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Form 990

Department of the Treasury  
Internal Revenue Service

## 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)

OMB No. 1545-0047

2009

Open to Public  
Inspection

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

## A For the 2009 calendar year, or tax year beginning and ending

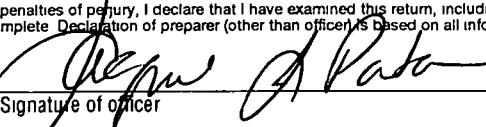
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>NATIONAL CONGRESS OF AMERICAN INDIANS FUND</b>		<b>D Employer identification number</b>  <b>53-6017907</b>	
	<b>Doing Business As</b>  Number and street (or P O box if mail is not delivered to street address) <b>1516 P STREET</b> Room/suite			
	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036</b>		<b>E Telephone number</b>  <b>202-466-7767</b>	
	<b>F Name and address of principal officer</b> <b>JACQUELINE PATA</b> <b>SAME AS C ABOVE</b>			
	<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>G Gross receipts \$</b> <b>7,808,671.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>J Website:</b> ► N/A			

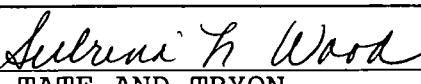
K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1957 M State of legal domicile DC

## Part I Summary

<b>Activities &amp; Governance</b>  <b>8 2010 Revenue</b>  <b>Net Assets &amp; Fund Balances</b>	<b>1 Briefly describe the organization's mission or most significant activities:</b> <b>EDUCATION / INFORMATION FOR AMERICAN INDIANS</b>	
	<b>2 Check this box ►</b> <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3 Number of voting members of the governing body (Part VI, line 1a)</b> <b>3</b> <b>5</b>	
	<b>4 Number of independent voting members of the governing body (Part VI, line 1b)</b> <b>4</b> <b>4</b>	
	<b>5 Total number of employees (Part V, line 2a)</b> <b>5</b> <b>0</b>	
	<b>6 Total number of volunteers (estimate if necessary)</b> <b>6</b> <b>0</b>	
	<b>7a Total gross unrelated business revenue from Part VIII, column (C), line 12</b> <b>7a</b> <b>0.</b>	
	<b>b Net unrelated business taxable income from Form 990-T, line 34</b> <b>7b</b> <b>0.</b>	
	<b>8 Contributions and grants (Part VIII, line 1h)</b> <b>8</b> <b>5,770,385.</b>	
	<b>9 Program service revenue (Part VIII, line 2g)</b> <b>9</b> <b>25,600.</b>	
	<b>10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)</b> <b>10</b> <b>32,954.</b>	
	<b>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</b> <b>11</b> <b>9,212.</b>	
<b>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b> <b>12</b> <b>5,838,151.</b>		
<b>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</b> <b>13</b> <b>7,696,152.</b>		
<b>14 Benefits paid to or for members (Part IX, column (A), line 4)</b> <b>14</b> <b>46,750.</b>		
<b>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</b> <b>15</b> <b>12,800.</b>		
<b>16a Professional fundraising fees (Part IX, column (A), line 11e)</b> <b>16a</b> <b>52,969.</b>		
<b>b Total fundraising expenses (Part IX, column (D), line 25)</b> <b>b</b> <b>134,469.</b>		
<b>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</b> <b>17</b> <b>21,977.</b>		
<b>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</b> <b>18</b> <b>3,215,806.</b>		
<b>19 Revenue less expenses. Subtract line 18 from line 12</b> <b>19</b> <b>5,604,031.</b>		
<b>20 Total assets (Part X, line 16)</b> <b>20</b> <b>234,120.</b>		
<b>21 Total liabilities (Part X, line 26)</b> <b>21</b> <b>3,600,250.</b>		
<b>22 Net assets or fund balances. Subtract line 21 from line 20</b> <b>22</b> <b>643,412.</b>		
<b>Beginning of Current Year</b> <b>22</b> <b>10,899,791.</b>		
<b>End of Year</b> <b>22</b> <b>7,711,761.</b>		
<b>2,956,838.</b> <b>2,123,260.</b>		

## Part II Signature Block

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 <b>Signature of officer</b> <b>JACQUELINE PATA, EXECUTIVE DIRECTOR</b>		
	<b>Date</b> <b>10/28/10</b>		
<b>Type or print name and title</b>			

<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> 	<b>Date</b> <b>10/27/10</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (see instructions)</b> <b>EIN</b> <b>►</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> <b>TATE AND TRYON</b> <b>805 15TH STREET, NW SUITE 900</b> <b>WASHINGTON, DC 20005</b>		<b>Phone no</b> <b>► (202) 293-2200</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes  No

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
**THE MISSION OF THE NATIONAL CONGRESS OF AMERICAN INDIANS EDUCATION FUND IS TO PROTECT SOVEREIGNTY THROUGH THE DEVELOPMENT AND DISSEMINATION OF EDUCATIONAL MATERIALS AND TRIBALLY-DRIVEN RESEARCH THAT PROMOTE THE BUILDING OF COLLECTIVE AGENDAS AND MEET THE NEEDS OF**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code ) (Expenses \$ 540,941. Including grants of \$ ) (Revenue \$ )  
**TRIBAL GOVERNANCE – THE PARTNERSHIP FOR TRIBAL GOVERNANCE (PTG) INITIATIVE WAS LAUNCHED WITH THE GOAL OF PROVIDING TRIBES WITH THE RESOURCES TO SUPPORT THEIR SELF-DETERMINED EFFORTS TO STRENGTHEN INSTITUTIONS OF GOVERNANCE. THE PTG INCLUDES INVESTMENTS OF FUNDS AND TECHNICAL ASSISTANCE WITH TRIBES AND REGIONAL INTERTRIBAL ORGANIZATIONS, TRAINING SESSIONS AND KNOWLEDGE DEVELOPMENT ON TRIBAL GOVERNANCE CONDUCTED IN PARTNERSHIP WITH OTHER ORGANIZATIONS, AN ACTION FRAMEWORK TO TRACK PROGRESS, PUBLIC AND MEDIA EDUCATION EFFORTS, DEVELOPMENT OF A POLICY RESEARCH AGENDA FOR TRIBAL GOVERNANCE, NEW WEB SITE AND ENHANCED TECHNOLOGICAL CAPABILITY, AND POLICY REFORM. IN TOTAL, THIS AMBITIOUS TEN-YEAR INITIATIVE AIMS TO PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE INVESTMENTS DIRECTLY WITH 14 TO 20 TRIBES AND**

4b (Code ) (Expenses \$ 980,013. Including grants of \$ ) (Revenue \$ )  
**POLICY RESEARCH CENTER – THE PROGRAM IS A TRIBALLY-DRIVEN THINK TANK THAT SUPPORTS NATIVE COMMUNITIES IN SHAPING THEIR OWN FUTURE BY GATHERING CREDIBLE DATA, BUILDING TRIBAL RESEARCH CAPACITY, PROVIDING RESEARCH SUPPORT, AND CONVENING FORUMS ADDRESSING CRITICAL POLICY QUESTIONS. SINCE 2003, THE CENTER HAS PRODUCED AND DISSEMINATED REPORTS, FACT SHEETS, TOOL KITS, AND CURRICULA AND PROVIDED TRAININGS THAT EQUIP TRIBAL COMMUNITIES TO MAKE POLICY AND PROGRAM DECISIONS THAT BEST MEET THEIR NEEDS. SERVING HUNDREDS OF FEDERALLY-RECOGNIZED AND STATE-RECOGNIZED TRIBES, MILLIONS OF AMERICAN INDIAN AND ALASKA NATIVE PEOPLE, HUNDREDS OF NATIVE-SERVING NON-PROFITS, AND DOZENS OF ACADEMIC CENTERS AND THINK TANKS, THE CENTER PUTS TIMELY, CREDIBLE DATA AND ANALYSIS INTO THE HANDS OF NATIVE PEOPLE AND THEIR ADVOCATES,**

4c (Code ) (Expenses \$ 942,480. Including grants of \$ 323,212. ) (Revenue \$ )  
**IHS – ON THE T.R.A.I.L. (TOGETHER RAISING AWARENESS FOR THE INDIAN LIFE) TO DIABETES PREVENTION – PROGRAM IS CONDUCTED THROUGH THE BOYS & GIRLS CLUBS AND FUNDED THROUGH THE INDIAN HEALTH SERVICE. CURRENTLY FUNDING 40 CLUBS IN 18 STATES, THE T.R.A.I.L. IS A THREE-MONTH (12 SESSION) PROGRAM THAT PROVIDES YOUTH WITH A COMPREHENSIVE UNDERSTANDING OF HEALTHY LIFESTYLES IN ORDER TO PREVENT DIABETES. SITES COLLECT AND REPORT DATA ON THE TYPE OF ACTIVITY, DATE, AND DURATION OF PHYSICAL ACTIVITY PER DAY VIA THE CLUB-WIDE PHYSICAL ACTIVITY LOG. IN AN EXAMPLE MONTH, CLUBS OFFERED 69,209 MINUTES (1,153 HOURS) OF PHYSICAL ACTIVITY AND AN AVERAGE OF 1,217 BOYS AND 1,164 GIRLS PARTICIPATED IN PHYSICAL ACTIVITY.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 2,696,181. Including grants of \$ ) (Revenue \$ 46,750. )

4e Total program service expenses ► \$ 5,159,615.

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**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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>● 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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>● Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>● 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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>● 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>	11 X	
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <b>b</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? <i>If "Yes," complete Schedule F, Part I</i>	14a X 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? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
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? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
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? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	

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**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	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 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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 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 Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29	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	30	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	31	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	32	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	33	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	34	X
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	35	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	36	X
		37	X
		38	X

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**Part V: Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	41
1b	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, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
N/A			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body  
1b Enter the number of voting members that are independent  
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?  
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?  
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
5 Did the organization become aware during the year of a material diversion of the organization's assets?  
6 Does the organization have members or stockholders?  
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
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?  
b Each committee with authority to act on behalf of the governing body?  
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

	Yes	No
1a	5	
1b	4	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
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?  
b 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?  
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
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?  
a The organization's CEO, Executive Director, or top management official  
b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11		X
12a		X
12b		
12c		
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request  
19 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.  
20 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**  
**1516 P STREET, WASHINGTON, DC 20036**

Form 990 (2009)

NATIONAL CONGRESS OF AMERICAN INDIANS  
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## Form 990 (2009).

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

Check this box if the organization did not compensate any current officer, director, or trustee.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

816,023

70, 44

111,081.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

6

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a Federated campaigns</b> b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	<b>1a</b> <b>1b</b> <b>1c</b> <b>1d</b> 2,884,523. <b>1e</b> 4,169,840. <b>1f</b> 641,789. <b>2,884,523.</b>			
			► 7,696,152.		
<b>Program Service Revenue</b>	<b>2 a CONVENTION FEES</b> b c d e f All other program service revenue g Total. Add lines 2a-2f	<b>Business Code</b> 900099	46,750.	46,750.	
			► 46,750.		
	<b>3 Investment income (including dividends, interest, and other similar amounts)</b> ► 12,800.				12,800.
	<b>4 Income from investment of tax-exempt bond proceeds</b> ►				
	<b>5 Royalties</b>  <b>6 a Gross Rents</b> b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  <b>7 a Gross amount from sales of assets other than inventory</b> b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  <b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18</b> a b Less: direct expenses c Net income or (loss) from fundraising events ►  <b>9 a Gross income from gaming activities. See Part IV, line 19</b> a b Less direct expenses c Net income or (loss) from gaming activities ►  <b>10 a Gross sales of inventory, less returns and allowances</b> a b Less: cost of goods sold c Net income or (loss) from sales of inventory ►	<b>(i) Real</b> 46,900.  <b>(ii) Personal</b> 46,900.  <b>(i) Securities</b>  <b>(ii) Other</b>  ►	46,900.		46,900.
<b>Other Revenue</b>	  <b>11 a MISCELLANEOUS</b> b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	<b>Business Code</b> 900099	6,069.	6,069.	
			► 6,069.		
			► 7,808,671.	52,819.	0. 59,700.

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**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in 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	325,379.	178,959.	146,420.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,773,378.	1,633,632.	139,746.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	58,213.	53,946.	4,267.	
9 Other employee benefits	201,772.	182,099.	19,673.	
10 Payroll taxes	144,508.	125,521.	18,987.	
11 Fees for services (non-employees):				
a Management	204,910.	194,899.	10,011.	
b Legal	91,444.		91,444.	
c Accounting				
d Lobbying	21,977.			21,977.
e Professional fundraising services See Part IV, line 17	5,425.		5,425.	
f Investment management fees	601,491.	539,124.	58,110.	4,257.
g Other	8,500.	8,500.		
12 Advertising and promotion	122,157.	65,568.	54,836.	1,753.
13 Office expenses	15,361.		15,361.	
14 Information technology	295,630.		295,630.	
15 Royalties	450,262.	419,219.	3,596.	27,447.
16 Occupancy				
17 Travel	226,496.	172,238.	235.	54,023.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	120,539.		120,539.	
19 Conferences, conventions, and meetings	96,819.		96,819.	
20 Interest	8,560.	4,067.	4,493.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	1,246,142.	1,246,142.		
a PROFESSIONAL FEES	198,817.		198,817.	
b BAD DEBT EXPENSE	192,534.	171,394.	3,727.	17,413.
c PRINTING & PUBLICATIONS	28,946.		28,946.	
d PROPERTY TAXES				
e				
f All other expenses	246,151.	164,307.	74,245.	7,599.
25 Total functional expenses. Add lines 1 through 24f	6,685,411.	5,159,615.	1,391,327.	134,469.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

NATIONAL CONGRESS OF AMERICAN INDIANS  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	<1,094.	1	141,353.
	2 Savings and temporary cash investments	1,868,117.	2	704,116.
	3 Pledges and grants receivable, net	1,604,151.	3	1,286,304.
	4 Accounts receivable, net	20,085.	4	44,707.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,591,002.		
	b Less: accumulated depreciation	10b 463,092.	10c 62,935.	8,127,910.
	11 Investments - publicly traded securities	14,004.	11	28,761.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11	32,052.	15	566,640.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,600,250.	16	10,899,791.
	17 Accounts payable and accrued expenses	628,872.	17	504,936.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
Net Assets or Fund Balances	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	14,540.	25	7,206,825.
	26 Total liabilities. Add lines 17 through 25	643,412.	26	7,711,761.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	143,504.	27	973,690.
	28 Temporarily restricted net assets	2,813,334.	28	2,214,340.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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		32	
	33 Total net assets or fund balances	2,956,838.	33	3,188,030.
	34 Total liabilities and net assets/fund balances	3,600,250.	34	10,899,791.

Form 990 (2009)

NATIONAL CONGRESS OF AMERICAN INDIANS  
FUND

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/> 2a	<input checked="" type="checkbox"/> X
b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/> 2b	<input checked="" type="checkbox"/> X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<input type="checkbox"/> 2c	<input checked="" type="checkbox"/> X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/> 3a	<input checked="" type="checkbox"/> X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input type="checkbox"/> 3b	<input checked="" type="checkbox"/> X

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b>	<b>NATIONAL CONGRESS OF AMERICAN INDIANS FUND</b>	<b>Employer identification number</b>
		53-6017907

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See Instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Schedule A (Form 990 or 990-EZ) 2009**

## NATIONAL CONGRESS OF AMERICAN INDIANS

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Schedule A (Form 990 or 990-EZ) 2009 FUND

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5864176.	5431741.	4170829.	4005972.	4811629.	24284347.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5864176.	5431741.	4170829.	4005972.	4811629.	24284347.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						24284347.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5864176.	5431741.	4170829.	4005972.	4811629.	24284347.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,948.	41,029.	45,105.	32,954.	12,800.	144,836.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,303.	47,390.	1,644.	8,748.	6,069.	65,154.
11 Total support. Add lines 7 through 10						24494337.
12 Gross receipts from related activities, etc. (see instructions)					12	6,273,151.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92.83	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
<b>19a 33 1/3% support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **NATIONAL CONGRESS OF AMERICAN INDIANS FUND** Employer identification number **53-6017907**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds 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 conferring impermissible private benefit?  Yes  No

**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)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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?  Yes  No

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 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)(B)(i) and section 170(h)(4)(B)(ii)?  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 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, 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.

1b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items:

(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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**NATIONAL CONGRESS OF AMERICAN INDIANS  
FUND**

Schedule D (Form 990) 2009

53-6017907 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<p>a <input type="checkbox"/> Public exhibition b <input type="checkbox"/> Scholarly research c <input type="checkbox"/> Preservation for future generations</p>	<p>d <input type="checkbox"/> Loan or exchange programs e <input type="checkbox"/> Other _____</p>
--	--

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations  
(ii) related organizations  
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	
3b	

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,391,201.		4,391,201.
b Buildings		3,755,290.	59,645.	3,695,645.
c Leasehold improvements				
d Equipment		269,910.	254,296.	15,614.
e Other		174,601.	149,151.	25,450.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				► 8,127,910.

Schedule D (Form 990) 2009

NATIONAL CONGRESS OF AMERICAN INDIANS  
FUND

53-6017907 Page 3

**Schedule D (Form 990) 2009**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

	(a) Description	(b) Book value
DEPOSIT		566,640.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
Federal income taxes		
<b>LOAN PAYABLE</b>		<b>6,300,000.</b>
<b>ACCRUED LOSS ON SUBLEASE</b>		<b>906,825.</b>
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)</b>	►	<b>7,206,825.</b>

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

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053  
02-01-10

**Schedule D (Form 990) 2009**

**NATIONAL CONGRESS OF AMERICAN INDIANS  
FUND**

Schedule D (Form 990) 2009

53-6017907 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,808,671.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	6,685,411.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,123,260.
4 Net unrealized gains (losses) on investments	4	14,757.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	<906,825. >
9 Total adjustments (net). Add lines 4 through 8	9	<892,068. >
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	231,192.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	7,823,428.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	14,757.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	14,757.
3 Subtract line 2e from line 1	3	7,808,671.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,808,671.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	6,685,411.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	6,685,411.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,685,411.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 – OTHER ADJUSTMENTS:**

**LOSS ON LEASE: -906825.**

**SCHEDULE J**  
(Form.990)

Department of the Treasury  
Internal Revenue Service

**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

**2009**

Open to Public  
Inspection

Name of the organization	NATIONAL CONGRESS OF AMERICAN INDIANS FUND	Employer identification number
		53-6017907

**Part I Questions Regarding Compensation**

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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes No

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

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?

1b

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

4a X

4b X

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.**

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:

a The organization?  
b Any related organization?

5a X

5b X

If "Yes" to line 5a or 5b, describe in Part III.

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:

a The organization?  
b Any related organization?

6a X

6b X

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 Regs. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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 VI.

Note: The sum of columns (B)(i)(iii) must equal the applicable column (D) or column (E) amounts on Form 800 Part VII line 12.

NATIONAL CONGRESS OF AMERICAN INDIANS  
FUND

Schedule J (Form 990) 2009

**Part II** **Supplemental Information**

53-6017907

Page 3

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

THE NATIONAL CONGRESS OF AMERICAN INDIANS IS THE COMMON  
PAYMASTER FOR THE NATIONAL CONGRESS OF AMERICAN INDIANS FUND.

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **NATIONAL CONGRESS OF AMERICAN INDIANS FUND** Employer identification number **53-6017907****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>USE OF EMPLOY</u> )	X	1	2,884,523.	FMV
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

932141  
03-12-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization	NATIONAL CONGRESS OF AMERICAN INDIANS FUND	Employer identification number 53-6017907
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**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AMERICAN INDIAN AND ALASKA NATIVE LEADERS AND THEIR COMMUNITIES. WE

ALSO FACILITATE PARTNERSHIPS WITH TRIBAL COMMUNITIES THAT EDUCATE THE

PUBLIC, NON-NATIVE ORGANIZATIONS, AND OTHER POLICYMAKERS ABOUT WORKING

WITH, AND SUPPORTING THE AGENDAS OF, NATIVE COMMUNITIES AND THEIR

GOVERNMENTS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

INFRASTRUCTURE ORGANIZATIONS TOTALING \$250,000 IN FINANCIAL

INVESTMENTS; CONDUCT UP TO 8 IN-PERSON TRAINING SESSIONS PER YEAR AND

UP TO 10 TELECONFERENCES AND WEBINARS TRAINING EVENTS PER YEAR; CONVENE

MORE THAN 4 ISSUE-SPECIFIC MEETINGS WITH PARTNERS PER YEAR; DEVELOP A

NEW WEB SITE; AND DEVELOP UP TO 4 CASE STUDIES ON TRIBAL GOVERNANCE PER

YEAR.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

EMPOWERING THEM TO CREATE THE FUTURE FOR NATIVE COMMUNITIES THEY

ENVISION.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

NATIVE AMERICAN ECONOMIC SUMMIT: A GATHERING OF NATIVE AMERICANS WHOSE

PURPOSE IT IS TO DISCUSS WAYS TO CREATE HEALTHY ECONOMIES, GAIN A

GREATER UNDERSTANDING OF ACCESS AND MANAGEMENT OF CAPITAL ISSUES, AND

TO FOSTER INDIVIDUAL PRIVATE SECTOR, AND TRIBAL BUSINESS DEVELOPMENT.

THE CONGRESS OF AMERICAN INDIAN FUND ALSO CONDUCTS EDUCATION PROGRAMS,

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**  
Open to Public  
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Name of the organization	NATIONAL CONGRESS OF AMERICAN INDIANS FUND	Employer identification number 53-6017907
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INDIAN COUNTRY METHAMPHETAMINE INITIATIVES AMONG OTHER PROGRAM

SERVICES.

EXPENSES \$ 2696181. INCLUDING GRANTS OF \$ 0. REVENUE \$ 46750.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE  
CHIEF FINANCIAL OFFICER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR PAY IS  
DETERMINED BY THE BOARD OF DIRECTORS. THE 4 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.  
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 XI, LINE 2C

THE PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

## Related Organizations and Unrelated Partnerships

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

INTERNATIONAL CONGRESS OF AMERICAN INDIANS  
ELGIN

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

**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)

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

**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.)

**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.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

- a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- 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)
- l 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
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) NATIONAL CONGRESS OF AMERICAN INDIANS	C	2,884,523.
(2) NATIONAL CONGRESS OF AMERICAN INDIANS	M	0.
(3) NATIONAL CONGRESS OF AMERICAN INDIANS	N	0.
(4)		
(5)		
(6)		

**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	(f) Dispropor- tional- allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
							Yes	No

## Schedule R (Form 990) 2009

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II: Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print	Name of Exempt Organization <b>NATIONAL CONGRESS OF AMERICAN INDIANS FUND</b>	Employer identification number <b>53-6017907</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1516 P STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**NATIONAL CONGRESS OF AMERICAN INDIA**

- The books are in the care of ► **1516 P STREET - WASHINGTON, DC 20036**
- Telephone No. ► **202-466-7767** FAX No ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**THE INFORMATION NECESSARY TO FILE A COMPLETE  
AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Subrina B. Ward Title ► CPA

Date ►

8/13/10

Form 8868 (Rev. 4-2009)