#### COMMITTEE ON NATURAL RESOURCES

#### 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

#### Subcommittee on Indian and Alaska Native Affairs Legislative Hearing on:

- **H.R. 409 (Simpson),** To provide for Indian trust asset management reform, and for other purposes. "Indian Trust Asset Reform Act"
- **H.R. 4350 (Daines),** To direct the Secretary of the Interior to take lands and mineral rights on the reservation of the Northern Cheyenne Tribe of Montana and other culturally important lands into trust, and for other purposes. "Northern Cheyenne Lands Act"

May 7, 2014

2. Ad	dress:
3. Em	aail Address:
4. Pho	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name:
	David A. Mullon Jr.
2.	Name of Organization(s) You are Representing at the Hearing:
	National Congress of American Indians
3.	Business Address:
	1516 P Street, NW Washington, DC 20005
4.	Business Email Address: [Information redacted for privacy]

5. Business Phone Number: [Information redacted for privacy]

For Individuals:

1. Name:

#### For all Witnesses

Name/Organization: <u>David A. Mullon Jr. / National Congress of American Indians</u>

Title/Date of Hearing: <u>Leg. Hrg on HR 409 (Simpson)</u>, "Indian Trust Asset Reform Act" and HR 4350 (Daines), "Northern Cheyenne Lands Act" / May 7, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Undergraduate degree (BA) from University of Arizona; master's degree from Thunderbird School of International Management in Glendale AZ; JD from the University of Tulsa College of Law

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Admitted to practice law in the State of Oklahoma and the District of Columbia; Creek Nation and Cherokee Nation tribal courts.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Legal counsel for Cherokee Nation 1993-1995; 1999-2003 Attorney General of Muscogee (Creek) Nation 1996-1999 Deputy Chief Counsel, General Counsel, Republican Staff Director and Chief Counsel for the U.S. Senate Committee on Indian Affairs March 2003-October 2013

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

I have not filed any lawsuits against the United States during that time frame.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

The federal government has not filed a lawsuit against me during that time frame.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### **Witnesses Representing Organizations**

Name/Organization: <u>David A. Mullon Jr. / National Congress of American Indians</u>

Title/Date of Hearing: <u>Leg. Hrg on HR 409 (Simpson)</u>, "Indian Trust Asset Reform Act" and HR 4350 (Daines), "Northern Cheyenne Lands Act" / May 7, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chief Counsel, National Congress of American Indians.

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Not applicable.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

NCAI has not filed any lawsuits against the United States during that time frame.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

The federal government has not filed any lawsuits against NCAI during that time frame.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached 990s.

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	NATIONAL CONGRESS OF AMERICAN INDIANS			
	Name change	Doing Business As	<b>r</b>	53-0	210846
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  1516 P STREET	Room/suite	E Telephone number 202-	r 466–7767
F	— ated ☐ Amend retum		<u> </u>	G Gross receipts \$	3,122,943.
	Applic			H(a) Is this a group re	
	pendir			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
$\overline{\mathbf{L}}$	Tax-exe	empt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: ▶ WWW.NCAI.ORG		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation	L Year	of formation: 1944 N	N State of legal domicile: OK
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Activities & Governance					****
Ę	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
ove	1	Number of voting members of the governing body (Part VI, line 1a)			16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	*************	4	16
es 2	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
ΥİĘ	6	Total number of volunteers (estimate if necessary)		6	0
(cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		533,350.	227,902.
Bun	9	Program service revenue (Part VIII, line 2g)		2,780,818.	2,887,784.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,210.	1,627.
ш.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	tergorisis:	13,991.	5,630.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,333,369.	3,122,943.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		2,884,523.	2,012,376.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	********	397,904.	478,735.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď	þ.	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 1// 2/2	00F 161
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	******	1,166,362.	895,161.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,448,789.	3,386,272.
		Revenue less expenses. Subtract line 18 from line 12		-1,115,420.	-263,329.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	*****	1,162,310.	887,864.
od A	21	Total liabilities (Part X, line 26)		1,110,304.	1,099,187.
조근	22	Net assets or fund balances. Subtract line 21 from line 20		52,006.	-211,323.
	art ()	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and beliet, it is
true	, correc	t, and complete Declaration of preparer tother than officer) is based on all information of w	nich preparer	nas any knowledge.	
٠.		Signature of officer		Date .	
Sig		JACQUEZINE ZATA, EXECUTIVE DIRECTOR		10	14/11
Hei	re	Type or print name and title			
				Date / Check	PTIN
Paid	n	Print/Type preparer's name SUBRINA L. WOOD Preparer's signature SUBRINA L. WOOD	11	10 /11 /11 if self-employe	ed
	parer	Firm's name TATE AND TRYON		Firm's EIN	
	Only	Firm's address 2021 L STREET, NW SUITE 400			.u
	· • · · · · · ·	WASHINGTON, DC 20036		Phone no. (	202) 293-2200
Ma	v the iF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	<u>, 11</u>	Probably and Market Mar			

#### OMB No. 1545-1878 IRS e-file Signature Authorization Form 8879-EO for an Exempt Organization , 2010, and ending or calendar year 2010, or fiecal year beginning Do not send to the IRS. Keep for your records. ent of the Treas See instructions. mai Ravenus Service Employer Identification number Name of exempt organization NATIONAL CONGRESS OF AMERICAN INDIANS 53-0210846 Name and title of officer JACQUELINE PATA EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 6b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line In Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ........ 4b Form 990-PF check here 5a Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** COL III Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 20036 to enter my PIN X lauthorize TATE AND TRYON

de not enter all zeros as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filled with a state agency(les) regulating charities as part of the IRS Fed/State program, I will editer my PIN on the retern's di cloaure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filling identification 52472820036 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros

**ERO tirm name** 

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form To the IRS Unless Requested To Do So

Enter five numbers, but

ERO's signature

**Product: Exempt** 

Category:

Name: NATIONAL CONGRESS OF AMERICAN IRS Center: Ogden e-Postmark: 10/12/2011 12:43:48 PM

INDIA

**FEIN:** 53-0210846

**Notification:** 

Fiscal Year 1/1/2010

Fiscal Year 12/31/2010

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	10/12/2011	Upload Started			
	10/12/2011	Ready to Release by Customer			
	10/12/2011	Released for Transmission - Validation In Progress			790809
	10/12/2011	Ready to transmit - Validation Complete			
	10/12/2011	Transmitted to FD	524728201128507dbe11		
	10/12/2011	Accepted by FD on 10/12/2011			

Form 8868 (Rev. 1-2011)				Page 2
If you are filing for an Additional (Not Automatic) 3-Mont	h Extension, o	complete only Part II and check this t	oox	<b>▶</b> X
Note. Only complete Part II if you have already been granted				
If you are filing for an Automatic 3-Month Extension, con				
Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the original (no	copies needed	).
Type or Name of exempt organization				dentification number
print NATIONAL CONGRESS OF AMER	TCAN TNI	DIANS	53-03	210846
File by the Number street and room or suite no. If a P.O. by				
due date for 1516 P STREET	<i>&gt;</i> ,, 000 moneo			
filling your return. See City, town or post office, state, and ZIP code. Fo	r a foreign add	lress, see instructions.		
instructions. WASHINGTON, DC 20036	•			
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)		0 1
Application	Return	Application		Return
Is For	Code	Is For		Code
Form 990 ·	01			
Form 990-BL	. 02	Form 1041:A		08
Form 990-EZ	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already gra	nted an autor	natic 3-month extension on a previo	ously filed For	m 8868.
		F AMERICAN INDIA		
<ul> <li>The books are in the care of ► 1516 P STREE</li> </ul>	T - WAS			
Telephone No. ► 202-466-7767		FAX No.		
<ul> <li>If the organization does not have an office or place of bus</li> </ul>	iness in the Ur	nited States, check this box		
<ul> <li>If this is for a Group Return, enter the organization's four or</li> </ul>	digit Group Exe	emption Number (GEN) If	this is for the w	hole group, check this
box ▶ . If it is for part of the group, check this box ▶			all members the	e extension is for.
4 I request an additional 3-month extension of time until		BER 15, 2011.		
5 For calendar year $2010$ , or other tax year beginning		, and ending	7= 1	*
6 If the tax year entered in line 5 is for less than 12 mont	hs, check reas	ion: Initial return L	Final return	
Change in accounting period				
7 State In detail why you need the extension THE INFORMATION NECESSARY T	O PITE	A COMPLETE AND ACCI	TA TTAGE	TURN HAS
	O FILE .	A COMPHETE AND ACCO	WATE IVE	TOMA HELD
NOT YET BEEN OBTAINED.				
000 Pt 000 PE 000 T 0	700 6060	and a tentative toy loop any	7 1	
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, e	enter the terriative tax, less any	8a \$	0.
nonrefundable credits. See instructions.  b If this application is for Form 990-PF, 990-T, 4720, or 6	060 enter env	refundable credits and estimated		
tax payments made. Include any prior year overpayme				
previously with Form 8868.	in anowed as	a credit and any amount pare	8b \$	0.
The state of the Charles of the Control of the Control of the Charles of the Char	ur navment wi	th this form if required by using	+	
EFTPS (Electronic Federal Tax Payment System). See		di dilo jorni, il roquiloo, o', sonig	8c \$	0.
		nd Verification		
Under penalties of perjury, I declare that I have examined this form, i it is true, correct, and complete, and that I am authorized to prepare t	ncludina accom		the best of my k	nowledge and belief,
			Data N	e/in/ii
Signature Sielrung Tr. Word Title	► CPA		Date >	Form 8868 (Rev. 1-2011)

#### Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
	are filing for an Additional (Not Automatic) 3-Month Ex					
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously fi	iled Fo	rm 8868.	
	ic filing (e-file). You can electronically file Form 8868 if					oration
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	xtension
	ofile any of the forms listed in Part I or Part II with the ex		•		•	
	Benefit Contracts, which must be sent to the IRS in page					
	irs.gov/efile and click on e-file for Charities & Nonprofits.		(ese menuellono). Les more detaile en e			OIIII,
Part I			ibmit original (no copies needed).		· · · · · · · · · · · · · · · · · · ·	
A corpora	ation required to file Form 990-T and requesting an autor			nplete		
Part I only				-	•	
All other o	, corporations (including 1120-C filers), partnerships, REM ome tax returns.					_
Type or	Name of exempt organization			Emp	loyer identification	number
print File by the	NATIONAL CONGRESS OF AMERIC	CAN II	NDIANS	5	3-0210846	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1516 P STREET	ee instruc	tions.			
instructions.	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036	oreign add	Iress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each retum)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
		ESS O	F AMERICAN INDIA			
<ul><li>The bo</li></ul>	ooks are in the care of > 1516 P STREET	- WASI	HINGTON, DC 20036			
	one No. ► 202-466-7767		FAX No. ▶			
	organization does not have an office or place of business	s in the Un				
<ul><li>If this is</li></ul>	s for a Group Retum, enter the organization's four digit	Group Exe	emption Number (GEN) If the	is is fo	r the whole group o	heck this
box 🕨 🛚	. If it is for part of the group, check this box					
	quest an automatic 3-month (6 months for a corporation				ioro trio exteriolori is	101.
			tion return for the organization named a		The extension	
	or the organization's return for:	t organiza	dorrectiff the organization named b	ibove.	THE EXTENSION	
	X calendar year 2010 or					
Ī	tax year beginning	an	d ending			
	tax your beginning	, an	d ending		<u> </u>	
2 If the	e tax year entered in line 1 is for less than 12 months, c	hock rose	on: Initial return Fina	al retur	n	
- ""	Change in accounting period	10a3	on rilligi return Fills	ar i <del>o</del> tul	••	
L	a onlings in accounting period					
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 a	nter the tentative tax less any	T		····
	refundable credits. See instructions.	o, 0000, <del>0</del> 1	The time terrative tax, 1000 arry	3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ua Ua	*	
	mated tax payments made. Include any prior year overp	-		3b	•	0.
	ance due. Subtract line 3b from line 3a. Include your pa			30	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System). \$		·	3c	s	0.
	Ising EFTPS (Electronic Federal Tax Payment System). S If you are going to make an electronic fund withdrawal w					
	or Paperwork Reduction Act Notice, see Instructions		om 3000, see i om 6453 EO and Form	0013		
LOA FO	or Paperwork Reduction Act Notice, see instructions	i.			Form <b>8868</b> (Re	3V. 1·2U11)

023841 01-03-11

### NATIONAL CONGRESS OF AMERICAN INDIANS Form 990 (2010) 53-0210846 Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: FOUNDED IN 1944 AS A MEMBERSHIP ORGANIZATION OF AMERICAN INDIAN AND ALASKA NATIVE TRIBAL GOVERNMENTS IN THE UNITED STATES, THE MISSION OF THE NATIONAL CONGRESS OF AMERICAN INDIANS IS TO PROTECT SOVEREIGNTY AND SERVE AS A FORUM FOR CONSENSUS-BASED POLICYMAKING. NCAI ADVOCATES Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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. ) (Expenses \$ 3,022,118 · including grants of \$ 2,012,376 · ) (Revenue \$ 2,887,784 · ) ANNUAL CONVENTION AND OTHER MEETINGS - PROVIDE A FORUM FOR DISCUSSING NATIONAL ISSUES RELEVANT TO INDIAN TRIBES, INDIAN ORGANIZATIONS, AND NATIVE AMERICANS. ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Expenses \$ including grants of \$ \_\_\_\_\_ ) (Revenue \$ (Code: Other program services. (Describe in Schedule O.) including grants of \$ (Expenses \$ 3,022,118. 4e Total program service expenses ▶

#### Part IV Checklist of Required Schedules

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	-	Α.
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 22
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	Ť		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			100
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
С	9			v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			-
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that		$\neg$	
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			200	

Form **990** (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	23	х	
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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) 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		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	7		3 × -1
	instructions for applicable filing thresholds, conditions, and exceptions):	V	10.5	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	77
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

## Form 990 (2010) NATIONAL CONGRESS OF AMERICAN INDIANS Part V Statements Regarding Other IRS Filings and Tax Compliance

Ves	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		P.C.	III e
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	N. C.		
	filed for the calendar year ending with or within the year covered by this return 2a 0		2.10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	3	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	grand and and an arrangement of the state of			
	any contributions that were not tax deductible?	6a		X
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).	1013		<b>MARK</b>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ 1		37
	to file Form 8282?	7c	C Table Class	X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1283	X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
q	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	22.130	TEVLERS	South
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1716/00/2019	1838.03
9	Sponsoring organizations maintaining donor advised funds.	10000	5 3 5 7	Laff Call
-	Did the organization make any taxable distributions under section 4966?	9a	18,552	21.70.75
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	\$555A		S. Sel
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			5
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		E	000 "	0040

Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contrains a response to any question in this Part VI  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year 1a 16 b Enter the number of voting members included in the 1a, above, who are independent 1b Enter the number of voting members included in the 1a, above, who are independent 1c Enter the number of voting members included in the 1a, above, who are independent 1c Enter the number of voting members included in the 1a, above, who are independent 1c Enter the number of voting members of the governing body at the end of the tax year 1 file of the control over management cutles customarily performed by or under the direct supervision 1 of officers, directors or trustees, or key employees to a management company or other person? 2		to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a Enter the number of voting members of the governing body at the end of the tax year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					X
tale Enter the number of voting members of the governing body at the end of the tax year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sec	tion A. Governing Body and Management			
b Enter the number of voting members included in line 1a, above, who are independent 15   16   2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Did the organization delegate control over management duties oustomanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members as one stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7a Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization character provides the members of the governing body?  8 Did the organization for the governing body?  9 Did the organization provides of the governing body?  9 Did the organization provides of the governing body?  9 Did the organization provides of the governing body?  9 Did the organization flavor that the governing body?  9 Did the organization flavor written policies and procedures governing the activities of such chapters, affiliates, and by the organization flavor of the organization?  10 Did the process of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  10 Did the proces			3/0/20/20	Yes	No
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b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 B X  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 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have local chapters, branches, or affiliates?  10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11a Has the organization review the form 990 to all members of its governing body before filing the form?  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  12a Does the organization have a written conflict of interest policy? If "No," go to line 13  12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Does the organization have a written whistleblower policy?  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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?  16a The organization have a written document retention and destruction and decision?  16a The organization's CPG, Executive Director, or top management official  16b Tyes, "has the organization have a written policy or procedure requiring the organization to evaluate its participation in pirit vent			7a	x	
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<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> </ul> </li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767</li> </ul>	Sec		1 100		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> </ul> </li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767</li> </ul>					
public inspection. Indicate how you make these available. Check all that apply.  Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767			e for		
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li></ul>					
statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767		Own website X Another's website X Upon request			
statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ancial	
NATIONAL CONGRESS OF AMERICAN INDIA - 202-466-7767					
	20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🕽		
1516 P STREET, WASHINGTON, DC 20036					
		1516 P STREET, WASHINGTON, DC 20036			

032006 12-21-10

Form **990** (2010)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	week	喜						from	from related	other
	(describe hours for	ual trustee or director				ted		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee o	rustee			Sensa		(W-2/1099-MISC)	(***271099-141130)	organization
	organizations	at ta	onalt		ploye	E S				and related
	in Schedule	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
JEFFERSON KEEL	0)	_	F	_	-		_			
PRESIDENT	10.00	х		x				0.	0.	0.
JUANA MAJEL-DIXON					$\vdash$					
1ST VICE PRESIDENT	2.00	Х		X				0.	0.	0.
TMATTHEW WESAW										
SECRETARY	2.00	X		X				0.	0.	0.
W. RON ALLEN										
TREASURER	2.00	X		X				0.	0.	0.
BILL MARTIN										
TRUSTEE	2.00	X						0.	0.	0.
MARGE ANDERSON										
TRUSTEE	2.00	X						0.	0.	0.
DON ARNOLD										
TRUSTEE	2.00	X						0.	0.	0.
ROBERT TIPPECONNIE										
TRUSTEE	2.00	X						0.	0.	0.
CARA COWAN WATTS										
TRUSTEE	2.00	X						0.	0.	0.
LANCE GUMBS										
TRUSTEE	2.00	X	Ш					0.	0.	0.
SCOTT RUSSELL										
TRUSTEE	2.00	X						0.	0.	0.
JOE A GARCIA										
TRUSTEE	2.00	X						0.	0.	0.
PATRICIA "PATTI" DOUVILLE								_	_	
TRUSTEE	2.00	X						0.	0.	0.
BRIAN CLADOOSBYS										
TRUSTEE	2.00	X						0.	0.	0.
LARRY TOWNSEND										
TRUSTEE	2.00	X						0.	0.	0.
IRENE CUCH										_
TRUSTEE	2.00	X				$\Box$		0.	0.	0.
JACQUELINE J. PATA				,				44 700	000 050	45 040
EXECUTIVE DIRECTOR	2.00			Х				11,729.	222,852.	15,348.

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Form 990 (2010)

Form 990 (2010)

Form 990 (2010)

\$100,000 in compensation from the organization

#### 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) but are not required to complete columns (B), (C), and (D)

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21	2,012,376.	2,012,376.						
2	Grants and other assistance to individuals in				4 EN 64 COM				
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	45,895.	17,768.	28,127.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)			į					
7	Other salaries and wages	340,456.	256,163.	84,293.					
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)	9,642.	6,836.	2,806.					
9	Other employee benefits	41,530.	29,446.	12,084.					
0	Payroll taxes	41,212.	29,220.	11,992.	····				
1	Fees for services (non-employees):								
а	Management								
	Legal	60.		60.					
	Accounting	9,034.		9,034.	,				
	Lobbying								
е	Professional fundraising services. See Part IV, line 17			liche Marchael					
f	investment management fees	1,989.		1,989.					
g	Other	24,362.	16,689.	7,673.					
2	Advertising and promotion								
3	Office expenses	86,361.	71,174.	15,187.					
4	Information technology	11,657.		11,657.					
5	Royalties								
6	Occupancy	128,895.		128,895.					
7	Travel	64,035.	63,782.	253.					
В	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	2,067.	2,067.						
9	Conferences, conventions, and meetings	327,894.	322,621.	5,273.					
0	Interest	321.		321.					
1	Payments to affiliates								
2	Depreciation, depletion, and amortization								
3	Insurance	1,267.	152.	1,115.	····				
4	Other expenses, Itemize expenses not covered			<b>然为是思想的</b>	PATERO SELATERA				
-	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)								
_	amount, list line 24f expenses on Schedule 0.)	83,522.	75,353.	0 160					
a	PRINTING AND PUBLICATIO	54,572.		8,169.					
D	ALL OTHER EXPENSES	46,523.	51,837. 37,500.	2,735.					
_	BANK & MERCHANT FEES	39,633.	24,225.	9,023.					
d	REPAIRS AND MAINTENANCE		24,225.	15,408.					
e		8,060.	4 000	8,060.					
	All other expenses	4,909.	4,909.	264 454					
5	Total functional expenses. Add lines 1 through 24f	3,386,272.	3,022,118.	364,154.	0				
6	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a								
	combined educational campaign and fundraising solicitation								

032010 12-21-10

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	889,291.	1	697,681
2	Savings and temporary cash investments	160,725.	2	100,926
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	77,244.	4	31,741
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	化方法 克拉克		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
" l	employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 🔻 🔻	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	26,705.	9	47,255
10:	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
1	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	0.045	14	
15	Other assets. See Part IV, line 11	8,345.	15	10,261
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,162,310.	16	887,864
17	Accounts payable and accrued expenses	161,821.	17	174,377
18	Grants payable	0.40	18	
19	Deferred revenue	948,483.	19	924,810
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	1,110,304.	25	1 000 107
26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	1,110,304.	26	1,099,187
_				
27 28 29 30 31 32	lines 27 through 29, and lines 33 and 34.	20,677.	07	-299,242
27	Unrestricted net assets	31,329.	27	87,919
28	Temporarily restricted net assets	JI, J29.	28	01,313
29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here  and		29	
	•			
	complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	52,006.	32	-211,323
33	Total net assets or fund balances  Total liabilities and net assets/fund balances	1,162,310.	33	887,864
1 34	Total natinities and het assets/fund Datafices	1,102,010.	34	Form <b>990</b> (2010

Form **990** (2010)

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
				•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,12	2,9	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,38	6,2	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26	3,3	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	2,0	06.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-21	1,3	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule (	).		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis		United to		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		25	1	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

**2010** 

Name of the organization **Employer identification number** NATIONAL CONGRESS OF AMERICAN INDIANS 53-0210846 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 4 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

53-0210846

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$ <u>47,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll

Name of organization

Employer identification number

#### NATIONAL CONGRESS OF AMERICAN INDIANS

53-0210846

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number

53-0210846

Part II	Noncash Property (see instructions)		
(a) No. from Part !	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<u> </u>	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
_   -		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number NATIONAL CONGRESS OF AMERICAN INDIANS 53-0210846 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

023454 12-23-10

(e) Transfer of gift

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 50	1(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of organi					oyer identification number
	NATIONA	L CONGRESS OF AME	RICAN INDIA	NS	53-0210846
Part I-A	Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2 Political ex	penditures	zation's direct and indirect politica		<b>▶</b> \$	
Part I-B	Complete if the or	ganization is exempt unde	er section 501(c)(	3).	
		incurred by the organization unde			
2 Enter the a	amount of any excise tax	incurred by organization manager	s under section 4955	<b>▶</b> \$	
3 If the organ	nization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a con	rection made?				Yes No
b If "Yes." de	escribe in Part IV.				
Part I-C	Complete if the org	ganization is exempt unde	er section 501(c),	except section 501(	c)(3).
1 Enter the a	amount directly expende	d by the filing organization for sect	tion 527 exempt functi	on activities > \$	
		ization's funds contributed to othe	•		
		s. Add lines 1 and 2. Enter here an			
line 17b				▶\$	
		1120-POL for this year?			
		nployer identification number (EIN		_	
		tion listed, enter the amount paid omptly and directly delivered to a			
		additional space is needed, provid			to sogregated faria of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
,	(a) Maino	(b) / (da1033	(O) ZIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			<u> </u>	1	L

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the org	ganizatio	on is exe	ONGRESS OF npt under section	AMERICAN IN on 501(c)(3) and fi	DIANS 53-0 led Form 5768	)210846 Page 2
(election under sec						
A Check ► ☐ if the filing organiza  B Check ► ☐ if the filing organiza	-	-	iated group. id "limited control" pi	mulaiana annh		
Limi	its on Lobb	ying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publ	lic opinion (	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl						
c Total lobbying expenditures (add l						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o			ying nontaxable an			Version and the second
Not over \$500,000			he amount on line 1			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	00.			
g Grassroots nontaxable amount (en	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0				
j If there is an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiz	ation file Form 4720	_	
reporting section 4911 tax for this	year?				[	Yes No
	ations tha	t made a se ow. See the	instructions for lin	n do not have to compes 2a through 2f on pa		
	Lobb	ying Expen	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount		[				
e Grassroots ceiling amount				081406-2512-0308-031	KIND OF THE PARTY OF THE	
(150% of line 2d, column (e))						
(				HE HIS STATE OF THE STATE OF TH		
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 NATIONAL CONGRESS OF AMERICAN INDIANS 53-0210846 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

g the year, did the filing organization attempt to influence foreign, national, state or legislation, including any attempt to influence public opinion on a legislative matter erendum, through the use of: teers?  staff or management (include compensation in expenses reported on lines 1c through 1i)? a advertisements? gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV	Yes	No	Amo	ount
regislation, including any attempt to influence public opinion on a legislative matter berendum, through the use of:  teers?  staff or management (include compensation in expenses reported on lines 1c through 1i)?  a advertisements?  gs to members, legislators, or the public?  cations, or published or broadcast statements?  s to other organizations for lobbying purposes?  contact with legislators, their staffs, government officials, or a legislative body?  s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  activities? If "Yes," describe in Part IV				
erendum, through the use of: teers? staff or management (include compensation in expenses reported on lines 1c through 1i)? a advertisements? gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? s, demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? If "Yes," describe in Part IV				
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s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?activities? If "Yes," describe in Part IV				
activities? If "Yes," describe in Part IV	i I			
Add lines 1c through 1i	MERCH	10-10-1		
e activities in line 1 cause the organization to be not described in section 501(c)(3)?			ire pieto.	1000
s," enter the amount of any tax incurred under section 4912	retition in			
			al mi	10 1 7
Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ction	
501(c)(6).				
			Yes	No
substantially all (90% or more) dues received nondeductible by members?		1	X	
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	nd Part II-B li	ne 1i Alsc	complete	this n
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tional information.				
	s," enter the amount of any tax incurred by organization managers under section 4912 filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  substantially all (90% or more) dues received nondeductible by members?  e organization make only in-house lobbying expenditures of \$2,000 or less?  e organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  assessments and similar amounts from members  and 162(e) nondeductible lobbying and political expenditures (do not include amounts of political ses for which the section 527(f) tax was paid).  and year  be over from last year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues have seen and the amount on line 2c exceeds the amount on line 3, what portion of the exception of the except	s," enter the amount of any tax incurred by organization managers under section 4912  Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).  Substantially all (90% or more) dues received nondeductible by members?  e organization make only in-house lobbying expenditures of \$2,000 or less?  e organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line "Yes."  assessments and similar amounts from members  in 162(e) nondeductible lobbying and political expenditures (do not include amounts of political uses for which the section 527(f) tax was paid).  In year  gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues uses were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political diture next year?  The amount of lobbying and political expenditures (see instructions)  Supplemental Information  is part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 4; Part I-C,	s, enter the amount of any tax incurred by organization managers under section 4912    Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se 501(c)(6).    Substantially all (90% or more) dues received nondeductible by members?	s," enter the amount of any tax incurred by organization managers under section 4912    Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).    Yes

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization's property, subject to the organization's exclusive legal control? 5 Did the organization's property, subject to the organization's exclusive legal control? 6 Did the organization's property, subject to the organization's exclusive legal control? 7 Organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization inform all grantees, donors, and donor advisors in writing that the grant funds can be used only for charitable purposes and not for the benefit? 9 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check at that apply). 9 Preservation of organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization of education of the preservation of an ontire and are apply). 9 Protection of natural habitat 9 Preservation of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 1 Total number of conservation easements 2 Did Number of conservation easements and a certified historic structure included in (a) 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 1 Year 2 Number of states where property subject to conservation easement is located by the organization have a written policy regarding the periodic monitoring, inspecting, inspection, handling of violations, and enforcement of the conservation easements in the requirements of section 170h(4)(5)(6)(6) 2 And the organization have a written policy regarding the periodic monitoring, inspecting, and enforcing conservation easements that describes the organizat		organization answered "Yes" to Form 990, Part IV, line	e 6.	·
2 Aggregate contributions to (during year)  3 Aggregate value at end of year  4 Aggregate value at end of year  5 Did the organization informal clonors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantlese, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantlese, donors, and donor advisors in writing that prant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purposel() of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area  Protection of natural habitat Preservation of pens pace  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  2 Description of the conservation easements on a certified historic structure included in (a)  2 Description of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, and enfor			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (during year)  3 Aggregate value at end of year  4 Aggregate value at end of year  5 Did the organization informal clonors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantlese, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantlese, donors, and donor advisors in writing that prant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purposel() of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area  Protection of natural habitat Preservation of pens pace  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  2 Description of the conservation easements on a certified historic structure included in (a)  2 Description of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, and enfor	1	Total number at end of year		
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4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisord funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the hendrel of the donor or donor advisor, or for any other purpose confering impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Preservation of pen space  2 Complete line 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  9 Number of experiese incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  1 Number of states where property subject to conservation easements is located ▶  2 Does each organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is hodis?  3 No described in the National Register  4 Number of experiese incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Does the organization have a written policy regarding the periodic monitor	3			
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Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Protection of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of natural habitat □ Preservation of on a protection of an instructure □ Preservation of on a protection of a certified historic structure □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements □ Total acreage restricted by conservation easements included in (a) □ Total acreage restricted by conservation easements included in (c) acquired after £717/06, and not on a historic structure □ Itself in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year □ A Number of states where property subject to conservation easement is located □ □ Total number of states where property subject to conservation easement is located □ □ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □ Yes □ No 9 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □ Yes □ No 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fotorote to the organization financial statements that describes the organization answered Yes' to Form 990, Part IV, line 8				-
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Protection of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of natural habitat □ Preservation of on a protection of an instructure □ Preservation of on a protection of a certified historic structure □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements □ Total acreage restricted by conservation easements included in (a) □ Total acreage restricted by conservation easements included in (c) acquired after £717/06, and not on a historic structure □ Itself in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year □ A Number of states where property subject to conservation easement is located □ □ Total number of states where property subject to conservation easement is located □ □ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □ Yes □ No 9 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □ Yes □ No 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the fotorote to the organization financial statements that describes the organization answered Yes' to Form 990, Part IV, line 8		impermissible private benefit?		Yes No
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Protection of natural habitat	1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 a Total number of conservation easements 2 b Total acreage restricted by conservation easements 2 c Number of conservation easements on a certified historic structure included in (a) 2 c		Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	torically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.    A Total number of conservation easements   2a   2b   2b   2c   2d   2d   2d   2d   2d   2d   2d		Protection of natural habitat	Preservation of a cert	ified historic structure
a Total number of conservation easements  2 a  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  4 Number of states where property subject to conservation easement is located P  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year P  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), not por fin its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur		Preservation of open space		
a Total number of conservation easements  2 a  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  4 Number of states where property subject to conservation easement is located P  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year P  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), not por fin its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
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Ilisted in the National Register	С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
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and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
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relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	b		**	•
(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1			ducation, or research in furtherance of pul	blic service, provide the following amounts
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>Revenues included in Form 990, Part VIII, line 1</li> </ul>		•		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1 > \$				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1				
a Revenues included in Form 990, Part VIII, line 1	2			l gain, provide
		- , , , , , , , , , , , , , , , , , , ,	, ,	
b Assets included in Form 990, Part X	а			
	b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

0.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's hability for uncertain tax positions under 1032053

(9) (10)

Sch	edule D (Form 990) 2010 NATIONAL CONGRESS OF AMERIC	AN INDIAN	IS	53-0	)210846 P	Page <b>4</b>
	rt XI Reconciliation of Change in Net Assets from Form 990 to					ugo .
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,122,9	43.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,386,2	72.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				-263,3	
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				-263,3	_
	t XII   Reconciliation of Revenue per Audited Financial Statemen			Return		
1	Total revenue, gains, and other support per audited financial statements			1	3,122,9	43.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••••			
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)					
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,122,9	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************		0,122,5	13.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)					
				4c		0.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	***************************************		5	3,122,9	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses pe	r Retu		<del>-</del> 23.
1	Total expenses and losses per audited financial statements				3,386,2	72.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			V-10	0,000,2	
a	Donated services and use of facilities	2a				
b	Prior year adjustments					
6						
d	Other losses Other (Describe in Part XIV.)					
-				30		0.
3	•			2e	3,386,2	
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			HERMAN	3,300,2	72.
*	Investment expenses not included on Form 990, Part VIII, line 7b	1 45 1				
		4a 4b				
	Other (Describe in Part XIV.) Add lines 4a and 4b	40		9296		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*****************		5	3,386,2	
	t XIV Supplemental Information	*********************	***********	1 3 1	3,300,2	72.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1s and 4: Pr	ort IV linos	1b and 2	b: Port V. line 4:1	Dort
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					rari
	TY, LINE 2: THE CONGRESS IS EXEMPT FROM T					
TAX	ES UNDER SECTION 501(C)(4) OF THE INTERNAL	REVENUE	CODE.	THE		
ORG	ANIZATION BELIEVES THAT IT HAS APPROPRIATE	SUPPORT	FOR A	TY TA	X	
POS	ITIONS TAKEN, AND THEREFORE, DOES NOT HAVE	ANY UNCE	RTAIN	TAX	POSITION	S
	T ARE MATERIAL TO THE CONSOLIDATED FINANCI					
	2007 THROUGH 2010 TAX YEARS ARE OPEN FOR	** 1				. <del>.</del>
LUA	HORITIES.					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OF AMERICAN INDIANS

NATIONAL CONGRESS

Employer identification number Open to Public Inspection

53-0210846

**2** CHARITABLE ACTIVITIES (h) Purpose of grant or assistance INFORMATIONAL AND X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SDUCATIONAL recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed are and address of organization

(d) Amount of orgovernment (f) Method of if additional space is needed (g) Description of if applicable cash grant II can be duplicated if additional space is needed (g) Description of if applicable cash grant II can be duplicated if additional space is needed (g) Description of if application (hook, if application if application if additional space is needed (ii) Method of it additional space is needed (iii) Method of it a Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Enter total number of section 501(c)(3) and government organizations ó non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2,012,376 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (C)(3) 53-0210846 General Information on Grants and Assistance criteria used to award the grants or assistance? INDIANS FUND = 1516 P STREET, N.W. 1 (a) Name and address of organization NATIONAL CONGRESS OF AMERICAN - WASHINGTON, DC 20036 Part I

Schedule I (Form 990) (2010)

Schedule | (Form 990) (2010)

Part III Grants and Other

53-0210846

Page 2

(Form 990) (2010) NATIONAL CONGRESS OF AMERICAN INDIANS
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		1			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
	100				
032102 01-13-11		26			Schedule I (Form 990) (2010)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		-	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
			711	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Deserting 1942
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		3000		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	Peta		
	CEO/Executive Director. Check all that apply.			
	Compensation committee  X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	0.539(2.212.0)	х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3.500	EE/NE	
	The totally of lines at 6, not the person and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	MACH	X
h	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a	Librar	X
		6b	-	X
	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	OD	Kantika)	EUESHA
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	37,49		
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-'-	-	A
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	°	$\dashv$	
3				
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) 2010

53-0210846

NATIONAL CONGRESS OF AMERICAN INDIANS

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(g)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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1 JACQUELINE J. PATA	8	217,	5,476.	3	10,	14,	247,444.	0
	Ξ					1,	<b>\</b>	0
2 SARAH HICKS	₿	144,353.	۳)	-	9	14,	-	0
	Ξ						•	0
3 JOHN DOSSETT	3		3,	214.	6,299.	17,750.	155,461.	0
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	3							
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	(i)							
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Schedule J (Form 990) 2010

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ. or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NCAI ADVOCATES FOR THE HEALTH, WELFARE, ECONOMIC SECURITY AND

SUSTAINABILITY OF AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES TO

HONOR PAST AND PROMOTE FUTURE GENERATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE HEALTH, WELFARE, ECONOMIC SECURITY AND SUSTAINABILITY OF

AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES TO HONOR PAST AND PROMOTE

FUTURE GENERATIONS. BY TELLING THE STORIES OF OUR PEOPLES, OUR

CULTURES, AND OUR GOVERNMENTS, NCAI ALSO EDUCATES THE PUBLIC TOWARD A

BETTER UNDERSTANDING OF THE DIVERSITY AND CONTRIBUTIONS OF NATIVE

COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6: 1. TRIBAL MEMBERSHIP

ANY TRIBE, BAND OR IDENTIFIABLE GROUP OF AMERICAN INDIANS, ESKIMOS, AND

ALEUTS SHALL BE ELIGIBLE FOR TRIBAL MEMBERSHIP PROVIDED IT SHALL FULFILL

ALL OF THE FOLLOWING REQUIREMENTS:

- A. A SUBSTANTIAL NUMBER OF ITS MEMBERS RESIDE UPON THE SAME RESERVATION, OR

  (IN THE ABSENCE OF A RESERVATION) IN THE SAME GENERAL LOCALITY;
- B. IT MAINTAINS A TRIBAL ORGANIZATION, WITH REGULAR OFFICERS AND THE MEANS
  OF TRANSACTING BUSINESS AND ARRIVING AT A REASONABLY ACCURATE COUNT OF ITS
  MEMBERSHIP;
- C. IT IS NOT A MERE OFFSHOOT OR FRACTION OF AN ORGANIZED TRIBE ITSELF ELIGIBLE FOR MEMBERSHIP; AND,
- D. IT IS RECOGNIZED AS A TRIBE, OR OTHER IDENTIFIABLE GROUP OF AMERICAN

  INDIANS BY THE DEPARTMENT OF THE INTERIOR, COURT OF CLAIMS, THE INDIAN

  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

CLAIMS COMMISSION, OR A STATE. AN INDIAN OR ALASKA NATIVE ORGANIZATION

INCORPORATED/CHARTERED UNDER STATE LAW IS NOT ELIGIBLE FOR TRIBAL

MEMBERSHIP.

### 2. INDIAN INDIVIDUAL MEMBERSHIP

ANY PERSON OF INDIAN AND/ OR ALASKA NATIVE ANCESTRY IN THE UNITED STATES OR
A NATIVE OF ALASKA IS ELIGIBLE FOR INDIVIDUAL MEMBERSHIP. FOR THE PURPOSE
RECOGNIZED AS A MEMBER BY AN INDIAN TRIBE, OR BAND, OR COMBINATION OF
TRIBES AND BANDS RECOGNIZED BY THE U.S. DEPARTMENT OF THE INTERIOR, THE
INDIAN CLAIMS COMMISSION, COURT OF CLAIMS, OR A STATE.

### 3. INDIVIDUAL ASSOCIATE MEMBERSHIP

NON-INDIAN APPLICANTS MAY BE ADMITTED TO NON-VOTING ASSOCIATE MEMBERSHIP UPON THE PAYMENT OF ANNUAL DUES AS FIXED BY THE BY-LAWS.

### 4. ORGANIZATION ASSOCIATED MEMBERSHIP

ORGANIZATIONS MAY BE ADMITTED TO NON-VOTING ASSOCIATE MEMBERSHIP UPON THE
PAYMENT OF ANNUAL DUES AS FIXED BY THE BYLAWS. NO INDIVIDUAL OR
ORGANIZATION WITH KNOWN SUBVERSIVE ACTIVITIES OR AFFILIATION SHALL BE
ADMITTED TO MEMBERSHIP, NOR SHALL THEIR CONTRIBUTIONS BE ACCEPTED.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS MEETING IN GENERAL ASSEMBLY MAY ELECT OFFICERS AND DETERMINE THEIR DUITES

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS IN GENERAL ASSEMBLY

SHALL WITHOUT LIMITATION CARRY OUT THE PURPOSE AND MISSION OF NCAI,

DETERMINE MEMBERSHIP, ADOPT AND AMEND ANY AND ALL POLICIES OF NCAI,

AUTHORIZE THE OBLIGATION OF NCAI ASSETS AND RESOURCES, SUPPORT POR OPPOSE

PUBLIC POLICY AS IT PERTAINS TO OR IMPACTS AMERICAN INDIANS AND ALASKA

NATIVES, DETERMINE THE TIME AND LOCATION OF THE ANNUAL CONVENTION AND

CONSTITUTE COMMITTEES FOR SUCH PURPOSES AS IT DEEMS NECESSARY.

01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	NATIONAL	CONGRES	S OF AME	RICAN	INDI	ANS		Employer identification number 53-0210846
				_				
FORM 990, PART	VI, SEC	TION B,	LINE 11:	THE	FORM	990 IS	RE	VIEWED BY THE
CHIEF FINANCIA	L OFFICE	١.		·				
		·						
FORM 990, PART	VI, SECT	TION B,	LINE 15:	EXEC	UTIVE	DIREC	CTOR	PAY IS
DETERMINED BY	THE BOARI	OF DIR	ECTORS.	THE	4 EXE	CUTIVI	OF	FICERS OF THE
BOARD OF DIREC	TORS CONS	SIDER FA	CTORS IN	DETE	RMINI:	NG THE	EX	ECUTIVE DIRECTOR'S
SALARY. THEY C	OMPARE TH	E SALAR	у то отні	er na	TIONA	L NAT	VE (	ORGANIZATIONS;
LOOK AT THE TI	ME PERIOI	SINCE	THE LAST	RAIS	E; AN	D INCI	UDE	ANNUAL COST OF
LIVING ADJUSTM	ENTS. BA	SED ON	RESULTS 1	PHEY	SET T	HE EXE	CUT	IVE DIRECTOR'S
SALARY AND PUT	IT BEFOR	E THE F	ULL 16 M	EMBER	BOAR	D FOR	A V	OTE OF APPROVAL.
KEY EMPLOYEE S	ALARIES A	RE BASE	D ON NEGO	TAITC	IONS	BETWEE	N T	HE EMPLOYEE AND
THE EXECUTIVE	DIRECTOR.	THE SA	LARY IS E	BASED	ON PI	RIOR F	ROF	ESSIONAL
EXPERIENCE, OR	GANIZATIO	NAL NEE	DS, AND N	IARKE'	T RAT	ES.		
FORM 990, PART	VI, SECT	ION C,	LINE 18:	THE	990 I	S MADE	AV	AILABLE
								E TYPICALLY NOT
MADE AVAILABLE	TO THE P	OBLIC,	BUT ARE A	AVAIL	ABLE (	JPON R	EQUI	EST.
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FORM 990, PART			NGED EDON		DDTO			
THE PROCESS HA	5 REMAINE	D UNCHA	NGED FROM	THE	PRIO	K YEAR	. •	
		and the second						
And desired the second								
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

••

2010 Open to Public Inspection

Employer identification number 53-0210846 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Î ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (C) NATIONAL CONGRESS OF AMERICAN INDIANS ► Attach to Form 990. 9 <u>a</u> Name of the organization Department of the Treasury Internal Revenue Service Part

	(a)	(q)	(0)	(p)	(e)	6
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-vear assets	Direct controlling
	of disregarded entity		foreign country)			entity
Part	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Parl	t IV, line 34 because	e it had one or more re	elated tax-exempt

	(6)	Section 512(b)(13)	entity?	S.			×					
	Į,	Section	9	Yes								
	<b>E</b>	Direct controlling	entity		NATIONAL CONGRESS	OF AMERICAN	INDIANS					
	(e)	Public charity	status (if section	501(c)(3))			170(B)(1)(A) INDIANS					
	(p)	Exempt Code	section				501 (C)(3)					
	(၁)	Legal domicile (state or	foreign country)				DISTRICT OF COLUMBIA 501 (C)(3)					
	(q)	Primary activity				EDUCATION/INFORMATION FOR	AMERICAN INDIANS					
( f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f	(a)	Name, address, and EIN	of related organization		NATIONAL CONGRESS OF AMERICAN INDIANS FUND -	53-6017907, 1516 P STREET, N.W., WASHINGTON, EDUCATION/INFORMATION FOR	DC 20036					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032161 12-21-10 LHA

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Schedule R (Form 990) 2010

53-0210846

Page 2

Schedule R (Form 990) 2010 NATIONAL CONGRESS OF AMERICAN INDIANS

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

(a)	(q)	(c)	<b>©</b>	(e)	<b>(</b>	(6)	3	(3)	3	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreion	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	tlon- ions?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		833613	Yes No	K-1 (Form 1065)	Yes No	
					•					
									+	
					•				-	
Death Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990 Part IV line 34 because it had one or more related	ganizations Taxable a	s a Corpo	pration or Trust (Co	molete if the organization	on answered "Yes	" to Form 990 Ps	ort IV line 34	hecause it had on	e or mo	re related

the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related **Part IV** organizations treated as a corporation or trust during the tax year.)

(a)	(q)	(၁)	(p)	(e)	€	(6)	(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct contro entity	/pe of entity corp, S corp or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
					****		

Schedule R (Form 990) 2010

032162 12-21-10

# Schedule R (Form 990) 2010 NATIONAL CONGRESS OF AMERICAN INDIANS

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36,
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Sey	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations listed in Parts II-IV		288
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		- Ja	×
<b>b</b> Giff, grant, or capital contribution to other organization(s)		X 4	+
c Gift, grant, or capital contribution from other organization(s)		+	+
d Loans or loan guarantees to or for other organization(s)		7	×
		0	×
r Sale of assets to other organization(s)	The state of the s	+	×
g Purchase of assets from other organization(s)		10	×
h Exchange of assets		4	×
i Lease of facilities, equipment, or other assets to other organization(s)			×
j Lease of facilities, equipment, or other assets from other organization(s)			×
k Performance of services or membership or fundraising solicitations for other organization(s)		*	×
1 Performance of services or membership or fundraising solicitations by other organization(s)			×
m Sharing of facilities, equipment, mailing lists, or other assets		×	
n Sharing of paid employees		X ut	
o Reimbursement paid to other organization for expenses		ç	×
p Reimbursement paid by other organization for expenses		<b>d</b>	×
			*
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>		5	××
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.	s line, including covered relationships		
(a) (b)  Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) NATIONAL CONGRESS OF AMERICAN INDIANS FUND B	2,012,376.		
(2)			
(3)			
(4)			
(5)			
(6)			
34		Schedule R (Form 990) 2010	0) 201

53-0210846

Page 4

...

# Schedule R (Form 990) 2010 NATIONAL CONGRESS OF AMERICAN INDIANS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(a)	(a)	(6)	(2)	(6)	9	(2)	13
INITI Production of the Marketine of the				2	3		
of entity	Primary activity	Legal domicile (state or foreign	Are all parmers section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No	•	Yes No		
	,						
	<u> </u>						
					-		
						-	

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Schedule R (Form 990) 2010

tule R (Form 990) 2010  VII Supplemental Ir	NATIONAL	CONGRESS	OF AMERICAN	INDIANS	53-0210846	Page
		_				
Complete this part to	provide additional inf	formation for response	s to questions on Sc	hedule R (see insti	ructions).	
		· · · · · · · · · · · · · · · · · · ·				<del></del>
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### Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

jainzauon		
, 2010, and ending	,20	2040

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.See instructions.

2010

OMB No. 1545-1878

Name of exempt organization

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number

53-0210846

Name and title of officer

JACQUELINE PATA EXECUTIVE DIRECTOR

For calendar year 2010, or fiscal year beginning

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here   Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3122943
<b>2</b> a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
<b>3</b> a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	pox	only
-----------	------	-------	-----	-----	------

X lauthorize TATE AND TRYON	to enter my PIN 20036
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472820036

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date -

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form **8879-EO** (2010)

PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

IIICOI	TIEST TICY	inde outvice programme, and a copy of the control of the copy of t		aparting radamantanta	· Inspection			
Α	For th	e 2011 calendar year, or tax year beginning and	ending					
В	Check if	C Name of organization		D Employer identifi	cation number			
ě	applicat	le:						
	Addr	NATIONAL CONGRESS OF AMERICAN INDIANS						
$\overline{}$	Name chan			53-0	210846			
	Initia		Room/suite	E Telephone numbe				
F	Term		Noonivaule		466-7767			
$\vdash$	Amer							
$\vdash$	retur	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,673,870.			
	Appli tion pend			H(a) Is this a group re				
		F Name and address of principal officer: JACQUELLINE PATA		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
		empt status: 501(c)(3)	or 527	If "No," attach a	list. (see instructions)			
		te: WWW.NCAI.ORG		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1944 N	M State of legal domicile; OK			
Pa	art I	Summary						
da	1	Briefly describe the organization's mission or most significant activities: NCAI	ADVOC	ATES FOR TH	E HEALTH,			
ğ		WELFARE, ECONOMIC SECURITY AND SUSTAINAB	ILITY	OF AMERICAN	INDIAN AND			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.			
Ve	3			3	16			
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			16			
න්	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			39			
iŧi	6				50			
Activities & Governance	1 -	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
A								
	D	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
		0 - 1 7 - 2 1 1 - 7 - 1 / 1 / 1 / 1 / 1 / 1		Prior Year	Current Year			
Ë	8	Contributions and grants (Part VIII, line 1h)		227,902.	655,431.			
en	9	Program service revenue (Part VIII, line 2g)		2,887,784.	3,017,535.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,627.	904.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,630.	0.			
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,122,943.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,012,376.	1,676,139.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	nembers (Part IX, column (A), line 4)					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		478,735.	560,175.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses			62.					
Щ	į.	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		895,161.	930,910.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,386,272.	3,167,224.			
	I	Revenue less expenses. Subtract line 18 from line 12	I	-263,329.	506,646.			
es		Tovolido lodo experiedo. Cabador inte 10 florir into 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		887,864.	1,472,797.			
Bal	20							
net Piet	21	Total liabilities (Part X, line 26)		1,099,187. -211,323.	1,177,474.			
	rt II	Net assets or fund balances. Subtract line 21 from line 20		-411,343.	295,323.			
			1 - 1 - 1		1			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ly knowledge and belief, it is			
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	1.2			
		Sand Million (1)		10///	112			
Sign	3	Signature of Officer		Date' /				
Her	е	JACQUELINÉ PATA, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	-	Date Check	PTIN			
Paid	1	YUNG-HEE GALLINARO Jung Ster Coll-	(	O/10/12 if self-employ	P00035293			
Prep	arer	Firm's name CLIFTONLARSONALLEN LAP		Firm's EIN	41-0746749			
Use		Firm's address 4250 N. FAIRFAX DRIVE, SUITE 102	20					
	-	ARLINGTON, VA 22203		Phone no. 5	71-227-9500			
May	the II	RS discuss this return with the preparer shown above? (see instructions)		,	X Yes No			

		10846	Page 2						
Pa	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response to any question in this Part III	***************************************	X						
1	Briefly describe the organization's mission:								
	FOUNDED IN 1944 AS A MEMBERSHIP OF AMERICAN INDIAN AND ALASKA	NATIV	E						
	TRIBAL GOVERNMENTS IN THE UNITED STATES, THE MISSION OF THE N								
	CONGRESS OF AMERICAN INDIANS IS TO PROTECT SOVEREIGNTY AND SE								
	FORUM FOR CONCESUS-BASED POLICYMAKING. NCAI ADVOCATES FOR TH								
2	Did the organization undertake any significant program services during the year which were not listed on								
~	· · · · · · · · · · · · · · · · · · ·	Yes	<b>V</b>						
		. L Yes	LA NO						
_	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. LYes	LX_ No						
	If "Yes," describe these changes on Schedule O.								
4	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 and section 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.								
4a	(Code:) (Expenses \$ 2,921,405. including grants of \$ 1,676,139.) (Revenue \$	3,017,	535.)						
	ANNUAL CONVENTION AND OTHER MEETINGS - PROVIDE A FORUM FOR DI								
	NATIONAL ISSUES RELEVANT TO INDIAN TRIBES, INDIAN ORGANIZATIO								
	NATIVE AMERICANS.								
	TATEL VID 1 MAINT CHANGE								
4b	(Code:) (Expenses \$		)						
		- V							
		- 130							
4c	(Code:) (Expenses \$		)						
	With the Missing where the second sec								
	(A) A) The second of the secon		1						
		- Hilleria							
		· · · · · · · · · · · · · · · · · · ·							
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ including grants of \$ ) (Revenue \$	)							
4e	Total program service expenses 2,921,405.								
70	TOTAL PLANE WILL DATE LINE OF THE PARTY OF T	Form 99	0 (2011)						
		, 5,,,,,	- (-011)						

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(q/1) (other than a private foundation??  1 If Yes, "complete Schedule B, Schedule B, Schedule of Contributions?  2 Is the organization engage in idea or indexed political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  3 Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II  4 Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III  5 Is the organization as exclise 51(4)(4), 501(6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  6 Det the organization in animal animal animal during organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  7 Did the organization in animal animal animal during organization for which donors have the right to provide advice on the detirious or investment, including easements to preserve open space.  7 The part of the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21; serves as a custodian for amounts of isted in Part X, or provide oredit counseling, debt hamagement, credit reports, or debt negotiation services? If "Yes," complete Schedule D, Part VIII  10 Did the organization report an amount for investments or debt reconstitution in the part and interest or the part X, line 16? If "Yes," complete Schedule D, Part VIII  11 De organization report an amount for investments or provides organization report an amount for investments organ				Yes	No
2 Is the organization required to complete Schedule 8, Schedule 9, Contributions 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 4  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4  5 Is the organization associan 501(c)(4), 501(c)(5), or 501(c)(6), or 501	1				
3 De the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer? If "Yes," complete Schedule C, Part I 4  4 Section 50 (6)(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  5 Is the organization assection 501 (k)(4), 501 (k)(5), or 501 (c)(6) organization that receives membership duse, assessments, or similar amounts as defined in Revenue Procedure 58-151 If "Yes," complete Schedule C, Part II  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 II  7 Did the organization received to hold a conservation easement, including assements to preserve open space, the environment, historical transaction easement, including assements to preserve open space, the environment, historical transactions of the similar assets? If "Yes," complete Schedule D, Part II  7 Did the organization are on a mount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  8 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 VII  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  11 De organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  12 Did the organization report an amount for other benefits of the securities in Part X, line 10? If "Yes," complete Schedule D, Part X X, II  13 Did the organization rep			1		X
Section 501(kg) arganization. Did the organization engage in lobbying activities, or have a section 501(kg) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2		2	X	
during the tax year? If "Yes," complete Schedule C, Part II   4   5   5   15   16   16 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 98 197 If "Yes," complete Schedule C, Part III   5   5   X   6   5   X   6   5   X   7   7   7   7   7   7   7   7   7	3		3		X
5 Is the organization a section 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9-187 II "Ps., "complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts? II "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? II "Yes," complete Schedule D, Part II 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 III Did the organization did areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization, did explaints of the schedule D, Part IV Did the organization, directly or through a related organization, hold sassets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold sassets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV Did the organization, organization services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for the sasts 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 XIII Did the organization report an amount for other liabilities 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 XIII Did the organization has beginned to a manual for other lassets in Part X, line 15 that is 5% or more of its to	4				
similar amounts as defined in Revenue Procedure 98 197 // 1*/es, "complete Schedule C, Part III    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? // 1*/es, "complete Schedule D, Part II    Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // 1*/es, "complete Schedule D, Part II		during the tax year? If "Yes," complete Schedule C, Part II	4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land crease, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land create, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not sisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "xes," complete Schedule D, Part V I I If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I I b I I I I I I I I I I I I I	5		ļ		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II to 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 III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization report an amount for debt negotiation services? If "Yes," complete Schedule D, Part VIII If the organization in eport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  11 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 VIII.  11 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 VIII.  12 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X X.  12 Did the organization obtain separate, independent audited financial statements for the tax		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
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	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			6_		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, devity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, II, III, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets 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 VIII  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 VIII  d Did the organization report an amount for other liabilities 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 X  11	7				
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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, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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 II  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			12a		x
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19		10		y
	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		2

Form **990** (2011)

Part IV Checklist of Required Schedules (continued)

0.4	Did the experimetion various mays then \$5,000 of experts and other assistance to an experimental according to the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
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? If "Yes," complete			
0.4	Schedule J	23	X	
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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
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):		- 14	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)	35	1.00
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (	4		
С				
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		35
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," 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			<u> </u>
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	100	= 8	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		- 41
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
ou	any contributions that were not tax deductible?	6a	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua	22	
	were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	OD	21	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		<u> </u>
•	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 25
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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 and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ū		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	100
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			0
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	.50		
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			
С	Enter the amount of reserves on hand 13c		W	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 16			o   1
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		Х
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		/ 11	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		B 10	ĦГ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	THE ST		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Ш		
	exempt status with respect to such arrangements?	<b>16</b> b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🖿	•	
	THE ORGANIZATION - 202-466-7767			
	1516 P STREET, WASHINGTON, DC 20036	•		
120000				

132006 01-23-12

Form 990 (2011)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

X

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount 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, and 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	nor any related	orga	aniza	ation	COI	mpe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	1 '	compensation	amount of
	week		l a		11001	Jiriius	100)	from	from related	other
	(describe hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e 0r (	stee			sate		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	al tru		yee	эшы		( , _ , , , , , , , , , , , , , , , , ,		and related
	in Schedule	Individual	Institutional trustee	5	Key employee	Highest compensated employee	Ę			organizations
	O)	重	Insti	Officer	Key	High	Former			
(1) JEFFERSON KEEL										
PRESIDENT	10.00	X		Х				0.	0.	0.
(2) JUANA MAJEL-DIXON										
1ST VICE PRESIDENT	2.00	X		X		<u> </u>	_	0.	0.	0.
(3) MATTHEW WESAW								_	_	
TRUSTEE	2.00	X			_	_		0.	0.	0.
(4) W. RON ALLEN		l								
TREASURER	2.00	X		Х		ļ	-	0.	0.	0.
(5) BILL MARTIN				}						
TRUSTEE	2.00	X	_	_	_	-	<u> </u>	0.	0.	0.
(6) DON ARNOLD	0.00									
TRUSTEE	2.00	X	_		ļ	<del> </del>		0.	0.	0.
(7) ROBERT TIPPECONNIE	2 00									0
TRUSTEE	2.00	X			<u> </u>	├		0.	0.	0.
(8) LANCE GUMBS	2 00	37						0.		0
TRUSTEE	2.00	X	<u> </u>			$\vdash$	$\vdash$	0.	0.	0.
(9) SCOTT RUSSELL	2.00	х						0.	0.	0
TRUSTEE	2.00	Δ			-	-		<u> </u>	U •	0.
(10) JOE A. GARCIA	2.00	х						0.	0.	0.
TRUSTEE (11) LARRY TOWNSEND	2.00	Δ.						0.	0.	<u>0.</u>
TRUSTEE	2.00	X						0.	0.	0.
(12) EDWARD THOMAS	2.00	23			<del> </del>			- 0.	0.	<u>.</u>
SECRETARY	2.00	x		x	1			0.	0.	0.
(13) JOE CRITTENDEN	2.00			**					0.	
TRUSTEE	2.00	x						0.	0.	0.
(14) ROBERT SHEPHERD							<b></b>			
TRUSTEE	2.00	X						0.	0.	0.
(15) FAWN SHARP					<b></b>	<b>†</b>	1			
TRUSTEE	2.00	X						0.	0.	0.
(16) NED NORRIS										
TRUSTEE	2.00	X						0.	0.	0.
(17) JACQUELINE J. PATA										
EXECUTIVE DIRECTOR	4.00			X				23,719.	213,468.	25,213.
132007 01-23-12										Form <b>990</b> (2011)

132007 01-23-12

Form **990** (2011)

1

Form **990** (2011)

1

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2011)

904

e Total, Add lines 11a-11d

Total revenue. See instructions.

d All other revenue

3673870.

3017535

132009 01-23-12

### 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) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A)	(B) Program service	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and	1 676 120	1 686 100		
	organizations in the United States. See Part IV, line 21	1,676,139.	1,676,139.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E2 6E0	21 151	21 245	262
_	trustees, and key employees	52,658.	31,151.	21,245.	262
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	408,078.	336,370.	71,708.	
7	Other salaries and wages	400,070.	330,370.	/1,/00.	
8	Pension plan accruals and contributions (include	10 670	14 022	1 655	
_	section 401(k) and section 403(b) employer contributions)	18,678. 45,695.	14,023. 41,902.	4,655. 3,793.	
9	Other employee benefits		27,937.	7,129.	
10	Payroli taxes	35,066.	41,931.	7,129.	
11	Fees for services (non-employees):				
a	Management				
þ	Legal	5,361.		5,361.	
C	Accounting	3,301.		3,301.	
d	Lobbying			H	
e	Professional fundraising services. See Part IV, line 17	1,144.	· · · · · · · · · · · · · · · · · · ·	1,144.	
f	Investment management fees	63,918.	63,126.	792.	
g	Other	8,000.	8,000.	194•	
12	Advertising and promotion	174,966.	159,676.	15,290.	
13	Office expenses	20,708.	14,761.	5,947.	
14	Information technology	20,700.	14,/01.	5,341.	
15	Royalties	37,951.		37,951.	
16	Occupancy	60,283.	60,276.	7.	
17	Travel	00,203.	00,270.	7 •	***************************************
18	Payments of travel or entertainment expenses	1 445	1 445		
40	for any federal, state, or local public officials	1,445. 310,634.	1,445. 302,703.	7,931.	
19	Conferences, conventions, and meetings	29,774.	302,703.	29,774.	
20	Interest	47,114.		47,114.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,270.		1,270.	
23	Other expenses. Itemize expenses not covered	1,270.		1,210.	
24	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 0.)				
а	EQUIPMENT & SOFTWARE	144,887.	132,116.	12,771.	
	BANK & MERCHANT FEES	51,493.	44,847.	6,646.	<u></u>
c	REPAIRS AND MAINTENANCE	5,908.		5,908.	
d	PAYROLL FEES	4,122.		4,122.	
	All other expenses	9,046.	6,933.	2,113.	
25	Total functional expenses. Add lines 1 through 24e	3,167,224.	2,921,405.	245,557.	262
	Joint costs. Complete this line only if the organization	-,,,			
26					
?6	reported in column (B) joint costs from a combined		I		
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	697,681.	1	1,325,167.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	89,858.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	51,742.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,261.		6,030.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,472,797.
	17	Accounts payable and accrued expenses			95,457.
	18	Grants payable		18	
	19	Deferred revenue		19	1,082,017.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee		8 1	
apil		highest compensated employees, and disqualified persons. Complete Pa			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	1,177,474.
		Organizations that follow SFAS 117, check here   X and complete		- ×	
ဖွ		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	-299,242.	27	295,323.
<u>a</u>	28	Temporarily restricted net assets		28	0.
d B	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here			
7		complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances		33	295,323.
- 1		Total liabilities and net assets/fund balances		34	1,472,797.

Form **990** (2011)

Forn	1990 (2011) NATIONAL CONGRESS OF AMERICAN INDIANS	53-02	210846	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,67	3,8	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,16	7,2	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	50	6,6	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21	1,3	23.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29	5,3	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				<b>Ye</b> s	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		uu.	A 11 =
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		in H.I.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	0.1	1-71	
	separate basis, consolidated basis, or both:				11,717
	Separate basis X Consolidated basis Both consolidated and separate basis		184	l'n f	HIII
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 <b>90</b> (	2011)

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

PUBLIC DISCLOSURE COPY \*-

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

OMB No. 1545-0047

2011

Employer identification number

N	ATIONAL CONGRESS OF AMERICAN INDIANS	53-0210846					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)( 4 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
	on filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in mo plete Parts I and II.	oney or property) from any one					
Special Rules							
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for out of this box is chect purpose. Do not contribute the contribute of the contributions of the contributions for	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional space is needed.	
--------	--------------	---------------------	----------------------	------------------------------------------	--

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>125,000.</u>	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 98,610.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 20,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
		0.1.3.1.0.0.1	200 000 ET 000 0F1 100111

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
9		\$\$5,000.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		- - \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

53-0210846

Part I	Contributors (see instructions). Use duplicate copies of Part Fif additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$7,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### NATIONAL CONGRESS OF AMERICAN INDIANS

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- 1		\$	1

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

21

1

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			Er	nployer identification number
	NATIONA	AL CONGRESS OF A	MERICAN IND	IANS	53-0210846
Pa	ort I-A Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527	organization.
3	Provide a description of the organi Political expenditures Volunteer hours				
		ganization is exempt un			
1	Enter the amount of any excise tax	incurred by the organization ur	der section 4955		<b>\$</b>
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	55	<b>\$</b>
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	ofor this year?		Yes  No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	ganization is exempt un	don cooking E04/s	\	14(-)(0)
			<del></del>		
	Enter the amount directly expende				<b>&gt;</b> \$
2	Enter the amount of the filing organ		•		
•	exempt function activities Total exempt function expenditure				\$
3	line 17b				- ¢
4	Did the filing organization file Form	1100 DOL for this year?			Yes No
	Enter the names, addresses and e				
3	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				=

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011 NA! Part II-A   Complete if the organi	CIONAL CO	ONGRESS OF A	AMERICAN IND	ANS 53-	0210846 Page 2
(election under section		impt under section		a i oiiii 0700	
		filiated group (and list	in Part IV each affiliated	group member's na	me, address, EIN.
expenses, and share of				9 1	,,,
B Check ▶ ☐ if the filing organization			rovisions apply.		
	Lobbying Expe	enditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	noiniae sublic	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
e Total exempt purpose expenditures (ad					
f Lobbying nontaxable amount. Enter the			1		
If the amount on line 1e, column (a) or (b)		obying nontaxable an			
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,00			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exc			
Over \$17,000,000	\$1,000				
		,			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this year?		-			Yes No
	4-Year Av	eraging Period Unde section 501(h) election		ete all of the five	
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				- Warran - 1	
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

# Schedule C (Form 990 or 990-EZ) 2011 NATIONAL CONGRESS OF AMERICAN INDIANS 53-0210846 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or		(a)		(b)	
	es	No	Amo	ount	
to and the detailers from the effort of the control					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?			See P		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?		1			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	Î				
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	118				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912		81=			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			r, min		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	)1(c)	(5), or se	ction		
501(c)(6).					
			Yes	No	
		1	Х		
Were substantially all (90% or more) dues received nondeductible by members?				Х	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No	)1(c)	2 3 (5), or se	X	<u>х</u> 2 е 3, і	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	01(c)( " OR	2 3 (5), or seat (b) Part	X	X	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  1 Dues, assessments and similar amounts from members	01(c)( " OR	2 3 (5), or seat (b) Part	X	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political</li> </ul>	01(c)( " OR	2 3 (5), or seat (b) Part	X	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>	01(c)( " OR	2 3 (5), or se (b) Part	X	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ul>	01(c)( " OR	2 3 (5), or se (b) Part	X	X	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year	01(c)( " OR	2 3 (5), or se 1 (b) Part	X	X	
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<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	01(c)( " OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c	X	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess</li> </ul>	01(c)( " OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c	X	X	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses for the prior year?  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expensions.	01(c)( " OR	2 3 (5), or se 3 (b) Part 1 2a 2b 2c 3	X	X	
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess</li> </ul>	01(c)( " OR	2 3 (5), or se 1 (b) Part 1 2a 2b 2c	X	X	

### **SCHEDULE D**

(Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization

**Employer identification number** 

	NATIONAL CONGRESS OF AMERICAN INDIANS	53-0210846
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	he year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
Day	conservation easements.	Oissiles Assets
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	. > \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

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		L CONGRESS								5 Page <b>2</b>	
Pa	rt III   Organizations Maintaining C	collections of A	rt, Hi	storical T	reasur	res, or Oth	er Simila	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, che	ck any of th	e followir	ng that are a	significant ı	use of its	collection	items	
	(check all that apply):										
а	Public exhibition		d 🗀	Loan or ex	change	programs					
b	Scholarly research	•	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how	they further	the orga	anization's ex	empt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art,	historical tre	asures,	or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the org	anization's	collection	n?			Yes	☐ No	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or											
reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodi	an or other interme	diary fo	r contributio	ons or otl	her assets no	t included				
	on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV										
	-	•	•						Amount		
С	Beginning balance						1c			***************************************	
d	Additions during the year										
е	Distributions during the year							,			
f	Ending balance										
<b>2</b> a		orm 990. Part X. line	21?	***************************************		***************************************			Yes	□ No	
b	If "Yes," explain the arrangement in Part XIV.		•								
Pai			nswere	d "Yes" to F	orm 990	, Part IV, line	10.				
		(a) Current year	1	Prior year		vo years back	T	ears back	(e) Four	vears back	
1a	Beginning of year balance				1		1-1				
b	Contributions										
С	Net investment earnings, gains, and losses								H37		
d	Grants or scholarships										
-	Other expenditures for facilities										
	and programs								V. III.,	*	
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end baland	e (line	1a column	(a)) held	as:					
- а	Board designated or quasi-endowment	•	%	, 9, 00.0	(4),	<b>u</b> 0.					
b	Permanent endowment										
	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c shou										
<b>3</b> a	Are there endowment funds not in the posses	•	ation th	nat are held	and adm	ninistered for	the organiz	ation			
-	by:	g							[-	Yes No	
	(i) unrelated organizations								3a(i)	100 110	
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	n Sche	edule R?		***************************************			3b		
4	Describe in Part XIV the intended uses of the								0.0		
Par	t VI Land, Buildings, and Equipm									<del></del>	
	Description of property		(a) Cost or other (b) Cost or other		er (c) A	(c) Accumulated		(d) Book value			
		basis (investr		1	other)	1	preciation		(=, ====		
<b>1</b> a	Land		<del>-</del>			THE STATE OF					
	Buildings								****		
	Leasehold improvements										
	Equipment			1							
	Other										
	Add lines 1a through 1e. (Column (d) must ed		X colu	mn (R) line	10(c))	· · · · · · · · · · · · · · · · · · ·				0.	

Schedule D (Form 990) 2011

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132053 01-23-12

	t XI Reconciliation of Change in Net Assets from Form 990 to A			53-02108 ements	46 Page 4					
1	Total revenue (Form 990, Part VIII, column (A), line 12)	and the second second		omonto						
2	Total expenses (Form 990, Part IX, column (A), line 25)			w.c	010					
3	Excess or (deficit) for the year. Subtract line 2 from line 1			11.11.11.11.11.11.11.11.11.11.11.11.11.						
0.000			************							
4	Net unrealized gains (losses) on investments									
5	Donated services and use of facilities									
6	Investment expenses									
7	Prior period adjustments									
8	Other (Describe in Part XIV.)		8							
9	Total adjustments (net). Add lines 4 through 8									
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemen			Poturn						
Diff. Testing	Total revenue, gains, and other support per audited financial statements									
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		********************	1						
2		0-1								
а ь	Net unrealized gains on investments	2a		1 1						
ь	Donated services and use of facilities			18 0						
C	Recoveries of prior year grants			-						
d	Other (Describe in Part XIV.)			-						
0.200	Add lines 2a through 2d			2e						
3	Subtract line 2e from line 1			3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-						
Ь	Other (Describe in Part XIV.)			-						
	Add lines 4a and 4b			4c						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5						
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme			Return						
1	Total expenses and losses per audited financial statements			1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Lass fi		0.00						
а	Donated services and use of facilities	2a		-						
b	Prior year adjustments	2b								
C	Other losses									
	Other (Describe in Part XIV.)									
е	Add lines 2a through 2d			2e						
3	Subtract line 2e from line 1									
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	( E								
	Investment expenses not included on Form 990, Part VIII, line 7b									
b	Other (Describe in Part XIV.)	4b	COMPRESSOR DE LA COMPRE							
	Add lines 4a and 4b			4c	111-22-					
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5						
	t XIV Supplemental Information									
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,									
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple		AC 55		on.					
PAR	T X, LINE 2: THE CONGRESS IS EXEMPT FROM T	HE PA	MENT OF I	INCOME						
	TO INTERN CHOMEOU FOLICA (A) (A) OF THE TIMESTER									
TAX	ES UNDER SECTION 501(C)(4) OF THE INTERNAL	REVE	NUE CODE.	THE						
000	ANTENNESS DURING THE PAGE TOUG AND DEME	51/T1T5								
ORG	ANIZATION EVALUATED TAX POSITIONS AND DETE	KWINE	THAT ITS	S POSITIO	NS ARE					
MOR	E LIKELY THAN NOT TO BE SUSTAINED ON EXAMI	NATIO	N. THE OR	RGANIZATI	ON'S					
			- Million - Million - Million - Control							
2008 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS.										
				1210						
				W25 15 V300						

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047	2011	Open to Public	Inspection

▶ Attach to Form 990.

Name of the organization  NATIONAL CONGRESS OF Part I General Information on Grants and Assistance	CONGRESS ind Assistance		AMERICAN INDIANS				Employer identification number 53-0210846	_ 1
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion X Yes No	
Describe in Fart by the organization's procedures for monitoring the use of grant funds in the United States.  Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	unization answered "\	Yes" to Form 990, Part	IV, line 21, for any	- 1
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  (a) Amount of or government or government  (b) EIN  (c) IRC section (d) Amount of or government or governme	\$5,000. Check this (b) EIN	box if no one recipier (c) IRC section if applicable	received more th (d) Amount of cash grant	an \$5,000. Part II (e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	additional space is nee (g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NATIONAL CONGRESS OF AMERICAN INDIANS FUND - 1516 P STREET, N.W WASHINGTON , DC 20036	53-0210846	501(C)(3)	1,676,139,	0,0	other)		EDUCATIONAL, INFORMATIONAL AND CHARITABLE ACTIVITIES	
								!
								1
								1
								1
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	le line 1 table				•	•
Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0	۰i
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ons for Form 990.					Schedule I (Form 990) (2011)	$\subseteq$

Page 2 (f) Description of non-cash assistance 53-0210846 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance NATIONAL CONGRESS OF AMERICAN INDIANS (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III

Schedule I (Form 990) (2011)

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### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

NATIONAL CONGRESS OF AMERICAN INDIANS

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions

**Employer identification number** 53-0210846

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		. e.	180
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		ŤŤ,	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		UN TI		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			× 1
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract		9, 1	
	Independent compensation consultant Compensation survey or study	1120		
	Form 990 of other organizations  X Approval by the board or compensation committee	E-81		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	-8		
	organization or a related organization:	- Sv.	(1)	
а	Receive a severance payment or change-of-control payment?	<b>4</b> a		X
b		4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		ni i	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		J. U.	
а	The organization?	<b>5</b> a		_X_
b	Any related organization?	5b		<u>X</u>
	If "Yes" to line 5a or 5b, describe in Part III.	, 1	W.Y	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	I WIT		
а	The organization?	<b>6</b> a		_X_
b	Any related organization?	6b		<u>X</u>
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 53-0210846 NATIONAL CONGRESS OF AMERICAN INDIANS Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	23,142.	577.	0	0	2,521	26 240	
1 JACQUELINE J. PATA	<u> </u>	208,279	5,189		9.897.	12.795.	236,160	
	ε	3,406	85	7 70 200	١.	597.		0
2 JOHN DOSSETT	€	132,	3,3		0.	23,288.	15	0
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	Θ							
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	€	.00						
5	(ii)							
	(i)							
9	(ii)							
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

53-0210846

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any Part III Supplemental Information additional information.

AME PRORATED AS APPLICABLE TO THE NCAL FUND AND NCAL.
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Schedule J (Form 990) 2011

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALASKA NATIVE COMMUNITIES TO HONOR PAST AND PROMOTE FUTURE GENERATIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELFARE, ECONOMIC SECURITY AND SUSTAINABILITY OF AMERICAN INDIAN AND
ALASKA NATIVE COMMUNITIES TO HONOR PAST AND PROMOTE FUTURE GENERATIONS.
BY TELLING THE STORIES OF OUR PEOPLES, OUR CULTURES, AND OUR
GOVERNMENTS, NCAI ALSO EDUCATES THE PUBLIC TOWARD A BETTER
UNDERSTANDING OF THE DIVERSITY AND CONTRIBUTIONS OF NATIVE COMMUNITIES.
FORM 990, PART VI, SECTION A, LINE 6: 1. TRIBAL MEMBERSHIP
ANY TRIBE, BAND OR IDENTIFIABLE GROUP OF AMERICAN INDIANS, ESKIMOS, AND
ALEUTS SHALL BE ELIGIBLE FOR TRIBAL MEMBERSHIP PROVIDED IT SHALL FULFILL
ALL OF THE FOLLOWING REQUIREMENTS:
A. A SUBSTANTIAL NUMBER OF ITS MEMBERS RESIDE UPON THE SAME RESERVATION, OR
(IN THE ABSENCE OF A RESERVATION) IN THE SAME GENERAL LOCALITY;
B. IT MAINTAINS A TRIBAL ORGANIZATION, WITH REGULAR OFFICERS AND THE MAINS
OF TRANSACTING BUSINESS AND ARRIVING AT A REASONABLY ACCURATE COUNT OF ITS
MEMBERSHIP;
C. IT IS NOT A MERE OFFSHOOT OR FRACTION OF AN ORGANIZED TRIBE ITESLF
ELIGIBLE FOR MEMBERSHIP; AND,
D. IT IS RECOGNIZED AS A TRIBE, OR OTHER IDENTIFIABLE GROUP OF AMERICAN
INDIANS BY THE DEPARTMENT OF THE INTERIOR, COURT OF CLAIMS, THE INDIAN
CLAIMS COMMISSION, OR A STATE. AN INDIAN OR ALASKA NATIVE ORGANIZATION
INCORPORATED/CHARTERED UNDER STATE LAW IS NOT ELIGIBLE FOR TRIBAL
MEMBERSHIP.

Schedule O (Form 990 or 990-EZ) (2011)

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

### 2. INDIAN INDIVIDUAL MEMBERSHIP

ANY PERSON OF INDIAN AND/OR ALASKA NATIVE ANCESTRY IN THE UNITED STATES OR
A NATIVE OF ALASKA IS ELIGIBLE FOR INDIIDUAL MEMBERSHIP. FOR THE PURPOSE
RECOGNIZED AS A MEMBER BY AN INDIAN TRIBE, OR BAND, OR COMBINATION OF
TRIBES AND BANDS RECOGNIZED BY THE U.S. DEPARTMENT OF THE INTERIOR, THE
INDIAN CLAIMS COMMISSION, COURT OF CLAIMS, OR A STATE.

### 3. INDIVIDUAL ASSOCIATE MEMBERSHIP

NON-INDIAN APPLICANTS MAY BE ADMITTED TO NON-VOTING ASSOCIATE MEMBERSHIP UPON THE PAYMENT OF ANNUAL DUES AS FIXED BY THE BY-LAWS.

### 4. ORGANIZATION ASSOCIATED MEMBERSHIP

ORGANIZATIONS MAY BE ADMITTED TO NON-VOTING ASSOCIATE MEMBERSHIP UPON THE
PAYMENT OF ANNUAL DUES AS FIXED BY THE BYLAWS. NO INDIVIDUAL OR
ORGANIZATION WITH KNOWN SUBVERSIVE ACTIVITIES OR AFFILIATION SHALL BE
ADMITTED TO MEMBERSHIP, NOR SHALL THEIR CONTRIBUTIONS BE ACCEPTED.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS MEETING IN GENERAL ASSEMBLY MAY ELECT OFFICERS AND DETERMINE THEIR DUTIES.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS IN GENERAL ASSEMBLY

SHALL WITHOUT LIMITATION CARRY OUR THE PURPOSE AND MISSION OF NCAI,

DETERMINE MEMBERSHIP, ADOPT AND AMEND ANY AND ALL POLICIES OF NCAI,

AUTHORIZE THE OBLIGATION OF NCAI ASSETS AND RESOURCES, SUPPORT OR OPPOSE

PUBLIC POLICY AS IT PERTAINS TO OR IMPACTS AMERICAN INDIANS AND ALASKA

NATIVES, DETERMINE THE TIME AND LOCATION OF THE ANNUAL CONVENTION AND

CONSTITUTE COMMITTEES FOR SUCH PURPOSES AS IT DEEMS NECESSARY.

 NATIONAL CONGRESS OF AMERICAN INDIANS

Employer identification number 53-0210846

ADMINSTRATIVE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE PROVIDED THE

POLICY AND SIGN ON AN ANNUAL BASIS. STAFF MEMBERS ARE PROVIDED COPIES AND

ARE REQUIRED TO SIGN THE POLICY UPON EMPLOYEMENT.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR PAY IS

DETERMINED BY THE BOARD OF DIRECTORS. THE FOUR EXECUTIVE OFFICERS OF THE

BOARD OF DIRECTORS CONSIDER FACTORS IN DETERMINING THE EXECUTIVE DIRECTOR'S

SALARY. THEY COMPARE THE SALARY TO OTHER NATIONAL NATIVE ORGANIZATIONS;

LOOK AT THE TIME PERIOD SINCE THE LAST RAISE; AND INCLUDE ANNUAL COST OF

LIVING ADJUSTMENTS. BASED ON RESULTS, THEY SET THE EXECUTIVE DIRECTOR'S

SALARY AND PUT IT BEFORE THE FULL 16 MEMBER BOARD FOR A VOTE OF APPROVAL.

THE PROCESS FOR REVIEWING COMPENSATION OF THE EXECUTIVE DIRECTOR WAS LAST

UNDERTAKEN IN 2011.

KEY EMPLOYEE SALARIES ARE BASED ON NEGOTIATIONS BETWEEN THE EMPLOYEE AND
THE EXECUTIVE DIRECTOR. THE SALARY IS BASED ON PRIOR PROFESSIONAL
EXPERIENCE, ORGANIZATIONAL NEEDS, AND MARKET RATES.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE TYPICALLY NOT MADE AVAILABLE TO THE PUBLIC, BUT ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII

SHARED BOARD MEMBERS

THE FOLLOWING BOARD MEMBERS ARE ALSO BOARD MEMBERS OF THE NATIONAL CONGRESS OF AMERICAN INDIANS FUND:

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  NATIONAL CONGRESS OF AMERICAN INDIANS	Employer identification number 53-0210846
JEFFERSON KEEL PRESIDENT	
JUANA MAJEL-DIXON 1ST VICE PRESIDENT	
MATTHEW WESAW TRUSTEE	
W. RON ALLEN TRUSTEE	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 53-0210846

## NATIONAL CONGRESS OF AMERICAN INDIANS

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	in to	(f) Direct controlling entity	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization ar	nswered "Yes" to Form 990,	Part IV, line 34 be	cause it had one	or more related tax-exem	pt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
NATIONAL CONGRESS OF AMERICAN INDIANS FUND 53-6017907, 1516 P STREET, N.W., WASHINGTON, EDC 20036	EDUCATION/INFORMATION FOR AMERICAN INDIANS	DISTRICT OF COLUMBIA 501(C)(3)		170(B)(1)(A)	NATIONAL CONGRESS OF AMERICAN INDIANS		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132161 01-23-12 LHA

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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 NATIONAL CONGRESS OF AMERICAN INDIANS

Part III

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

Page 2

53-0210846

	(a)	<b>Q</b>	(၁)	(p)	(e)		(6)	3	Θ	9	R
<b>~</b> <sup>-</sup>	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V.UBI	General or managing partner?	General or Percentage managing ownership partner?
			country)		sections 512-514)		doodie	Yes No	K-1 (Form 1065)	Yes	
			• • • • • • • • • • • • • • • • • • • •								
										_	
			•								
						-					
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable are	s a Corpo g the tax y	<b>ration or Trust</b> (Cor ear.)	mplete if the organization	on answered "Yes	" to Form 990, Pa	art IV, line 34	because it had on	e or mo	re related

(h)	Percentage ownership								
l .	Share of Pe end-of-year ov assets								
	Share of total eincome		***************************************						
(q)	Direct controlling Type of entity (C corp., S corp., or trust)								
(c)	<u>0</u>								
(p)	Primary activity								
(a)	Name, address, and EIN of related organization								

Schedule R (Form 990) 2011

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				-ta	×	
b Gift, grant, or capital contribution to related organization(s)					×	
c Gift, grant, or capital contribution from related organization(s)					×	١
d Loans or loan guarantees to or for related organization(s)				-	×	
e Loans or loan guarantees by related organization(s)				4	*	ال
				2	-	
f Sale of assets to related organization(s)				¥	×	L
(8)					*	
				2 4	<b>4</b> >	ا
					4:	۱.
Lease of facilities, equipment, or other assets to related organization(s)				=	×	
j Lease of facilities, equipment, or other assets from related organization(s)				=	×	
k Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			<b>*</b>	×	ا
Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	×	
n Sharing of paid employees with related organization(s)		***************************************		t L	×	1
					>	١.
o neimbursement paid to related organization(s) for expenses				0	4	ا
p Reimbursement paid by related organization(s) for expenses				4	×	اب
q Other transfer of cash or property to related organization(s)				10	×	
r Other transfer of cash or property from related organization(s)				+	×	اب
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.	ho must complete the	is line, including covered	relationships and transaction thresholds.			1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			1
(1) NATIONAL CONGRESS OF AMERICAN INDIANS FUND	В	1,676,139.				1
(2)						
(6)						
(4)						1
(5)						1
(9)						8
132163 01-23-12	40		Schedul	Schedule R (Form 990) 2011	90) 201	=

Page 4

# Schedule R (Form 990) 2011 NATIONAL CONGRESS OF AMERICAN INDIANS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

tage					
(h) (i) (j) (k)  Dispropor- Bonde amount in box 20 managing allocations? of Schedule K-1  Form 1065) Veel No.					
(j)  General or F managing partner?	2				
Gen Gen 1					
(i) e V-UBI frin box edule K- n 1065)					
Code nount	-			of the second	
(h) spropor- tionate ar					
(h) Disproportionate allocations?	8				
(g) Share of end-of-year assets					
(f) Share of total income		74 co.			
(e) Are all Are all Are all Sol(c)(3) orgs.?					
14) Ye 74					
(d) Are all Predominant income patners sec. (felated, unrelated, softle(3) excluded from tax under section 512-514) yes. No					
(d) Ominan Ited, un Luded fr					
Pred (relg exc exc under					
iicile reign					
(c) Legal domicile (state or foreign country)					
Lega (state					
(b) Primary activity					
(b) imary a		:			
Ā					
z					
(a) Name, address, and EIN of entity					
(a) dress, a entity					
e, add					
Nam					
1					

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Schedule R	(Form 990) 2011	NATIONAL	CONGRESS	OF	AMERICAN	INDIANS	53-0210846	Page 5
Part VII	(Form 990) 2011  Supplemental info	rmation					,	
	Complete this part to pro	ovide additional info	rmation for respon	ses to	questions on Sch	edule R (see instru	ictions)	
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						30,000		

### Form **8879-EO**

### **IRS e-file Signature Authorization** for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2011, or fiscal year be	ginning, 2011, and ending	,20	)	2011
Department of the Treasury	▶ Do no	t send to the IRS. Keep for your red	cords.		2011
Internal Revenue Service  Name of exempt organization		➤ See instructions.		Employer identif	fication number
NATIONAL CONG	53-0210846				
Name and title of officer	m3				
JACQUELINE PA					
Part   Type of	Return and Return Inforn	Pation Whole Pollars Only)			
Check the box for the retu on line 1a, 2a, 3a, 4a, or 5	m for which you are using this Fo a, below, and the amount on tha	orm 8879-EO and enter the applicable tine for the return being filed with this entered -0- on the return, then enter -	is form was blank, th	en leave line 1	b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue,	if any (Form 990, Part VIII, column (A)	), line 12)	1b	3673870
2a Form 990-EZ check he		ue, if any (Form 990-EZ, line 9)			
3a Form 1120-POL check	here b Total ta	x (Form 1120-POL, line 22)		3b	
4a Form 990-PF check he	re b Tax based	on investment income (Form 990-PF	F, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (F	orm 8868, Part I, line 3c or Part II, lin	e 8c)	5b	
Part II Declarat	ion and Signature Autho	rization of Officer			
return, and the financial ins 1-888-353-4537 no later th processing of the electroni payment. I have selected a	stitution to debit the entry to this an 2 business days prior to the p c payment of taxes to receive co personal identification number ( electronic funds withdrawal.	the tax preparation software for paymaccount. To revoke a payment, I musayment (settlement) date. I also auth infidential information necessary to a PIN) as my signature for the organiza	st contact the U.S. Torize the financial in nswer inquiries and	reasury Financ stitutions involv resolve issues i	ial Agent at red in the related to the
	•	110			00000
A lauthorize CL.	<u>IFTONLARSONALLEN</u>	ERO firm name	to	enter my PIN	20036 Enter five numbers, but
		ENO IIIII II aliie			do not enter all zeros
is being filed with		11 electronically filed return. If I have harities as part of the IRS Fed/State parten.			
indicated within		N as my signature on the organizatio rn is being filed with a state agency(i sure consent screen.	es) regulating chariti		
Officer's signature	(gr 1) 1/m		_ Date ▶ <u>/</u> @ /	[][]]	• · · · · · · · · · · · · · · · · · · ·
Part III Certifica	tion and Authentication				
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identif	cation	****		
number (EFIN) followed by	your five-digit self-selected PIN.		1263942639 o not enter all zeros		
	g this return in accordance with	v signature on the 2011 electronically the requirements of <b>Pub. 4163</b> , Mode			
ERO's signature	mythe Celli		Date ▶ / 0//	1/12_	

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 123051 12-01-11

Form **8879-EO** (2011)