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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_	For the	2009 calend	dar year, o	or tax year beginning	7/01	, 200	9, and ending	6/30		, 2010	
	Check if as			C		-		D E	nployer Ider	ntification Numbe	er .
	Addre	ss change	Please use IRS label	American Ins	titute of	Indian St	udies		23-629	7039	
	\vdash	change	or print or type.	1130 East 59					elephone nur		
	\vdash	return	See specific	Chicago, IL	50637				(773)	702-8638	•
	\vdash		Instruc-						(. , . ,		
	\vdash	ination	tions.					ا م		. 46	92,232.
	\vdash	ided return	_		Db 414 - 1			(a) Is this a group	ross receipts		Yes X No
	Applic	cation pending		and address of principal office	-	utgendorf	1	I(b) Are all affiliate		=	Yes No
				Iowa,667 Phillip			:42	If 'No,' attach			
<u> </u>		xempt statu			ert no.)	4947(a)(1) or	527			_	
<u>J</u>	Websi	ite: ► Ww		.astudies.org				(c) Group exemp			
K		organization	X Corpora	ation Trust Ass	ociation Other	r >	L Year of Formation	n 1961	M State o	f legal domicile	IL
<u> Pa</u>	rt i	Summ									
				ganızatıon's mıssıon							
ě	_k	<u>nowled</u>	<u>je aboi</u>	<u>ıt India and </u>	<u>the promo</u>	<u>tion of ir</u>	<u>tellectua</u>	<u>al engage</u>	ement_	<u>with lnd</u>	<u>ia in .</u>
Governance	_A	mericar	ı unive	ersities by p	roviding :	research i	ellowshi	o support	:tra	ining in	_India
eT				owledge_of_In	dian cult	ure,_and_s	supporting	g_publica	itions	_about_1	ndia
8		heck this b		if the organization d			lisposed of mo	ore than 25%	of its ass	ets.	10
8 (nbers of the governing			line 1b)		4		10
ea			•	nt voting members of	-	j body (Part VI,	ine ib)		5		(
VI				oyees (Part V, line 2a teers (estimate if ned					6	+	}
Activities &				business revenue fro		lumn (C), line	12		7:	a	0.
				s taxable income fro					71		0.
	510	ct uniciate	a basines.	o taxable intention in				Prior `		 	nt Year
	• 0		- and ara	nto (Port VIII. line 1h					4,369		68,882.
9		8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g)									06,103
Revenue		10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d)							1,546 4,287		55,364
æ									71,201	•	00,001
	11 Other Evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)								0,202	4.3	30,349
				ounts paid (Part IX,			y, 1110 12x	1,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		31,948.
				members (Part IX,						-	<u>J1, J40.</u>
		enems paid	Ma bi ioi	nsation, employee b	olulili (A), iilk	= 4) (aaluma (A) li	noo E 10)	33	5,258	1 3	69,527
S)	1311	alanes, our	en compe	nsation, employee b	anents (Part IX	t, column (A), ii	illes 5-10)	- 3-	55,250	· 	07,321
ğ				ng fees (Part IX, colu					×		
Expenses	b ⊸T∂	otal fttndra	s ing expe	enses (Part IX, colum	n (D), line 25)	-	14,008.			*.4.1	
ш	17=0	her expen	ses (Part	IX, column (A), lines	11a-11d, 11f-2	24f)		3,25	2,026	. 3,1	71,400
	18 To	tal expens	ses. Ådd l	ines 13-17 (must equ	al Part IX, coli	umn (A), line 25	5)	3,58	37,284	. 3,9	72,875
	19₽	IRS-USU Evenue les	s expense	es. Subtract line 18 fr	om line 12				.2,918		357,474
88								Beginning			of Year
Net Assets or Fund Belances	20 To	otal assets	(Part X I	ine 16)					8,781		98,031
88	21 To	otal liabiliti		•					79,313		69,557
žž	22		,	lances. Subtract line	21 from line 2	n			79,468		28,474
	l 22 N art∥		ure Blo		ZI HOIH IIIIE Z		<u> </u>	1 3,3	J, 400	., 5,3	
1.6							ashadulas and stat	temente and to th	a bact of my	, knowledge and	boliof it is
		true, correct,	es or perjury, and complete	I declare that I have exami Declaration of preparer (o	ther than officer) is	based on all informa	tion of which prepa	rer has any know	ledge	knowledge and	beller, it is
Sig	nn	> /	Royal	447 Mine -	_			15	-/-	10//	
He		Signature	of officer	700 .yacut				Date			
		▶ ` ₽	-lah	61 Nuchal	100 CI	air Bog	$\alpha / - c^{-}$	Truste			
		Type or i	orint name ar	nd title	as, as	417, 304	OF OF	110121-F	ــــــــــــــــــــــــــــــــــــــ		
_		1,7,7,7,7					Date	Charles		Preparer's identifications	fying number
Рa	id				Λ		1 ,	Check r self-	\Box	(seè instructions	<i>y</i> -
Pr		Preparer's signature		ila M Na	a amol	•	5/4/	employe		D0021040	20
	rer's	<u> </u>	- 57	way, Tu	700		17/1			P0021848	30
Us		Firm's name				Ltd.			- 26	400004	
Or	ıly	employed), address, and		635 Butterfic		Ste 140		EIN	10	4266894	0000
_		ZIP + 4	Oak	brook Terrace				Phone	₁₀ ► (6		-8920
				with the preparer sh						X Yes	No
ВА	A For P	rivacy Act	and Pape	rwork Reduction Act	Notice, see the	e separate instr	uctions.	TEE	A0113L 12	/29/09 Form	n 990 (2009

_	990 (2009) American Institute of Indian Studies	23-6	29703	9		Page
_	Statement of Program Service Accomplishments	_				
1	Briefly describe the organization's mission: See Schedule O					
	see schedule o			- - -		
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior				
	Form 990 or 990-EZ?		L	Yes	X	No
_	If 'Yes,' describe these new services on Schedule O		_		(T)	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service.	ces		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O	v ovnonc	oc Soci	uon 50	1/6)/3	2
7	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocation	s to oth	ers, th	e tota	ί
	(Code:) (Expenses \$ 3,287,275. including grants of \$ 431,948.) (F					
	Study of Indian culture and civilization, awarding fellowships to s	upport	_rese	arcl	<u> </u>	
	and study					
		· - -				
						- -
						
4 t	(Code: Including grants of \$) (Fxpenses \$) (Fxpenses \$)	Revenue	\$			
		. 				
		. – – – –				
40	: (Code) (Expenses \$) (F	Revenue	\$			
		· 				
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$					·

Part IV . Checklist of Required Schedules Yes No 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 Х 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 **Section 501(c)(3) organizations**. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 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? If 'Yes,' complete Schedule D, 6 Х Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 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 If 'Yes,' complete Х 9 Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D. Part VI • 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 167 If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • 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 Sart X, line 16? If 'Yes,' complete Schedule D, Part IX ۇ Did the organization report an amount for other liabilities in Part X, line 257f 'Yes,' complete Schedule D, Part X 8 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? If/es,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete X Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 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 **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, Part I X 14b 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, Part II 15 Х 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, Part III. X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a3f 'Yes,' complete Schedule G, Part III Х 19 X 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Note. All Form 990 filers are required to complete Schedule O Form 990 (2009) BAA

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.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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Х

X

Х

Х

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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 4			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. [
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
(gambling) winnings to prize winners?	1 c		Х
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			, ,
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
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	х	_
b If 'Yes,' enter the name of the foreign country ► India			1
See the instructions for exceptions and 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	ot 6b		
7 Organizations that may receive deductible contributions under section 170(c).	,		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	s- 7a	~~	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, 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?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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.			
a Did the organization make any taxable distributions under section 4966?	9a	[
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			-
a Initiation fees and capital contributions included on Part VIII, line 12		1 1	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		1	
11 Section 501(c)(12) organizations. Enter	i		
a Gross income from other members or shareholders.			1
b 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?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

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.

Sec	tion A.	Governing Body and Management					
						Yes	No
1 a	Enter the	number of voting members of the governing body .		1a 10		, * ; ;	
1	c Enter the	number of voting members that are independent		1b 10	- T _{ree}		
2	Did any o	fficer, director, trustee, or key employee have a family relationsl rector, trustee or key employee?	hip or a business	relationship with any other	<u>~</u>	20	X
3	Did the o	rganization delegate control over management duties customaril s, directors or trustees, or key employees to a management com	ly performed by o pany or other per	r under the direct supervisions	3		Х
4		rganization make any significant changes to its organizational do	ocuments		4		X
_		prior Form 990 was filed?	n of the ergonize	tion's accets?	5		Х
5		rganization become aware during the year of a material diversio organization have members or stockholders? See Schedu	•	lion's assets:	6	Х	
6					-	^	
	-	organization have members, stockholders, or other persons who body? See Schedule O			7a	Х	
ı	Are any o	ecisions of the governing body subject to approval by members,	, stockholders, or	other persons see SCI U	7b	X	ec.7 838
	the follow		written actions un	dertaken during the year by			
	•	rning body?			8a	X	
		imittee with authority to act on behalf of the governing body?			8b	Х	
	organizat	ny officer, director or trustee, or key employee listed in Part VII, ion's mailing address? If 'Yes,' provide the names and addresses	s ın Schedule O S	see Schedule O	9	Х	
		Policies (This Section B requests information about	ut policies not	required by the Internal	/		
Rev	enue Code)				V	
10 a	Does the	organization have local chapters, branches, or affiliates?			10 a	Yes	No X
ı	If 'Yes,' d and bran	oes the organization have written policies and procedures gover thes to ensure their operations are consistent with those of the c	ning the activities organization?	of such chapters, affiliates,	10 b		
11	Has the o	rganization provided a copy of this Form 990 to all members of	its governing bod	y before filing the form?	11		X
11/	A Describe	in Schedule O the process, if any, used by the organization to re	eview this Form 9	90. See Schedule O		4.7	
12	a Does the	organization have a written conflict of interest policy? If 'No,' go	to line 13		12 a	Х	
	to conflic	-	•	_	12 b	х	
•	Does the Schedule	organization regularly and consistently monitor and enforce com O how this is done See Schedule 0	npliance with the	policy 3f 'Yes,' describe in	12 c	Х	
13	Does the	organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and destruction	policy?		14		X
15	Did the p persons,	rocess for determining compensation of the following persons in comparability data, and contemporaneous substantiation of the	clude a review ar deliberation and d	nd approval by independent decision?		1	
		nization's CEO, Executive Director, or top management official			15 a		
I		cers of key employees of the organization See Schedule			15 b	X	· · · · · · · · · · · · · · · · · · ·
		line 15a or 15b, describe the process in Schedule O (See instri	ŕ		ا الله الله الله الله الله الله الله ال		3.4
16	Did the o entity dui	rganization invest in, contribute assets to, or participate in a joir ing the year?	nt venture or simil	ar arrangement with a taxab	16 a	***	X
(in joint ve	as the organization adopted a written policy or procedure requir enture arrangements under applicable federal tax law, and taker h respect to such arrangements?	ing the organizati n steps to safegua	on to evaluate its participation of the organization's exempt	n		
Sec	tion C.	Disclosures					
17	List the s	tates with which a copy of this Form 990 is required to be filed	IL				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if in Indicate how you make these available. Check all that apply	applicable), 990,	and 990-T (501(c)(3)s only) a	vaılat	le for	public
	∐ Own	website Another's website X Upon requi	est				
	statemen	in Schedule O whether (and if so, how) the organization makes to available to the public. See Schedule O	_				
		name, physical address, and telephone number of the person w Auerbach 5835 S. Kimbark, Room 325 Chie			ganız	ation:	

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 organizations'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 employees'
- 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 n		nsate	any	curi	ent	office	r, d			
(A)	(B)		(c) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours per week	ত or direr for	oshtubonal trustee		a Key omployed	क Highest compensated employee	componentian from		Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Purnima Mehta India Director	40	Х		х				62,282.	0.	0.
Elise Auerbach US Director	40	Х						60,774.	0.	0.
See Statement 1	0	Х						0.	0.	0.
Philip_Lutgendorf President	0			х				0.	0.	0.
Ralph W. Nicholas Chairman	0			Х				0.	0.	0.
John Echeverri-Gent Treasurer	0			Х				0.	0.	0.
John Cort Secretary	0			х			-	0.	0.	0.
Priti Ramamurthy Vice President	0			Х				0.	0.	0.
						_				
	<u> </u>									
							_			
					_					
	_									
										5 000 (0000)

Part VII Section A. Officers, Directors, Trus		\ey	Em			es,	ang			
(A)	(B)	l_			c)			(D)	(E)	(F)
Name and Title	Average hours per week			Check Officer	χ ey		pply)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
		hal trustec	nshtutional trustee		стіріоуеє	dighest comp⊬nsated	и,			and related organizations
								-		
1 b Total	•						•	123,056.	0.	0.
2 Total number of individuals (including but not limit from the organization ► 0	ed to th	ose	liste	ed a	bov	e) w	ho r	eceived more that	an \$100,000 in repo	Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of it the organization and related organizations greater individual 	ındıvıdu	al	_							3 X
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	comper hedule	ısatı <i>J for</i>	on f	rom ch p	any erso	y un	relat	ted organization	for services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	ated ind	ереі	nder	nt co	ontra	acto	rs th	at received more	than \$100,000 of	
(A) Name and business addre	ss							Description	of Services	(C) Compensation
									-	
					<u>.</u>					
Total number of independent contractors (including	a but no	of line	ntec	1 10	tho	ما م	ctod	above) who room	awed more than	
\$100,000 in compensation from the organization	-				., 10:	JU 11	Jieu	above, mile rece	,	

Par	t 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
CONTRIBUTIONS, CAFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 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 contribns included in lns 1a-1f: h Total. Add lines 1a-1f	4,068,882.			
	Business Code				
ᇍ	2a Service Charges	193,023.	193,023.		
2		8,580.	8,580.		
PROGRAM SERVICE REVENUE	b Application Fees	4,500.	4,500.		
Ž	c Affiliation Fees	4,500.	4,300.	· -	<u> </u>
S	d				
Æ	e				
뛋	f All other program service revenue.				
8	g Total. Add lines 2a-2f	206,103.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	53,813.	53,813.		
- 1	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)	1.00		37	530
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 363, 434.				
	b Less. cost or other basis and sales expenses 361,883.				,
	c Gain or (loss) 1,551.				
	d Net gain or (loss)	1,551.	1,551.		
ENUE	8a Gross income from fundraising events (not including \$				
Ě	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18		}		
Ĕ	b Less direct expenses b				-
٥	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	1 -	<u> </u>	-		
		<u> </u>			
	d All other revenue	 	 		
	d All other revenue.			 	-
	e Total. Add lines Tra-Tru		261 467	 	
	12 Total revenue. See instructions	4,330,349.	261,467.	0.	. 0.

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).

	An other organizations must comp	, , ,		- · · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 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			- Street	
2	Grants and other assistance to individuals in the U S See Part IV, line 22	174,684.	174,684.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	257,264.	257,264.		
4	Benefits paid to or for members	·	·		
5	Compensation of current officers, directors, trustees, and key employees	158,313.	126,073.	18,232.	14,008.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	211,214.	10,877.	200,337.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		·		
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees)				
a	Management				
t	Legal				<u> </u>
c	: Accounting	9,361.		9,361.	
c	Lobbying				
€	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion				
13	Office expenses	269,053.		269,053.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,585.	6,447.	1,138.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,218.	23,783.	4,435.	
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	140,911.		140,911.	
	Insurance	350.	297.	53.	
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)			dq.	,
a	Scholary research project exp	2,672,989.	2,672,989.		
t	Telephone	17,330.	2,256.	15,074.	
c	Supplies	10,207.	360.	9,847.	
C	Printing and Publications	5,850.	5,081.	769.	
e	Postage and Shipping	3,786.	3,218.	568.	
f	All other expenses	5,760.	3,946.	1,814.	
_25	Total functional expenses. Add lines 1 through 24f	3,972 <u>,</u> 875.	3,287,275.	671,592.	14,008.
26	Joint costs. Check here ☐ 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				
BAA			·		Form 990 (2009)

Page 11

Pa	<u>rt X</u>	Balance Sheet			·		
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			79,510.	1	469,471
	2	Savings and temporary cash investments			2,308,455.	2	1,768,436
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directo and highest compensated employees. Complete Part	rs, tru	stees, key employees, Schedule L		5	
	6	Receivables from other disqualified persons (as defin	ed un	der section 4958(f)(1))			
-		and persons described in section 4958(c)(3)(B) Comp	olete F	Part II of Schedule L		6	
\$	7	Notes and loans receivable, net				7	
SETS	8	Inventories for sale or use				8	
֡֓֟֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡	9	Prepaid expenses and deferred charges			·	9	
	10 a	Land, buildings, and equipment, cost or other basis.	10 a	3,682,176.	,		•
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation.	10 b	2,615,455.	1,062,477.	10 c	1,066,721
	11	Investments — publicly-traded securities			3,631,191.	11	4,172,935
	12	Investments - other securities See Part IV, line 11				12	
ļ	13	Investments - program-related. See Part IV, line 11				13	
۱	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			77,148.	15	120,468
	16	Total assets Add lines 1 through 15 (must equal line	34)		7,158,781.	16	7,598,031
1	17	Accounts payable and accrued expenses				17	
	18	Grants payable.				18	
	19	Deferred revenue				19	
.	20	Tax-exempt bond liabilities				20	
3	21	Escrow or custodial account liability Complete Part	IV of	Schedule D		21	
 - -	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified pe	istees ersons	, key employees, Complete Part II		*	
<u> </u>		of Schedule L		ļ		22	
E	23	Secured mortgages and notes payable to unrelated to	hırd p	arties		23	
	24	Unsecured notes and loans payable to unrelated thir	d part	ies	-	24	
1	25	Other liabilities Complete Part X of Schedule D			1,579,313.	25	1,669,557
	26	Total liabilities. Add lines 17 through 25			1,579,313.	26	1,669,557
		Organizations that follow SFAS 117, check here	X aı	nd complete lines	, ,	1 1	* * * •
.		27 through 29 and lines 33 and 34.			*	<i>y</i> 8	
§	27	Unrestricted net assets			2,162,506.	27	2,589,912
	28	Temporarily restricted net assets			3 <u>,316</u> ,962.	28	3,238,562
- 1	29	· · · · · · · · · · · · · · · · · · ·		_	100,000.	29	100,000
₹		Organizations that do not follow SFAS 117, check he	re 🟲	and complete			
120		lines 30 through 34.					
8	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equ	ıpmen	t fund		31	
Ļ	32	Retained earnings, endowment, accumulated income	ther funds		32		
ANCES	33	Total net assets or fund balances.			5,579,468.	33	5,928,474
5	34	Total liabilities and net assets/fund balances			7,158,781.	34	7,598,031

Form 990 (2009) BAA

		Yes	No
1 Accounting method used to prepare the Form 990 $[\overline{X}]$ Cash $[]$ Accrual $[]$ 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?	2a		Χ_
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he audit, 2c	х	
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 consolidated basis, separate basis, or both:	ed on a		
Separate basis Consolidated basis X Both consolidated and separate basis	.73		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 3a	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required are any steps taken to undergo such audits.	uired audit 3b	х	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number American Institute of Indian Studies 23-6297039

ran		Reason for Put	one Charity Status	s (All organizations	must c	comple	te this	part.	<u> </u>	nstructi	ons		
he o	orga	nization is not a priv	vate foundation becai	use it is (For lines 1 thro	ough 11,	, check	only one	e box)					
1		A church, convention	on of churches or asse	ociation of churches des	cribed ii	nsection	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A	(Attach Schedule E	Ξ.)								
3				e organization described		on 170(b	X1XAXi	ii).					
4	\vdash		•	ed in conjunction with a h		•		•	O/bY1YA	Yiii). En	ter the ho	spital's	;
•	ш	name, city, and sta	•	a in conjunction mar a r	тоортка	4000.15			-(-/./.	,,,, ·		001141	
5				of a college or universit	v owned	d or one	rated by	/ a gov	ernment	al unit d	escribed in	ection	
•	Ш	170(b)(1)(A)(iv). (C	omplete Part II)	or a conego or annount	.,	. О. Оро	rated by	, a gor	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-
6		A federal, state, or	local government or	governmental unit descr	ibed ins	ection 1	70(b)(1)	(A)(v).					
7	X	An organization that	t normally receives a	substantial part of its si	upport f	rom a g	overnme	ental ur	nit or fro	m the ge	eneral pub	lic des	cribe
	Η		(A)(vi). (Complete P	·									
8	느	-		70(b)(1)(A)(vi). (Complet									
9		An organization that	normally receives: (1)	more than 33-1/3 % of its s	support f	rom con	tributions	s, memb	ership fe	es, and	gross recei	pts	
		investment income	and unrelated busine	s – subject to certain exce ess taxable income (less	section:	511 tax	() from b	nan 55- pusines:	ses acqu	ared by	the organi	ss zation	after
		June 30, 1975 See	section 509(a)(2). (C	omplete Part III)									
10		An organization org	janized and operated	exclusively to test for p	ublic sa	fety Se	esection	509(a)((4).				
11		An organization org	ganized and operated	exclusively for the bene	efit of, to	perfori	m the fu	inctions	of, or o	arry out	the purpos	ses of	one o
	_	more publicly supp	orted organizations	described in section 509(zation and complete line	(a)(1) or	section	509(a)(2) See	section	509(a)(3)	. Check t	the box	that
		_								. 🗀	Type III-	Othor	
_		a ∐ Type I	b Type II	c ∐ Type III		-	-			u [_]			
е	Ш	than foundation ma	ox, I certify that the of	rganization is not control an one or more publicly s	nea aire supporte	ectly or i	nairectiy nizations	oy one descri	e or mo: bed in s	re aisqua ection 50	anned per 09(a)(1) or	sons d	nner in
		509(a)(2).	inagoro ana oator ato	in one or more publicly t	опрропи	o o gai					(-)(-)		•
f			received a written de	termination from the IRS	that is	а Туре	I, Type	II or Ty	pe III su	apporting	organizat	tion,	
		check this box											لــا
g		Since August 17, 20	006, has the organiza	ition accepted any gift o	r contril	bution fr	rom any	of the	followin	g person	s?		
												Yes	No
		(i) a person who	directly or indirectly	controls, either alone or supported organization?	togetne	er with p	ersons	describe	ea in (ii)	and (III)	11 g (i)		
		-	ber of a person des								11 g (ii)		
		• •	·	n described in (i) or (ii) a	hove?						11 g (iii)		
_											119(11)		
<u>h</u>				the supported organizati					1				
	(Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organizal	ls the tion in col	(v) Did y the organ	ization in	organizat	s the ion in col	(vii) Amour	nt of Sup	port
				above or IRC section (see instructions))	gove	d in your rning	your st	(i) of upport?	(i) organi U	zed in the			
					——	ment ⁷	<u> </u>	· - · - · ·					
					Yes	No	Yes	No	Yes	No			
		-				ļ							
						1							
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					****	12	~	,		 			

BAA 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

Schedule A (Form 990 or 990-EZ) 2009 American Institute of Indian Studies 23-6297039

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)

Sec	tion A. Public Support	ted the box on in	le 5, 7, 01 8 01 Pa					
	ndar year (or fiscal year	(5) 2005	(h) 200C	(-) 2007	(4) 2000	(a) 2000	T	/A Total
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	2,332,487.	3,431,652.	4,168,831.	4,284,369.	4,068,88	32.	18,286,221.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							0.
	Total. Add lines 1-through 3	2,332,487.	3,431,652.	4,168,831.	4,284,369.	4,068,88	32.	18,286,221.
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)	* ~				Α΄ Α	~	376,859.
6	Public support. Subtract line 5 from line 4							17,909,362.
Sec	tion B. Total Support	·		T				
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4	2,332,487.	3,431,652.	4,168,831.	4,284,369.	4,068,88	82.	18,286,221.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	26,352.	42,755.	60,219.	64,287.	55,36	64.	248,977.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							0.
11	Total support. Add lines 7 through 10	**	*	**	**	k.	¥	18,535,198.
12	Gross receipts from related acti	vities, etc. (see in	nstructions)				12	745,672.
	First five years. If the Form 990 organization, check this box and	d stop here		ond, third, fourth,	or fifth tax year	as a section !	501(c))(3)
	tion C. Computation of Pu			44		Т	4.	06.65
	Public support percentage for 2	•	• • • • • • • • • • • • • • • • • • • •	ine 11, column (f)	-	14 15	96.6% 95.2%
16 a	Public support percentage from 33-1/3 support test — 2009. If the and stop here. The organization	e organization die	d not check the b	ox on line 13, ai	nd the line 14 is 3	L 33-1/3 % or m	ore, o	check this box
	 and stop nere. The organization 33-1/3 support test — 2008. If the and stop here. The organization 	e organization did	d not check a box	c on line 13, or 16				
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'fact	meets the 'facts	-and-circumstance	es' test, check thi	is box and stop he	re. Explain in	Part	IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-ar	meets the 'facts	-and-circumstanc	es' test, check thi	is box and stop he	re. Explain in	Part	IV how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	e, 13, 16a, 16b, 1	7a, or 17b, check	this box and	see ı	nstructions >
BAA					Sc	hedule A (Fo	rm 99	90 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 **(b)** 2006 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2005 (c) 2007 (e) 2009 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b. Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2005**(b)** 2006 (c) 2007 (d) 2008 (e) 2009 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in 13 Total support. (add ins 9, 10c, 11, and 12) 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 % 19a 33-1/3 support tests - 2009. 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 b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 o	r 990-EZ) :	2009 A r	nerican	Insti	tute	of In	dian	Studies	23-6297039	Page 4
(Part IV	Suppleme Part II, line	ntal Info e 17a or	rmation 17b; and	. Complet d Part III,	te this p line 12	art to . Provi	provide de any	e the e	explanation additional	s required by Part II, lir information. See instru	ne 10; ctions.
											· -
					. 		.				
	. - -		·								
		-									
											
		. – – – -									
									· -		
						-					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 @pen (ල Public Apspeaton

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

American Institute of Indian Studies 23-6297039

Pa	Organizations Maintaining Donor the organization answered 'Yes' t	Advised Funds or Other	Similar Fund	s or Accour	nts Complete	ıf
	the organization answered Tes t			(h) Fund	a and ather are	ta
	Tatal assessment and of some	(a) Donor advised fu	nas	(b) Fund	s and other acc	ounts
2	Total number at end of year. Aggregate contributions to (during year).					<u> </u>
3	Aggregate contributions to (during year) Aggregate grants from (during year)					
1	Aggregate value at end of year					
_						
5	Did the organization inform all donors and do funds are the organization's property, subject			onor advised	Yes	No No
6	Did the organization inform all grantees, done used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or don	g that grant fund or advisor or for	ds may be any other	Yes	No No
Rai	Conservation Easements Comple	ete if the organization ans	wered 'Yes' to	Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held b	y the organization (check all tha	nt 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	certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organizat last day of the tax year.	ion held a qualified conservatio	n contribution in	the form of a	conservation ea	sement on the
				He	ld at the End of	the Year
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease			2 b		
	Number of conservation easements on a cert		n (a)	2 c		
	d Number of conservation easements included	* * * *		2d		
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminat	ed by the orga	inization during	the tax
	year >		1 ~			
4	Number of states where property subject to o	onservation easement is located	······································			
5	Does the organization have a written policy read enforcement of the conservation easeme	nt it holds?		~	ions Yes	☐ No
0	Staff and volunteer hours devoted to monitori during the year •	ing, inspecting, and emorcing co	onservation ease	ments		
7	Amount of expenses incurred in monitoring, i during the year ▶	nspecting, and enforcing conse	vation easemen	ts \$	· · ·	<u> </u>
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of se	ction	Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its ret to the organization's financial s	venue and expens statements that d	e statement, an lescribes the o	d balance sheet, rganization's ac	, and counting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical T wered 'Yes' to Form 990, I	reasures, or (Part IV, line 8	Other Simila	r Assets	
1	a If the organization elected, as permitted under treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or res	revenue stateme earch in furthera	ent and baland ince of public s	e sheet works o service, provide	of art, historical , in Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its revibilic exhibition, education, or res	enue statement a earch in furthera	and balance sh ince of public s	service, provide	the following
	(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 amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items:	r sımılar assets f	or financial ga	in, provide the	following
	a Revenues included in Form 990, Part VIII, line	e 1			▶\$	
١	b Assets included in Form 990, Part X				► \$	

Schedule D (Form 990) 2009 American Institute of Indian Studies 23-62970 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets		Page 2 ued)					
3. Using the organization's acquisition accession and other records, check any of the following that are a significant use items (check all that apply).	of its colle	ection					
a Public exhibition d Loan or exchange programs							
b Scholarly research e Other							
c Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose Part XIV	ın .						
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:							
Am Am	ount						
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
b If 'Yes,' explain the arrangement in Part XIV							
Part V Endowment Funds Complete if 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 ye	ars back					
1a Beginning of year balance 730,006. 717,061.							
b Contributions		`					
c Net Investment earnings, gains, and losses. 5,138. 12,945.	1. 3. · · · · · · · · · · · · · · · · · ·	,					
d Grants or scholarships	. 13. ²						
e Other expenditures for facilities and programs	***						
f Administrative expenses 75.							
g End of year balance. 735,069. 730,006.							
2 Provide the estimated percentage of the year end balance held as							
a Board designated or quasi-endowment ► 86.40 %							
b Permanent endowment ► 13.60 %							
c Term endowment • %							
3a Are there endowment funds not in the possession of the organization that are held and administered for the							
organization by	Yes	No_X					
	a(i)	X					
···	a(ii)	 ^					
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 See Part XIV							
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated	(d) Book	Value					
(investment) basis (other) Depreciation	(d) Book	Value					
1a Land b Buildings 2,643,072. 2,143,392.	10	9,680.					
	43	2,000.					
c Leasehold improvements d Equipment 1,039,104. 472,063.	56	7,041.					
d Equipment 1,039,104. 472,063.	30	,, UTI.					
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	1 06	6,721.					
	D (Form						

Schedule D (Form 990) 2009 American Institut			23-6297039	Page 3
Part VII Investments—Other Securities See Fo				
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or en	ethod of valuation id-of-year market valu	ıe
Financial derivatives.				
Closely-held equity interests				
Other				
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)				
Part VIII Investments-Program Related (See	Form 990, Part X, I	ine 13) N/A		
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation	
		Cost or en	nd-of-year market valu	ie
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)				
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	<u> </u>		
(a) De	escription		(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col (B),	line 15)		•	
Part X / Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount	- ***		
Federal Income Taxes				
Corpus Fund	1,669,5	57.	*	,
		, , , , , , , , , , , , , , , , , , , ,		*. *
		, , , , , , , , , , , , , , , , , , , ,		,
		· , · , · ,	¥ .	, "
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			\$	**
	-		*	, , ,
		. *		
		 	*	
Table (Online (b) mark and France (OO Ball V at 1 (D) to 100	1 660 5			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	1,669,5		that canada the arms	anakaria tatah
2. FIN 48 Footnote In Part XIV, provide the text of the for uncertain tax positions under FIN 48	ounote to the organizati	ion s financial statements	, mat reports the orga	mization's liabili

_	dule D (Form 990) 2009 American Institute of Indian Studies	23-629	/039	⊃age 4
	XI Reconciliation of Change in Net Assets from Form 990 to Finance	ial Statements	·	
•	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>	4,330,	
	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	3,972,	
	Excess or (deficit) for the year Subtract line 2 from line 1		357,	<u>474.</u>
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities	_		
	Investment expenses .	_		
	Prior period adjustments	-		
	Other (Describe in Part XIV)	_		
	Total adjustments (net). Add lines 4 through 8	_	257	474
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		357,	<u>474.</u>
	XII Reconciliation of Revenue per Audited Financial Statements Wit	n Revenue per Return	4 220	240
	Total revenue, gains, and other support per audited financial statements		4,330,	349.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains on investments 2a			
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e	4 220	240
	Subtract line 2e from line 1	3	4,330,	349.
	Amounts included on Form 990, Part VIII, line 12, but not on line1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV) Add In a 4 and 4 b			
	Add lines 4a and 4b	4c 5	4 220	240
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) XIII Reconciliation of Expenses per Audited Financial Statements W		4,330,	349.
	Total expenses and losses per audited financial statements	1	3,972,	075
		, 2 ⁻¹	3,312,	6/3.
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a			
	Prior year adjustments 2b Other losses 2c			
	h 	ا الله الله الله الله الله الله الله ال		
	Other (Describe in Part XIV) Add lines 2a through 2d			
	Subtract line 2e from line 1	2e 3	3,972,	975
	Amounts included on Form 990, Part IX, line 25, but not on line1:	3	3,912,	673.
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b			
	Add lines 4a and 4b	4c		
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	3,972,	975
	XIV Supplemental Information	()	5,312,	675.
Comp line 4 inforn	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b nation. Part V, Line 4 - Intended Uses Of Endowment Fund	lines 1a and 4; Part IV, lines Also complete this part to	s 1b and 2b; Pa provide any add	art V, ditional
	Support general operations of the organization.			
			_ -	
			- 	

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 American Institute of Indian Studies PartXIV Supplemental Information (continued)	23-6297039	Page 5
Pantaly Supplemental Information (continued)		
		- -
		
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Schedule F (Form 990).

Statement of Activities Outside the United States

2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number										
American Institute of	of Indian St	tudies		23-629703						
Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.										
1 For grantmakers. 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? Yes No										
2 For grantmakers. Describe	2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.									
3 Activities per Region (Use	Schedule F-1 (Fo	orm 990) if addition	onal space is needed)							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region					
South Asia	13	118	Program Services	Lang; research	3,316,941.					

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					. 44					
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			•							
		_		~						
										
		<u>.</u>								
Totals	13	118			3,316,941.					

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

Schedule F (Form 990) (2009)

Page 2

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American Institute of Indian Studies

Schedule F (Form 990) 2009

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(f) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) ź ġĄ. F# 1 / , ₍(x) 12. A . Jak **%**; 4 (a) Name of organization

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

Page 3

23-6297039

American Institute of Indian Studies Schedule F (Form 990) 2009

Parally Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 257,264. Check, EFT (d) Amount of cash grant 30 (c) Number of recipients (b) Region South Asia Fellowships for research in India (a) Type of grant or assistance BA B

Schedule F	(Form 990) 2009	American In	stitute of I	ndian Studie	es	23-629/039	Page 4
.Part IV	Supplemental	Information					
			ormation required in	Part I. line 2. and	l any additional infor	mation	
	-						
	-						
			- -				
							
					_ _		
						-	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

2009 No 1545-0047

to Public ection

×

(h) Purpose of grant or assistance

(g) Description of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of non-cash assistance

(d) Amount of cash grant

(c) IRC section if applicable

(b) EIN

1 (a) Name and address of organization or government

» ×

(Form 990)	Governments and Individuals in the United States	200 °
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	Open to Pu Inspectio
Name of the organization	Employer ider	Employer identification number
American Inst.	American Institute of Indian Studies	039
Rart I. General Ir	Rart General Information on Grants and Assistance	
1 Does the organize the selection critical the selection critical three selections.	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?	∑ Yes
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants an	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	Yes' to Form
990, Part	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	0. Use
Part IV an	Part IV and Schedule I-1 (Form 990) if additional space is needed	

			i
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 		A A	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3901L 02/10/10	Schedule I (Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 23-6297039 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 174,684. (c) Amount of cash grant American Institute of Indian Studies 26 (b) Number of recipients Fellowships for research in India (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III 1

BA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)-

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public linspection

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

► Attach to Form 990.

Name of the organization	Employer identification number	
American Institute of Indian Studies	23-6297039	
Form 990, Part III, Line 1 - Organization Mission		
Dedicated to the advancement of knowledge about India and the	promotion of	
intellectual engagement with India in American universities by	providing research	
fellowship support, training in Indian languages, knowledge of	Indian culture, and	
supporting publications about India.		
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder		
More than 60 American colleges and universities support resear	cch in India as members	
of the American Institute of Indian Studies.	·	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo	l <u>y</u>	
Trustees of Member Institutions annually elect the Officers ar	nd Members of the	
Executive Committee (governing body)		
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders	
Institutional members participate in the governance of the Ame	erican Institute of	
Indian Studies, the election of its officers, and the setting of its policies and		
priorities.		
Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Add	ress	
See Statement 1 for list of Officers, Executive Committee Member 2015	pers, Committee Chairs,	
and Trustees with their respective addresses.		
Form 990, Part VI, Line 11 - Form 990 Review Process		
Return is sent to President, Treasurer and US Director for the	eir review and signing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts	
Each director, principal officer and member of a committee wit	th Trustee delegated	
powers shall annually sign a statement which affirms such pers	son has received a copy	
of the conflicts of interest policy, has read and understands	the policy, and has	
agreed to comply with the policy. If the Board of Trustees of	r Executive Committee	
has reasonable cause to believe a member has failed to disclose	se actual or possible	

Schedule 0 (Form 990) 2009	Page 2			
Name of the organization	Employer identification number			
American Institute of Indian Studies	23-6297039			
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflict	ts (continued)			
conflicts of interest, it shall inform the member of the basi	s for such belief and			
afford the member an opportunity to explain the alleged failu	re to disclose. If,			
after hearing the member's response and after making further investigation as				
warranted by the circumstances, the Board of Trustees or Executive Committee				
determines the member has failed to disclose an actual or pos	sible conflict of			
interest, it shall take appropriate disciplinary and correcti	ve action.			
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	s & Key Employees			
AIIS performs annual reviews to verify that compensation arra	ngements and benefits			
are reasonable, based on competent survey information, and the result of arm's				
length bargaining.				
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available				
Documents may be inspected at the office of the organization	upon request.			
~				

Schedule 0 (Form 990) 2009 Page 2								
Name of the organi	zation					mployer identificatio	n number	
American	Institute	of Indian	Studies		2	23-6297039		
						<u>-</u>		
				 		-		
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			- -	 				

Form **8868** (Rev April 2009)

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 are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box	► X		
If you are	filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II (on pa	age 2 of this form)		
Do not comp	plete Part II unless you have alrea	ady been granted an automatic 3-month extension on a	previously filed Form 8868		
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copies r	needed).		
			_		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension- check this	s box and complete Part I only		
All other corp income tax r), partnerships, REMICS, and trusts must use Form 700	4 to request an extension of time to file		
the additional Form 990-T	ling (e-file). Generally, you can ed below (6 months for a corporated (not automatic) 3-month extensionstead, you must submit the full it www.irs.gov/efile.and.click.on.org	lectronically file Form 8868 if you want a 3-month autor ion required to file Form 990-T). However, you cannot fil sion or (2) you file Forms 990-BL, 6069, or 8870, group i by completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	natic extension of time to file one of the le Form 8868 electronically if (1) you want eturns, or a composite or consolidated For more details on the electronic filing of		
	Name of Exempt Organization		Employer identification number		
Type or					
print	American Institute o	of Indian Studies	23-6297039		
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions			
filing your return See	1130 East 59th Stree				
instructions	City, town or post office, state, and ZIP co	de For a foreign address, see instructions			
	Chicago, IL 60637				
	f return to be filed (file a separa	¬ ''	7		
X Form 990	<u> </u>	Form 990-T (corporation)	Form 4720		
Form 990	<u> -</u>	Form 990-T (section 401(a) or 408(a) trust)	Form 5227		
Form 990		Form 990-T (trust other than above)	Form 6069		
Form 990)-PF	Form 1041-A	Form 8870		
Telephone If the org If this is the check this	anization does not have an offic for a Group Return, enter the org	FAX No. ► (773) _ 782-6636_ e or place of business in the United States, check this by panization's four digit Group Exemption Number (GEN) the group, check this box ► and attach a list with the	If this is for the whole group,		
		ths for a corporation required to file Form 990-T) extens	sion of time		
until _ The ext	2/15, 20_11, to file tension is for the organization's i	the exempt organization return for the organization na eturn for	med above		
► X	tax year beginning _ 7/01_	, 20 <u>09</u> _, and ending <u>6/30</u> , 20 <u>10</u>	_		
	ax year is for less than 12 month		_		
	application is for Form 990-BL, 99 indable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any 3a \$ 0.		
	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any refundable credits and estimated tax pent allowed as a credit	payments 3b\$ 0.		
deposit		3a. Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Syst			
Caution. If yo payment inst	ou are going to make an electro ructions	nic fund withdrawal with this Form 8868, see Form 8453	-EO and Form 8879-EO for		
BAA For Pri	vacy Act and Paperwork Reducti	on Act Notice, see instructions.	Form 8868 (Rev 4-2009)		

Form 8868	(Rev 4-2009)		Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check	this box ► X		
Note. Only	complete Part II if you have already been granted an automatic 3-month ex	tension on a previo	ously filed Form 8868.		
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).		
	Name of Exempt Organization		Employer identification number		
Type or print	American Institute of Indian Studies Number, street, and room or suite number if a PO box, see instructions		23-6297039 For IRS use only		
File by the extended due date for filing the	Kaczynski & Associates, Ltd. 17W635 Butterfield Rd., Ste 140		1 0 110 030 0.11		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	Oakbrook Terrace, IL 60181				
Check type of return to be filed (File a separate application for each return) X Form 990 Form 990-PF Form 1041-A Form 6069 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in care of Elise Auerbach Telephone No (773) 702-8638 FAX No (773) 782-6636 • 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 request an additional 3-month extension of time until 5/15 , 20 11 5 For calendar year , or other tax year beginning 7/01 , 20 09 , and ending 6/30 , 20 10 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period					
	en detail why you need the extension The taxpayer needs accessary information to file a complete and accurate application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent	ate return.	me to compile the		
nonre	efundable credits. See instructions	anve tax, less ally	8a \$		
paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable nents made Include any prior year overpayment allowed as a credit and any Form 8868				
c Balar with I	nce Due. Subtract line 8b from line 8a Include your payment with this form, FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	or, if required, dep t System) See inst	osit sc \$		
Signature and Verification					
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accompanying schedules and statement omplete, and that I am authorized to prepare this form Title CPA	nts, and to the best of my	knowledge and belief, it is true, Date 5/4/V		

American Institute of Indian Studies 1130 East 59th Street, Chicago Illinois (773) 702-8638 aiis@uchicago.edu

Executive Committee

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May 4, 2011

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President

Elise Auerbach
US Director

Department of the Treasury Internal Revenue Service Center Ogden, UT 84204-0027

RE: The American Institute of Indian Studies, FEIN: 23-6297039, Denial of Approval of Request for Extension, Tax Year Ended June 30, 2010

Dear Sir or Madam:

The American Institute of Indian Studies (AIIS) received Notice Number: CP211B, dated March 28, 2011 (attached), indicating that AIIS' application for extension of time to file its FY 6/30/2010 tax return was denied because the extension was not signed.

The purpose of this letter is to request that you do not assess any penalties for the late filing of AIIS' Form 990, Return of Organization Exempt from Income Tax for the tax year ended June 30, 2010

Set forth below are the reasons AIIS believes that it has reasonable cause for any such penalties not to be assessed

TEN-DAY GRACE PERIOD TO REMEDY

AIIS understands that it could have remedied the extension denial by filing its tax return within ten days from the date on Notice CP211B. However, it was not possible for AIIS to complete and file its tax return within this ten-day period due to the following factors:

- o AIIS' books and records are kept in both India and the U.S.,
- o AIIS' audit, which is performed in India, was not yet complete, and
- o AIIS did not have the requisite audited financial statements with which to prepare a complete and accurate tax return.

AIIS EXERCISED ORDINARY BUSINESS CARE AND PRUDENCE

Beginning with its tax year ended FY6/30/2000, the accounting firm Kaczynski & Associates, Ltd. (K&A) prepared AIIS' tax returns. On behalf of AIIS, K&A timely filed properly completed requests for extensions of time to file AIIS' Forms 990 for tax years FY 6/30/2000 through FY 6/30/2009. The IRS approved all of these requests. For the past ten years then, AIIS' extension requests have been approved, and it has timely filed its tax returns.

When K&A timely filed AIIS' request for extension for FY6/30/2010 it inadvertently failed to sign the request. AIIS respectfully submits that the request for extension was substantially

complete and the lack of signature by K&A was an unintended oversight of a ministerial action. Neither AIIS nor K&A was neglectful or careless with the filing of the FY 6/30/2010 request for extension. The fact that the extension request was timely filed and substantially complete indicates that AIIS and K&A exercised ordinary business care and prudence. Please see the attached certified mail receipts that support the timely filing of the extension.

AIIS' ten-year history of timely filing its tax returns and K&A's ten-year history of timely filing complete and accurate requests for extension on behalf of AIIS, further supports that AIIS and K&A have a history of exercising ordinary business care and prudence.

STEPS TAKEN TO PREVENT RECURRENCE

AIIS intends to prevent this situation in the future by granting authorization to K&A to electronically file AIIS' requests for extension.

For the reasons stated herein, AIIS respectfully requests that penalties not be assessed for AIIS' FY6/30/2010 tax return. If you have any questions, please contact us.

Very sincerely,

Chair, Board of Trustees

Roych Which

American Institute of Indian Studies

Encl.

Under penalties of perjury, I declare that the statements made herein, to the best of my knowledge and belief, are true, complete, and correct.

Signature

U.S. Director

Date

5-6-2011

Title