220**

ch	to	the	corporation's tax return.	
----	----	-----	---------------------------	--

Employer identification number 95-2627645

		Go to w		2220 for instructions and the latest informat	ion.
(CENTER	FOR	AMERICAN	INDIAN	Emp

Name	NATIONAL	CENTER	FOR	AMER	
	ENTERPRIS	SE DEVE		CNT	

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I **Required Annual Payment**

1	Total tax (see instructions)			1	3,948
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term				
	contracts or section 167(g) for depreciation under the income forecast method	2b			
С	Credit for federal tax paid on fuels (see instructions)	2c			
	Total. Add lines 2a through 2c			2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this				
	does not owe the penalty			3	3,948
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If t				
	the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line		4	16,003	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is				
	the amount from line 3			5	3,948
Pa	rt II Reasons for Filing—Check the boxes below that apply. If a	any bo	oxes are checked, th	ne co	rporation must file
	Form 2220 even if it does not owe a penalty. See instruction	IS.			

6	The corporation is using the adjusted seasonal installment method	od

7 The corporation is using the annualized income installment method.

8		The cor	poratior	ı is a	"large	corpo	ration'	' figur	ing its	s first	require	d inst	tallmen	t based	don	the	prior	year's	s tax.
---	--	---------	----------	--------	--------	-------	---------	---------	---------	---------	---------	--------	---------	---------	-----	-----	-------	--------	--------

Part III **Figuring the Underpayment**

			(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day					
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th					
	months of the corporation's tax year.	9	10/15/22	12/15/22	03/15/23	06/15/23
10	Required installments. If the box on line 6 and/or line 7 above is					
	checked, enter the amounts from Schedule A, line 38. If the box on					
	line 8 (but not 6 or 7) is checked, see instructions for the amounts to					
	enter. If none of these boxes are checked, enter 25% (0.25) of line 5 $$					
	above in each column	10	987	987	987	987
11	Estimated tax paid or credited for each period. For column (a) only,					
	enter the amount from line 11 on line 15. See instructions	11				
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		987	1,974	2,961
15	Subtract line 14 from line 13. If zero or less, enter -0	15	0	0	0	0
16	If the amount on line 15 is zero, subtract line 13 from line 14.					
	Otherwise, enter -0-	16		987	1,974	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line					
	15 from line 10. Then go to line 12 of the next column. Otherwise, go					
	to line 18	17	987	987	987	987
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line					
	15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022) NATIONAL CENTER FOR AMERICAN INDIAN95-2627645

				(a)	(b)	(c)	(d)
9	Enter the date of payment or the 15th day of the 4t	h month after					
t	the close of the tax year, whichever is earlier. <i>(C c</i>	orporations with					
	tax years ending June 30 and S corporations: U	se 3rd month					
	instead of 4th month. <i>Form 990-PF and Form 990</i>	-T filers: Use 5th					
	month instead of 4th month.) See instructions		19	See Worksh	eet		
	Number of days from due date of installment on lin shown on line 19		20				
	Number of days on line 20 after 4/15/2022 and bef		21				
2	<u>Number of days on line</u> Underpayment on line 17 x 365	21 x 4% (0.04)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2022 and bef	ore 10/1/2022	23				
4	Number of days on line Underpayment on line 17 x 365	<u>23</u> x 5% (0.05)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2022 and bef	ore 1/1/2023	25				
6	Number of days on line Underpayment on line 17 x 365	<u>25</u> x 6% (0.06)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2022 and be	fore 4/1/2023	27				
8	<u>Number of days on line</u> Underpayment on line 17 x 365	<u>27</u> x 7% (0.07)	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2023 and bef	ore 7/1/2023	29				
	Number of days on line	29					
0	Underpayment on line 17 x 365	x *%	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2023 and bef	ore 10/1/2023	31				
	Number of days on line	31					
2	Underpayment on line 17 x 365	x *%	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2023 and bef	ore 1/1/2024	33				
4	<u>Number of days on line</u> Underpayment on line 17 x 365	33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2023 and be	fore 3/16/2024	35				
6	Number of days on line Underpayment on line 17 x 366	<u>35</u> x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36		37	\$	\$	\$	\$
	Penalty. Add columns (a) through (d) (line for other income tax returns						21

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

Form 2220		F	orm 2220 Workshe	et		2022
		year 2022, or tax year	beginning 07/01/	22 , and end	ding 06/30/	
me	•	· · · · · ·		· · · ·		yer Identification Numbe
NATIONAI			INDIAN			
ENTERPRI	SE DEVELOP					2627645
		1st Quarter	2nd Quarter		Brd Quarter	4th Quarter
	stimated payment	<u>10/15/22</u>	12/15/22		3/15/23	<u>06/15/23</u>
Amount of unc	lerpayment	98	7 98	7	987	98
Prior year ove	rpayment applied					
	1st Pa	vment 2nd	Payment 3rd Pay	rment	4th Payment	5th Payment
Date of payme					····	j
Amount of pay						
	-					
Qtr	From	То	Underpayment	#Days	Rate	Penalty
Qtr 1			Underpayment 987	#Days 77	Rate 	
	From 10/15/22 12/31/22	To 12/31/22 9/30/23		·		 12
 1	10/15/22	12/31/22	987	<u>-</u> - 77	6.00	 12 52
 1 1	10/15/22 12/31/22 9/30/23	12/31/22 9/30/23 11/15/23	987 987	77 273	6.00 7.00	 12 52 10
 1 1 1	 10/15/22 12/31/22	12/31/22 9/30/23	987 987 987	 77 273 46	6.00 7.00 8.00	 12 52 10 3
 1 1 2 2 2	10/15/22 12/31/22 9/30/23 12/15/22	12/31/22 9/30/23 11/15/23 12/31/22	987 987 987 987 987	77 273 46 16	6.00 7.00 8.00 6.00	 12 52 10 3 52
 1 1 2 2 2	10/15/22 12/31/22 9/30/23 12/15/22 12/31/22	12/31/22 9/30/23 11/15/23 12/31/22 9/30/23	987 987 987 987 987 987 987	77 273 46 16 273	6.00 7.00 8.00 6.00 7.00	 12 52 10 3 52 10
 1 1 2 2 2	10/15/22 12/31/22 9/30/23 12/15/22 12/31/22 9/30/23	12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 11/15/23	987 987 987 987 987 987 987 987	77 273 46 16 273 46	6.00 7.00 8.00 6.00 7.00 8.00	 12 52 10 3 52 10 38
1 1 1 2 2	10/15/22 12/31/22 9/30/23 12/15/22 12/31/22 9/30/23 3/15/23	12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 11/15/23 9/30/23	987 987 987 987 987 987 987 987 987	77 273 46 16 273 46 199	6.00 7.00 8.00 6.00 7.00 8.00 7.00	 12 52 10 3 52 10 38 10
1 1 2 2 3 3	10/15/22 12/31/22 9/30/23 12/15/22 12/31/22 9/30/23 3/15/23 9/30/23	12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 11/15/23 9/30/23 11/15/23	987 987 987 987 987 987 987 987 987 987	77 273 46 16 273 46 199 46	6.00 7.00 8.00 6.00 7.00 8.00 7.00 8.00 8.00	Penalty 12 52 10 3 52 10 38 10 20 10