### **Return of Organization Exempt From Income Tax**

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

DLN: 93493315007939 OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Print/Type preparer's name

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

▶ Go to www.irs.qov/Form990 for instructions and the latest information.

		ide service							
		2 2019 calendar year, or tax year beginning 01-01-201	.8 , and ending	12-31-2018		dentification number			
		AIN DAH YUNG (OUR HOME) CENTER							
	ne cha	ange			41-169769	12			
	al retu								
		/terminated return Number and street (or P O box if mail is not delivered to	o street address) Ro	om/suite	E Telephone n	ne number			
		n pending	J street duriess) No	only suite	(651) 227-	-4184			
		City or town, state or province, country, and ZIP or fore	ıgn postal code		(652) 22/				
		ST PAUL, MN 55104			<b>G</b> Gross receip	ots \$ 2,748,624			
		F Name and address of principal officer		H(a)	Is this a group returi	n for			
		DEBRORAH FOSTER 1089 PORTLAND AVENUE		()	subordinates?	□Yes ☑No			
		ST PAUL, MN 55104		Н(b)	Are all subordinates	☐ Yes ☐No			
I Tax	-exem	npt status	947(a)(1) or	:27	included? If "No," attach a list				
1 W	aheite	e: ► WWW ADYCENTER ORG	947(8)(1) 01 11 3		Group exemption nu	•			
	EDSIC	WWW ADTELNTER ONG							
<b>K</b> Form	n of or	ganization 🗹 Corporation 🗖 Trust 🗖 Association 🗖 Other 🕨	•	<b>L</b> Year	of formation 1993 M	State of legal domicile			
Pa	rt I	Summary		I					
	<b>1</b> B	riefly describe the organization's mission or most significant							
a.		IN DAH YUNG (OUR HOME) CENTER PROVIDES A HEALING AMILIES TO THRIVE IN SAFETY AND WHOLENESS	PLACE WITHIN TH	E COMMUNIT	Y FOR AMERICAN INC	IAN YOUTH AND			
20		APILLES TO THRIVE IN SAFETT AND WHOLENESS							
Ē	-								
Gove	_								
		Check this box > if the organization discontinued its ope							
<b>×</b> 5		Number of voting members of the governing body (Part VI, I							
Activities & Governance		Number of independent voting members of the governing bo		•					
		Total number of individuals employed in calendar year 2018							
		Total number of volunteers (estimate if necessary)				6 4			
		Total unrelated business revenue from Part VIII, column (C),				7a 0			
	ь	Net unrelated business taxable income from Form 990-T, lin	e 34	<del></del>		7b 0			
				_	Prior Year	Current Year			
Š		Contributions and grants (Part VIII, line 1h)		<u> </u>	1,667,244	· · · ·			
Rəvenue		Program service revenue (Part VIII, line 2g)		<u> </u>	669,940	<u> </u>			
æ			•	<u> </u>	335				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c		<u>.</u>	-9,881	· ·			
		Total revenue—add lines 8 through 11 (must equal Part VIII,		.2)	2,327,638				
		Grants and similar amounts paid (Part IX, column (A), lines :	•		0	0			
		Benefits paid to or for members (Part IX, column (A), line 4)			0	0			
85		Salaries, other compensation, employee benefits (Part IX, co	, ,,	10)	1,413,943				
÷	_	Professional fundraising fees (Part IX, column (A), line 11e)		119,669	74,610				
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶231,174		-					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	•		458,303				
		Total expenses Add lines 13–17 (must equal Part IX, column		<u> </u>	1,991,915				
- 45	19	Revenue less expenses Subtract line 18 from line 12			335,723				
Net Assets or Fund Balances				Beg	inning of Current Year	End of Year			
set alar	20 .	Total assets (Part X, line 16)		<u> </u>	1,379,798	1,980,256			
AB B		Total liabilities (Part X, line 26)		_	132,503				
ž Š		Net assets or fund balances Subtract line 21 from line 20 .		· —	1,247,295				
Pa		Signature Block	<u> </u>		1,247,293	1,027,004			
Under	pena	Ilties of perjury, I declare that I have examined this return, i and belief, it is true, correct, and complete Declaration of p							
any k			reparer (other trial	ii oincei) is b	asea on an informatio	an or winch preparer has			
		<b>\</b>			2010.06.05				
eie-		Signature of officer			2019-06-05 Date				
Sign Here	:	DEBODAL FOCTED EVECUTIVE DIRECTOR							
		DEBORAH FOSTER EXECUTIVE DIRECTOR Type or print name and title							

Preparer's signature

2018)
066
Form

Partill Statement of Program Service Accomplishments

Page 2

H	Briefly describe the organization's mission
SINC	SINCE ITS INCEPTION, THE AIN DAH YUNG (OUR HOME) CENTER HAS PROVIDED A HEALING PLACE WITHIN THE COMMUNITY FOR AMERICAN INDIAN YOUTH AND FAMILIES TO THRIVE IN SAFETY AND WHOLENESS ALTHOUGH THEY ORIGINALLY CONCENTRATED ON PROVIDING EMERGENCY SHELTER FOR NUMAWAY AND HOMELESS AMERICAN INDIAN YOUTH, THEY CURRENTLY PROVIDE A MULTITUDE OF SERVICES INTENDED TO
2	JINAL AIND

- 1						
	Did the organization und	ertake any significant pro	gram servi	Did the organization undertake any significant program services during the year which were not listed on	not listed on	
	the prior Form 990 or 990-E	10-EZ'	•			☐ Yes ☑ No
	If "Yes," describe these new	o Schedule O	0			
	Did the organization cea	se conducting, or make si	gnificant c	Did the organization cease conducting, or make significant changes in how it conducts, any program	rogram	
	services <sup>2</sup>					☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O	changes on Schedule O				
	Describe the organization's Section 501(c)(3) and 501(	n's program service accor )1(c)(4) organizations are	nplishment required t	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ogram services, as measund allocations to others, t	ired by expenses he total
	expenses, and revenue, it ar	if any, for each program service reported	service rep	orted		
	4a (Code	) (Expenses \$	583,432	583,432 including grants of \$	) (Revenue \$	377,515)

ř	See Additional Data	d cacalada /	301,000	ל היינים המושות היינים	t prijage)		
4 <b>b</b>	(Code	) (Expenses \$	235,998	235,998 including grants of \$	) (Revenue \$	^	
	See Additional Data						
4c	<b>4c</b> (Code	) (Expenses \$	377,570	377,570 including grants of \$	) (Revenue \$	87,151)	
	See Additional Data						
	See Addıtıonal Data Table	e					
44	4d Other program services (Describe in Schedule O )	(Describe in Sch	edule 0 )				
	(Expenses \$	482,409	482,409 including grants of \$	€-	) (Revenue \$	119,177 )	
4e	Total program service expenses	expenses ▶	1,679,409	60			
						Form <b>990</b> (2018)	18)

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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 "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D. Part III ***	8		No
9		9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	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	15		No
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	16		No
17	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)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

			Yes	No
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 compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	204		NO
	Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	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		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	 V	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   4		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	

2a	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L		2b	Yes	
	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)		163	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	$\longrightarrow$	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 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	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
92	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
c	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		
15		15		No
16	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	16		No No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  7			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	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?	16b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			

	PIN
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
19	Describe in Schedule Q whether (and if so, how) the organization made its governing documents, conflict of interest

20 State the name address and telephone number of the property who necessary the constitution of the property of the property

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►DEBRORAH FOSTER 1089 PORTLAND AVENUE ST PAUL, MN 55104 (651) 227-4184

orm 990 (2	2018)	Page <b>7</b>
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	. $\square$
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
ear • List all	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of the organization of the orga	n's tax

- 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of tor/t	t che inle ficer rust	ss pers r and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	· MISC)	MISC)	related organizations
(1) ERIC BUFFALOHEAD DIRECTOR	1 00	x						0	0	0
(2) DAVID GLASS TREASURER	1 00	x		x				0	0	0
(3) JAN WERNESS VICE PRESIDENT	1 00	х		x				0	0	0
(4) ROBERTA PATROW DIRECTOR	1 00	x						0	0	0
(5) SARAH WOVCHA SECRETARY	1 00	х		x				0	0	0
(6) LT HENRY HALVORSON PRESIDENT	1 00	x		x				0	0	0
(7) DEBRORAH FOSTER EXECUTIVE DIR	40 00			х				100,285	0	10,649

Form 990 (	2018)										Page <b>8</b>
Part VII	Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation from the organization (W-organizations (								(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
					$\vdash$						
					$\vdash$						
					┝						
					_						
					$oxed{oxed}$						
1b Sub-To			: .				•				
	rom continuation sheets to F add lines 1b and 1c)...	art VII, Section					-		100,285	0	10,649
	number of individuals (including portable compensation from the	g but not limited	to thos			bove	e) who	rec	eived more than \$10	00,000	

Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 Nο 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 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5

### Section B. Independent Contractors

1	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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Nο

Part	VIII	Statement of	Revenue										
		Check if Schedul	e O contains	a respo	onse or r	ote to any	line in	this Part VIII					🗆
								(A) revenue	f	(B) elated or exempt unction evenue	(C) Unrela busine reven	ted ess	(D) Revenue excluded from tax under sections 512 - 514
w 80	1a	Federated campaig	ns	1a		100,700							
s, Grants Amounts	Ь	Membership dues		<b>1</b> b									
9 G	c	Fundraising events		1c	ĺ								
ž ž	d	Related organizatio	ns	1d									
E E	l e	Government grants (co	ontributions)	1e	<u> </u>	798,207							
itions, Gifts er Similar	f	All other contributions, and similar amounts nabove	gifts, grants, ot included	1f		1,248,966							
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contribution lines 1a - 1f \$  Total. Add lines 1a-			359	_							
	_ n	Iotal. Add lines 1a	·1r	•				2,147,873					
i e						Business	Code		02.042	500	0.4.2		
Program Service Revenue	2a	PROGRAM SERVICE FEE	S				624200	5	83,843	583,	843		
æ	b -			_									
JC e	c -			_									
烹	d -			_							_		
Ē	е-			_									
ogra	f /	All other program se	rvice revenue										
Ĕ	gT	otal. Add lines 2a-2	f		<b>&gt;</b>		583,843	}					
	sır 4 Ir	ivestment income (ii milar amounts) . icome from investme oyalties	ent of tax-exe	empt b	ond proc	eeds		594	1				594
	6a (	Gross rents					7						
	b	Less rental expenses					1						
		Rental income or (loss)	- ( )				]						
	u	Net rental income o	(ı) Securit			• • • Other	+		-			$\longrightarrow$	
	f	Gross amount from sales of dissets other than inventory	(i) Securit	iles	(11)	Other							
		Less cost or other basis and sales expenses											
		Gain or (loss)  Net gain or (loss)					-						
Revenue	8a (	Gross income from finot including \$	undraising ev			<u> </u>							
₹ .	9	See Part IV, line 18		а		16,314	1						
æ		ess direct expense		b		12,667							
Other		Net income or (loss)		-	ents .	· <b>•</b>		3,64	1				3,647
Off		Gross income from g See Part IV, line 19		es a									
		ess direct expense Net income or (loss)		<b>b</b> activit		. •							
		Gross sales of invent eturns and allowand		a									
	bι	ess cost of goods s	old	b			1						
		Net income or (loss)		invent	tory .	. •	_						
		Miscellaneous				ess Code							
	11a						7						

Form 990 (2018) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general 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, line 15 4 Benefits paid to or for members 110,934 90,654 12,479 7,801 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 1,167,192 953.794 131,319 82.079 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . 115.062 94,041 12.928 8.093 9 Other employee benefits . . **10** Payroll taxes . . . . . 124,787 102,022 13,986 8,779 11 Fees for services (non-employees) a Management . . . . **b** Legal . . . . . . 3.810 11,719 c Accounting . 15,529 74,610 74,610 e Professional fundraising services See Part IV, line 17 f Investment management fees . . . . . . g Other (If line 11g amount exceeds 10% of line 25, column 124,299 72,493 4,302 47,504 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . 9,307 4,449 4.480 378 13 Office expenses . 15,347 12,464 2,883 14 Information technology . . 15 Rovalties . 39,276 25,654 13,266 356 **16** Occupancy . . . . 10,440 9,385 1,055 **17** Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . 21 Payments to affiliates . . . . 59.470 59.470 22 Depreciation, depletion, and amortization . 21,011 12,004 9,007 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) 117,380 117,380 a CLIENT SERVICE **b** BUILDING MAINTENANCE 41,394 33,987 7,407 c FOOD 38,469 28,580 8.315 1,574 d RECREATION COST 26,990 26,990 43,124 32,232 10,892 All other expenses

2,154,621

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the 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) 1,679,409

231.174

244,038

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			217,123	1	615,728
	2	Savings and temporary cash investments .		[		2	
	3	Pledges and grants receivable, net	. [	303,848	3	396,967	
	4	Accounts receivable, net	[	244,823	4	318,170	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L.  Loans and other receivables from other disquali	ited en  fied pe	nployees Complete rsons (as defined under		5	
ste	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	itions d (see in	of section 501(c)(9) structions) Complete		6	
Assets	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges		–	66,054	9	19,367
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,477,682			
	ь	Less accumulated depreciation	10b	993,661	540,400	10c	484,021
	11	Investments—publicly traded securities			7,550	11	6,003
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		<u> </u>		13	
	14	Intangible assets		🖯		14	
	15	Other assets See Part IV, line 11		<u> </u>	0	15	140,000
	16	Total assets.Add lines 1 through 15 (must equ		<u> </u>	1,379,798	16	1,980,256
	17	Accounts payable and accrued expenses		-	85,003	17	105,672
	18	Grants payable	•	· ·		18	·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	٠	<b>-</b>		20	
	21	Escrow or custodial account liability Complete F		of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	office	rs, directors, trustees,			
즕		persons Complete Part II of Schedule L	,	,		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted th	rd parties	47,500	23	47,500
	24	Unsecured notes and loans payable to unrelated		· –		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	· ⊢		25	
	26	Total liabilities. Add lines 17 through 25			132,503	26	153,172
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33			917.000	2.7	954.257
ıla	27	Unrestricted net assets			817,020	27	854,357
ĕ	28	Temporarily restricted net assets	•		430,275	28	972,727
Fund	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117	•	• •			
Assets or	30	check here ► ☐ and complete lines 30 th Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building or ed		<u> </u>		31	
	32	Retained earnings, endowment, accumulated in		<b>⊢</b>		32	
Net	33	Total net assets or fund balances		<u> </u>	1,247,295	33	1,827,084
_	34	Total liabilities and net assets/fund balances .			1,379,798	34	1,980,256

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Page **12** 

				-
	Check if Schedule O contains a response or note to any line in this Part XI			1
Tota	Total revenue (must equal Part VIII, column (A), line 12)		2	2,735,957
Tota	Total expenses (must equal Part IX, column (A), line 25)		2	2,154,621
Rev	Revenue less expenses Subtract line 2 from line 1			581,336
Net	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1	1,247,295
5 Net	Net unrealized gains (losses) on investments			-1,547
6 Don	Donated services and use of facilities			
Inve	Investment expenses			
8 Prio	Prior period adjustments			
9 Oth	Other changes in net assets or fund balances (explain in Schedule O)			0
<b>10</b> Net	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		1	1,827,084
Part XII	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			>
			Yes	No
1 Acc	Accounting method used to prepare the Form 990 Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Wer	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Š
If `Y sep	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			
Ц	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
<b>b</b> Wer	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
If ∵	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			
c If"	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	Yes	
If th	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a As a Aud	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		Š
L If I'l	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	45		

### **Additional Data**

Software ID:

Software Version:

**EIN:** 41-1697692

Name: AIN DAH YUNG (OUR HOME) CENTER

Form 990 (2018)

Form 990, Part III, Line 4a: EMERGENCY SHELTER - CULTURALLY SPECIFIC EMERGENCY SHELTER ARE PROVIDED TO AMERICAN INDIAN YOUTH BETWEEN THE AGES OF FIVE THROUGH SEVENTEEN RESIDENTIAL SERVICES ARE PROVIDED TO YOUTH THAT ARE HOMELESS, RUNAWAY, IN FAMILY CRISIS OR INVOLVED WITH JUVENILE CORRECTIONS

Form 990, Part III, Line 4b:
PREVENTION/INTERVENTION - THIS PROGRAM IS DESIGNED TO COMBAT CRIME, CHEMICAL ABUSE AND OTHER SELF-COMPROMISING BEHAVIORS AMONGST AMERICAN
INDIAN YOUTH BY BUILDING THEIR SELF-CONCEPT, SELF-SUFFICIENCY AND BY STRENGTHENING THEIR COMMUNITY AND CULTURAL CONNECTIONS THE PROGRAM ALSO
SERVES AS A FACILITATOR OF COMMUNITY INITIATIVES TO ADDRESS VIOLENCE, SUICIDE AND COMMERCIAL TOBACCO USE AMONG AMERICAN INDIAN YOUTH

## Form 990, Part III, Line 4c:

BEVERLEY A BENJAMIN YOUTH LODGE/STREET OUTREACH - TRANSITIONAL LIVING AND STREET BASED OUTREACH SERVICES PROGRAM AVAILABLE TO YOUTH, AGES SIXTEEN THROUGH TWENTY-ONE THAT HAVE NO PARENTAL, SUBSTITUTE, FOSTER OR INSTITUTIONAL HOME TO WHICH THEY CAN SAFELY GO YOUTH ARE ELIGIBLE FOR AN EIGHTEEN-MONTH LENGTH OF STAY DANDING WHILL BE STABILIZED IN A SAFE, CULTURALLY SUPPORTIVE ENVIRONMENT, ADDRESS THE CRITICAL ISSUES/BARRIERS TO SELF-SUFFICIENT STRENGTHEN THEIR COMMUNITY AND CULTURAL CONNECTIONS SERVICES INCLUDE SUPPORTIVE GROUP LIVING, ADULT LIVING SKILL INSTRUCTION, EDUCATION/EMPLOYMENT SERVICES AND DEVELOPMENT OF HOLISTIC SUPPORTS

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ 326,574 including grants of \$ ) (Revenue \$ 83,423 )
REFERRAL

(Code ) (Expenses \$ 155,835 including grants of \$ ) (Revenue \$ 35,754 )
COUNSELING AND SUPPORT - PROVIDES CULTURALLY SENSITIVE COUNSELING AND SUPPORT SERVICES FOR AMERICAN INDIAN CHILDREN AND ADULTS

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493315007939

Open to Public Inspection

Department of the Treasury

SCHEDULE A

(Form 990 or 990EZ)

Internal Revenue Service
Name of the organization

Employer identification number

AIN D	AH YUN	G (OUR HOME) CENTER					' '	
							41-1697692	
	rt I	Reason for Public					See instructions.	
The o	rganız	ation is not a private four	idation because	e it is (For lines 1 thro	ugh 12, check of	nly one box )		
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	edule E (Form 9	90 or 990-EZ))		
3		A hospital or a cooperati	ve hospital ser	vice organization desci	ıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research orga name, city, and state	nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operated (b)(1)(A)(iv). (Complete		t of a college or univer	sity owned or op	perated by a gov	ernmental unit descril	ped in <b>section 170</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7	<b>✓</b>	An organization that nor section 170(b)(1)(A)(			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descr	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975 See section 5	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	ain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organization organize			r public safety S	ee section 509	(a)(4).	
12		An organization organize more publicly supported in lines 12a through 12d	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
a		Type I. A supporting organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the suppust complete Part IV	porting organiza	ation vested in the san				
С		Type III functionally i supported organization(s						ted with, its
d		Type III non-function functionally integrated instructions) You must	The organizatio	n generally must satis	fy a distribution i	requirement and		
e		Check this box if the orgintegrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported		megratea supporting	organization			
g	Provid	de the following informati	on about the su	ipported organization(	s)			
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		

Total

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 1 1,311,901 1,409,773 1,165,987 1,667,244 2,147,873 7,702,778 membership fees received (Do not include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,311,901 1,409,773 1,165,987 1,667,244 2,147,873 Total. Add lines 1 through 3 7,702,778 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 529,685 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 7,173,093 line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 1,311,901 1,409,773 1,165,987 1,667,244 2,147,873 7,702,778 Amounts from line 4 Gross income from interest, dividends, payments received on 200 456 335 634 594 2,219 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain 10 3,370 8,285 or loss from the sale of capital 7.112 13,081 16.314 48.162 assets (Explain in Part VI) Total support. Add lines 7 through 11 7,753,159 10 12 Gross receipts from related activities, etc (see instructions) 12 2,717,478 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 92 520 % 15 % 16

	Public support percentage for 2017 Schedule A, Part II, line 14	15		93 790
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box	
Ŀ	and <b>stop here.</b> The organization qualifies as a publicly supported organization  33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3°	% or ı		✓
<b>17</b> a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	. Expl	laın	• 🗆
ь	organization  10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop be Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as	iere.		▶□
18	supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box at	nd see	e	▶ □
	instructions			ightharpoons

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

	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.	)	
Se	ection A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	. ,	· ,	. ,	· ,		+ ` '
1	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 Gross receipts from activities that are						
3	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						
	Amounts included on lines 1, 2, and						
, u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6 )						
Se	ection B. Total Support						
	Calendar year	(2) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2015	(6) 2016	(a) 2017	(e) 2018	(I) Iolai
9	Amounts from line 6						
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						
	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							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	n's first, second, th	nird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization,
	check this box and <b>stop here</b>	•			,		▶ □
Si	ection C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S			(1//		16	
						10	
	ection D. Computation of Investi Investment income percentage for 201			line 13 column /	F1)	17	
17	· -			ille 13, coluilli (i	"	17	
18	Investment income percentage from 2				4.5	18	
	331/3% support tests—2018. If the						
	more than 33 1/3%, check this box and						
Ь	33 1/3% support tests—2017. If the	-					
	not more than 33 1/3%, check this box	and stop here.	The organization of	qualifies as a publ	icly supported ora	anization	ightharpoons

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

ightharpoons

answer line 10b below

Part IV	Supporting	Organ	ization
---------	------------	-------	---------

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

	Sections A and D, and complete Part V )						
Se	ection A. All Supporting Organizations						
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.						
_		1					
2	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)						
_		2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a					
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 <b>Part VI</b> when and how the organization made the determination	24					
		3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c					
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	4a					
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b					
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes						
	, , , , ,	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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)	5a					
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?	<b>5</b> b					
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с					
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 <b>Part VI.</b>	6					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)	7					
8	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)						
	· · · · · · · · · · · · · · · · · · ·	8					
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 <b>Part VI</b> .						
		9a					
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 <b>Part VI.</b>	0-					
		9b					
С	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 <b>Part VI</b> .	9c					
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,"						

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)

10a

10b

Sch	nedule A (Form 990 or 990-EZ) 2018		F	age <b>5</b>
P	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
_5	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
_	Section C. Type II Supporting Organizations			
_	section c. Type 11 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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
5	Section D. All Type III Supporting Organizations			
			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 tax 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard			
	year It les, describe in <b>Fart &amp;1</b> the role the organization's supported organizations played in this regard	3		
_5	Section 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 instruction)	ons)		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below			
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			

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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	
substantially all of its activities	2a
Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's	
involvement	<b>2</b> b
Parent of Supported Organizations Answer (a) and (b) below.	

Parent of Supported	Organizations	Answer (	a) and	(b) below
---------------------	---------------	----------	--------	-----------

a	Did the organization have the	e power to regularly	appoint or e	lect a majority	of the officers,	directors, o	or trustees of	each of
	the supported organizations?	Provide details in P	art VI.					

<b>b</b> Did the organization exercise a su	bstantial degree of direction o	over the policies, programs and	d activities of each of it
supported organizations? If "Yes,"	describe in Part VI. the role	played by the organization in	this regard

	2a	
	2b	
of	3a	

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

on Nov 20, 1970 (explain in Part VI) <b>See</b> ons must complete Sections A through E	(A) Prior Year (B) Current Year (optional)	1	2	3	4	2	9	7
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E	Section A - Adjusted Net Income	Net short-term capital gain	Recoveries of prior-year distributions	Other gross income (see instructions)	Add lines 1 through 3	Depreciation and depletion	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)	Other expenses (see instructions)

(B) Current Year (optional)

(A) Prior Year

ø

8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

п	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
в	Average monthly value of securities	1a	
Р	<b>b</b> Average monthly cash balances	1b	
ပ	c Fair market value of other non-exempt-use assets	1c	
٦	d Total (add lines 1a, 1b, and 1c)	14	
9	e Discount claimed for blockage or other factors (explain in detail in Part VI)		
7	Acquisition indebtedness applicable to non-exempt use assets	7	
m	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
2	Net value of non-exempt-use assets (subtract line 4 from line 3)	2	
9	Multiply line 5 by 035	9	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
Ħ	Adjusted net income for prior year (from Section A, line 8, Column A)	ī	
7	Enter 85% of line 1	7	
		-	

Schedule A (Form 990 or 990-EZ) 2018 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

m

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

4 Ŋ 9

 $\begin{tabular}{ll} \textbf{Distributable Amount.} & \textbf{Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) \\ \end{tabular}$ 

5 Income tax imposed in prior year Enter greater of line 2 or line 3

9

4

Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accomplish	exempt purposes							
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in						
3 Administrative expenses paid to accomplish exempt pur	ions							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval require								
<u> </u>								
6 Other distributions (describe in Part VI) See instruction	ons							
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations to whe details in Part VI) See instructions								
9 Distributable amount for 2018 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see	(i)	(ii)	(iii)					
instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018					
1 Distributable amount for 2018 from Section C, line								
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2018								
a From 2013								
<b>b</b> From 2014								
c From 2015								
<b>d</b> From 2016								
e From 2017								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2018 distributable amount i Carryover from 2013 not applied (see								
instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
<b>4</b> Distributions for 2018 from Section D, line 7 \$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2018 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions								
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions								
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c								
8 Breakdown of line 7								
a Excess from 2014								
b Excess from 2015								
c Excess from 2016								
d Excess from 2017								
e Excess from 2018		Schedule A (	 Form <b>990 or 990-EZ)</b> (2018					

### **Additional Data**

Software ID:

Software Version:

**EIN:** 41-1697692

Name: AIN DAH YUNG (OUR HOME) CENTER

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17 a or 17b, Part III, line 12, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

Page 8

Part VI

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE D

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

As Filed Data -

**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 the latest information.

DLN: 93493315007939 OMB No 1545-0047

Open to Public Inspection

Employer identification number

AIN	DAH YUNG (OUR HOME) CENTER						
					41-1697692		
Pa	Organizations Maintaining Donor Advis				or Accounts.		
	Complete if the organization answered "Ye			sed funds	(h)Euro	ds and other	
	Total number at and of year	(a) Dono	rauv	sea runas	(b)Fund	is 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 adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised funds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					rmissible	Yes □ No
Pai	rt III Conservation Easements. Complete if th	e organization a	nswe	red "Yes" on Forr	m 990, Part I\	V, line 7.	
1	Purpose(s) of conservation easements held by the organ					,	
	Preservation of land for public use (e.g., recreation	•	П	Preservation of an	historically imi	nortant land	area
		or education)			, ,		area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure							
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	entribution in the fo		ation at the End o	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	structure include	d ın (a	a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and r	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uishe	d, or terminated by	the organizatio	n during the	
4	Number of states where property subject to conservation	n easement is loca	ted 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ii	nspection, handling	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	olatio	ns, and enforcing c	onservation eas	sements durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violation	ons, a	nd enforcing conser	rvation easemer	nts during the	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the	requir	ements of section 1	.70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?		·			☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	ion, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to re	port II	n its revenue statem			
(	i) Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$		
•	i)Assets included in Form 990, Part X						
•			h =				
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1						
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$ _		
b	Assets included in Form 990, Part X				▶ \$		

	☐ Scholarly research		e ∐ Ot	:her			
c	Preservation for future gen	erations					
4	Provide a description of the organ	nization's collections and	d explain how they further	the organization's	exempt purpose	: in	
5	During the year, did the organiza assets to be sold to raise funds r					☐ Yes	□ No
Pa	rt IV Escrow and Custodia Complete if the organi X, line 21.		s" on Form 990, Part IV	, line 9, or report	ted an amount	t on Forn	n 990, Part
1a	· · · · · · · · · · · · · · · · · · ·	stee, custodian or other	intermediary for contribut	ions or other assets		Yes	□ No
ь	If "Yes," explain the arrangemen	t in Part XIII and compl	ete the following table		Am	ount	
c		e iii i die XIII diid compi	ete the following table	1c	7		
d				1d			
е	• ,			1e			
f	Ending balance			1f			
2a	Did the organization include an a	mount on Form 990, Pa	rt X. line 21. for escrow or	custodial account	ıabılıtv? [	Yes	 □ No
b					_	_	
			nization answered "Yes"				
		(a)Curre		(c)Two years back			Four years back
<b>1</b> a	Beginning of year balance					$-\!$	
	Contributions						
	Net investment earnings, gains, ai	nd losses				$-\!\!\!\!+\!\!\!\!\!-$	
	Grants or scholarships					$-\!\!\!\!\!+\!\!\!\!\!-$	
е	Other expenditures for facilities and programs						
f	Administrative expenses			1		_	
	End of year balance					$\neg$	
2	Provide the estimated percentage	of the current vear en	d balance (line 1g. column	(a)) held as	-1		
а	Board designated or quasi-endov		, 2,	. ,,			
ь	Permanent endowment ►						
c	Temporarily restricted endowmer	nt <b>&gt;</b>					
	The percentages on lines 2a, 2b,	and 2c should equal 10	0%				
3а	Are there endowment funds not a	n the possession of the	organization that are held	and administered f	or the		Waa Na
	organization by  (i) unrelated organizations .					3a(i)	Yes No
	(ii) related organizations					3a(ii)	
b	If "Yes" on 3a(II), are the related	organizations listed as	required on Schedule R?			3b	
4	Describe in Part XIII the intended		on's endowment funds				
Pa	Land, Buildings, and		s" on Form 990, Part IV	line 11a See Fr	orm 990 Part	Y line 1	0
		(a) Cost or other basis (investment)	(b) Cost or other basis (other				look value
1-	Land		68,0	100			68,000
	Land		1,070,9		812,022		258,910
	Buildings Leasehold improvements		1,070,9		47,881		79,842
	Equipment		193,2		115,968		77,269
	Other		17,7		17,790		,,,20
	al. Add lines 1a through 1e (Colum	n (d) must equal Form 9	· ·		<b>&gt;</b>		484,02:
		·		<u> </u>	Sched	lule D (Fo	orm 990) 201

Part VII	<b>Investments—Other Securities.</b> Complete if the or See Form 990, Part X, line 12.	rganızatı	on ansv	vered "Yes" on Form 99	00, Part IV, line 11b.
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value		od of valuation f-year market value
	al derivatives				
(2) Closely (3)Other	-held equity interests	<u></u> †			
(A)					
(B)					
(C)		+			
(D)					
(E)		+			
(F)					
(G)					
(H)					
	(h) much and Francisco One Bart V and (D) (mar /2)				
Part VIII		<u> </u>			
	Complete if the organization answered 'Yes' on Form  (a) Description of investment		rt IV, lı k value		Part X, line 13.
	(a) bescription of investment	(5) 500	Value		f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX	Other Assets. Complete if the organization answered 'Yes	s' on Form	990, Pa	rt IV, line 11d See Form 9	
(1) PARTNE	RSHIP INVESMENT				(b) Book value 140,000
(2)					·
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col (B) line 15 )				140,000
Part X	Other Liabilities. Complete if the organization answ	ered 'Ye	s' on Fo		
1.	See Form 990, Part X, line 25.  (a) Description of liability		(b) B	ook value	
	Income taxes		(-, -		
(2)					

e d c b a	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	_			
e or c p a		-	_		_	
е о - с е.	Net unrealized gains (losses) on investments	2a		-1,547		
<b></b>	Donated services and use of facilities	2b		40,000		
p ə	Recoveries of prior year grants	2c	0			
e	Other (Describe in Part XIII )	2d	-	Γ		
	Add lines 2a through 2d · · · · · · · · · · · · ·	] :			2e	38,453
	Subtract line 2e from line 1	:			3	2,748,624
4 Amol	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$					
a Inve	Investment expenses not included on Form 990, Part VIII, line 7b	49	_ e			
<b>b</b> Othe	Other (Describe in Part XIII )	4b		-12,667		
c Add	Add lines <b>4a</b> and <b>4b</b>				4c	-12,667
5 Total	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	12)		L	2	2,735,957
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	temen Part IV	ts With Expenses p	er Re	turn.	
1 Total	Total expenses and losses per audited financial statements			H	1	2,207,288
2 Amou	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a Dona	Donated services and use of facilities	2a		40,000		
<b>b</b> Prior	Prior year adjustments	2b	9			
c Othe	Other losses	3c	U			
<b>d</b> Othe	Other (Describe in Part XIII )	2d	-			
e Add	Add lines 2a through 2d · · · · · · · · · · · · ·				2e	40,000
3 Subt	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	:			3	2,167,288
4 Amo	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Inve	Investment expenses not included on Form 990, Part VIII, line 7b $$ .	4a	e			
<b>b</b> Othe	Other (Describe in Part XIII )	4 <del>P</del>		-12,667		
c Add	Add lines <b>4a</b> and <b>4b</b>	:			4c	-12,667
5 Total	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)			2	2,154,621
Part XIII	i Supplemental Information					
Provide th XI, lines 2	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	and 4, F	Part IV, lines 1b and 2b, y additional information	Part V	, line 4, Part	t X, line 2, Part
	Return Reference		Explanation			
See Additio	See Additional Data Table					

Page <b>5</b>							
		Explanation					
	ation ( <i>continued)</i>						
Schedule D (Form 990) 2018	Supplemental Information (continued)	Return Reference					

Schedule D (Form 990) 2018

### **Additional Data**

Software ID:

Software Version:

EIN: 41-1697692
Name: AIN DAH YUNG (OUR HOME) CENTER

### Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE C ODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10 THE ORGANIZATI ON'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL F OR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS IT HAS BEEN CLASSIFI ED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE

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Supplemental Information       Return Reference     Explanation       PART XI, LINE 4B - OTHER     SPECIAL EVENT EXPENSE -12,667
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	Explanation	SPECIAL EVENT EXPENSE -12,667	
		SPECIAL EVEN	
Supplemental Information	Return Reference	PART XII, LINE 4B - OTHER ADJUSTMENTS	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

►Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information DLN: 93493315007939 OMB No 1545-0047

2018

Open to Public

Inspection

**Employer identification number** 

✓ Yes 🗆 No

AIN DAH YUNG (OUR HOME) CENTER 41-1697692 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ■ Phone solicitations ✓ Special fundraising events

✓ In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No CAPITAL CAMPAIGN FOX ADVANCEMENT CONSULT 807 BROADWAY ST NE 250 Νo 903,474 56,000 847,474 MINNEAPOLIS, MN 55413 FUNDRAISING ADKINS CONSULTING GROUP 370 SELBY AVE No 300,000 18,610 281,390 ST PAUL, MN 55102 1,203,474 74,610 1,128,864 Total

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or	
	licensing	

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
, and		(a)Event #1  POW WOW  (event type)	(b) Event #2  (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,314			16,31
	2 Less Contributions	16,314			16,31
"	4 Cash prizes				
Expenses	6 Rent/facility costs				
Direct E	8 Entertainment	12.667			12.66
۵	10 Direct expense summary Add lines 4 t			•	12,66
Pai	<b>11</b> Net income summary Subtract line 10 <b>Gaming.</b> Complete if the orga on Form 990-EZ, line 6a.		es" on Form 990, Part I	► IV, line 19, or reported	3,64 I more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
Direct Exp	3 Noncash prizes				
<u>ā</u>	5 Other direct expenses	☐ Yes %	☐ Yes%	☐ Yes%	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2 t				
9 a b	8 Net gaming income summary Subtract Enter the state(s) in which the organization Is the organization licensed to conduct gas If "No," explain	on conducts gaming activ	ities these states?		☐ Yes ☐ No
10a b	If "Yes," explain				☐ Yes ☐ No

Sche	Schedule G (Form 990 or 990-EZ) 2018			Page 3
11	Does the organization conduct gaming activities with nonmembers?	activities with nonmembers?	☐ Yes ☐ No	
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	
13	Indicate the percentage of gaming activity conducted in	vity conducted in		
æ	The organization's facility		13a	%
q	An outside facility		13b	%
14	Enter the name and address of the pers	Enter the name and address of the person who prepares the organization's gaming/special events books and records	ırds	
	Name ▶			
15a		Does the organization have a contract with a third party from whom the organization receives gaming revenue?	N N	
Р	If "Yes," enter the amount of gaming revenue received by the organization $lacktriangle$	evenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party $ ightle$	the third party ▶ \$		
O	If "Yes," enter name and address of the third party	e third party		
	Name ▼			
	Address ▶			
16	Gaming manager information			
	Name <b>▼</b>			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer	☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions Is the organization required under state retain the state daming license?	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state daming license?		
P		Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
ल	Part IV Supplemental Information III, lines 9, 9b, 10b, 15b, 15	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III) and (v); and Part ation. See instructior	ls.
	Return Reference	Explanation		
ĺ				

	SCHEDULE O	SCHEDULE 0 Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Department of the Treasura	▶ Go to www.irs.gov/Form990 for the latest information.	Inspection
► Go to <u>www.irs.gov/Form990</u> for the latest information.	l <b>Brtherofganization</b> AH YUNG (OUR HOME)		ification number
On Employer identificati		41-1697692	

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Explanation	FORM 990, LINE 11B EXPLANATION - THE BOARD REVIEWS AND APPROVES THE DRAFT 990 PRIOR TO FILING THIS USUALLY SECTION B, LINE 11B	
Return Reference	FORM 990, PART VI, SECTION B, LINE 11B	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD FILLS OUT AND SIGNS CONFLICT OF INTEREST POLICY ANNUALLY

Return	Explanation
Reference	
FORM 990, PART VI, SECTION B,	USE OF MINNESOTA SALARY SURVEY

Return	Explanation
Reference	
FORM 990, PART VI,	AVAILABLE UPON REQUEST
LINE 19	

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD REVIEWS AND APPROVES THE AUDIT REPORT AND FORM 990 DRAFTS

(g) Section 512(b) (13) controlled entity? DLN: 93493315007939 Schedule R (Form 990) 2018 OMB No 1545-0047 Open to Public Inspection Yes 2018 AIN DAH YUNG (OUR HOME) CENTER Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more (f)
Direct controlling
entity (f)
Direct controlling
entity Employer identification number (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 41-1697692 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information. Related Organizations and Unrelated Partnerships **Partit** Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) Σ TO OPERATE IN A MANNER THAT ADVANCES THE CHARITABLE PURPOSES OF ADYC Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. efile GRAPHIC print - DO NOT PROCESS | As Filed Data related tax-exempt organizations during the tax year. (a)
 Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Internal Revenue Service
Name of the organization
AIN DAH YUNG (OUR HOME) CENTER SCHEDULE R (1) ADYC PSH LLC 1089 PORTLAND AVENUE ST PAUL, MN 55104 Department of the Treasur (Form 990)

Partiff Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage ownership					Section 512(b) (13) controlled entity?  Yes No				) 2018
General or managing partner?				34					m 990
	2			, line	(h) Percentage ownership				Ē
Code V-UBI General or amount in box managing 20 of partner? Schedule K-1 (Form 1065)				90, Part IV					Schedule R (Form 990) 2018
Dispropritionate Code V-UBI allocations? 20 of Schedule K-I (Form 1065)	_			on Form 99	(g) Share of end-of- year assets				
Share of Di end-of-year assets				ered "Yes"	(f) Share of total Income				
Share of Share of total income end-of-year assets				ation answ	(e) Type of entity (C corp, S corp, or trust)				
(e) Predominant Income(related, unrelated, tax under from tax under sections 512- 514)				the organiz tax year.	Direct controlling Type (C co entity				
(d) Direct controlling entity				Complete if during the	Direct co				
(c) Legal domicile (state or foreign country)				or Trust n or trust	(c) Legal domicile (state or foreign country)				
(b) Primary activity				<b>Corporation or Trust</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34 as a corporation or trust during the tax year.	Le Los dor (state cou				
					(b) Primary activity				
( <b>a</b> ) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organ because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2018
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Make Complete land of the same pathing in Darks III TIT on IV at the advantaged				Vec	Ž
Note: Complete line 1 il any entity is listed in Parts 11, 111, Of 1V of this schedule			•	<u>-</u>	4
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ganizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
• Loans or loan guarantees by related organization(s)		,		1e	
			· ·	+	_
f Dividends from related organization(s)				1ŧ	
g Sale of assets to related organization(s)			•	1g	L
h Purchase of assets from related organization(s)				11	
i Exchange of assets with related organization(s)				11	
j Lease of facilities, equipment, or other assets to related organization(s)				1.j	
			1		4
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) $\cdot\cdot\cdot$				1m	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . $oldsymbol{\cdot}$				1n	
o Sharing of paid employees with related organization(s)				10	
<b>p</b> Reimbursement paid to related organization(s) for expenses				1р	
<b>q</b> Reimbursement paid by related organization(s) for expenses				14	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	including covered re	elationships and tran	saction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	unt involv	pə
			Schodulo D (For	000	2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership									0) 2018
الم الم	No								m 99
(1) General or managing partner?	Yes								Schedule R (Form 990) 2018
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedul
	ž								
(h) Disproprtonate allocations?	Yes								
Share of end-of-year assets									
(f) Share of total income									
(e) Are all partners section 501(c)(3) organizations?	No								
I	Yes								
Predominant income (related, unrelated, excluded from tax under sections 512-	514)								
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									

Schedule R (Form 990) 2018

Part VII Supplemental Information

Return Reference

Provide additional information for responses to questions on Schedule R (see instructions)

Explanation

Schedule R (Form 990) 2018

Page 5