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Form **990**

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)

2011

OMB No 1545 0047

Open to Public

	Interr	al Revenue Service	The organization may have to use a copy of this return	to satisfy state reporting	ng requirements.	.;	mspeçgon	
	Α	For the 2011 calend	lar year, or tax year beginning	, 2011, and ending)	1		
			C					
	_		NATIONAL INDIAN GAMING ASSOCIATION		5	2-18348	392	
		H	224 SECOND STREET SE			lephone numb		
			WASHINGTON, DC 20003			-		
		Initial return	WASHINGTON, DC 20005		<u> </u>	<u> 202-546-</u>	-//11	
		Terminated			į			
		Amended return			G G	ross receipts	8,3 <u>97,</u>	224.
		Application pending	F Name and address of principal officer		H(a) Is this a group	return for affil	iales? Yes	X No
		— · · · · · · · · · · · · · · · · · · ·	SAME AS C ABOVE	1	H(b) Are all affihate		Yes	No
	-			(a)(1) or 527	II 'No,' attach	a list (see inst	nuctions)	_
	<u> </u>	Tax-exempt status		····				
	<u> </u>	Website: ► WW	W.INDIANGAMING.ORG		H(c) Group exempt		DC.	
	<u>K</u>	Form of organization	Corporation Trust Association X Other►	L Year of Formati	on 1985	M State of le	egal domicile DC	
	Pa	rt I Summan	<u> </u>					
			be the organization's mission or most significant activiti					<u> AND</u>
		PRESERVE	THE GENERAL WELFARE OF TRIBES STRI	LVING FOR SE	LF-SUFFIC	IENCY I	HROUGH	
	Ĕ	GAMING E	NTERPRISES IN INDIAN COUNTRY. TO FU	ILFILL ITS M	ISSION_N	IGA_WOE	KKS WITH I	HE
	Ĕ	FEDERAL (GOVERNMENT AND CONGRESS TO DEVELOP	SOUND POLIC	IES_AND_P	RACTICE	OT DUAL 23	
	8	2 Check this bo	x If the organization discontinued its operations	or disposed of mo	re than 25% o	fits net as	sets	
22	Ğ		ting members of the governing body (Part VI, line 1a)	•		3		20
2	ω ω	4 Number of inc	dependent voting members of the governing body (Part	VI, line 1b) .	•	4		20
	읊	5 Total number	of individuals employed in calendar year 2011 (Part V,	line 2a)		5		0
0 5 2012	Activities & Governance		of volunteers (estimate if necessary)			6		0
0	Ą		ed business revenue from Part VIII, column (C), line 12			7a		0.
SEP		b Net unrelated	business taxable income from Form 990-T, line 34			7b		0.
\mathbb{Z}					Prior \	rear	Current Y	ear
		8 Contributions	and grants (Part VIII, line 1h) .			1,771.	4,426	
6 5	3		rice revenue (Part VIII, line 2g)	•		5,600.	3,930	
SCANNE	Revenue	•	scome (Part VIII, column (A), lines 3, 4, and 7d)			1,494.		,592.
Z	ĝ		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	اه)		8,155.		,974.
Z	_		e – add lines 8 through 11 (must equal Part VIII, colum	-		7,020.	8,397	
₹				11 (A), with 12)				
G		ļ	imilar amounts paid (Part IX, column (A), lines 1-3)	•	- 3	1,755.	100	<u>,719.</u>
Š			to or for members (Part IX, column (A), line 4)	• •				
		15 Salaries, other	er compensation, employee benefits (Part IX, column (A	A), lines 5-10) .	1,74	6,665.	1,654	<u>,213.</u>
	Expenses	16a Professional	fundraising fees (Part IX, column (A), line 11e)			6,233.		
	ğ	b Total fundrais	sing expenses (Part IX, column (Q), line 25).	1		1		
	Ä		es (Part IX, column (A), lines (Latid, VIE 24e)		5 13	0,159.	4,927	720
				. 053				
			es Add lines 13-17 (must equal Part IX, column (A) lin	le 25)		4,812.	6,748	
		19 Revenue less	expenses Subtractine 18/1/2m (Ineq)122012	·		2,208.	1,648	<u>,562.</u>
	3 8		(Part X, line 16)		Beginning of C		End of Ye	
	8 9		<u> </u>			2,050.	5,927	<u>,982.</u>
	55	21 Total liabilitie	s (Part X, line 26) OGDEN, UT		1,17	6,107.	1,053	<u>, 477.</u>
	žŽ	22 Net assets or	fund balances Subtract-line-21 from line 20	_	3.22	5,943.	4,874	.505.
	Pa	rt.II - Signatur				-		
				r and statements, and to	the best of my Lee	u lodge and ha	hul at as to as a series	
	con	plete Declaration of prep	eclare that I have examined this return including accompanying schedules are (other than officer) is based on all information of which preparer has	any knowledge	are cest or my rais	wedge and be	ner, it is true, correc	1, 410
		()	111010	·····	- 5	7/14/1	7	
	Sig	In Signatu	re al silicer		Date	/ 		
	He	* . IN	IELLE HER MANY HORSES		מ שמוחים ו	AT DECTO	D	
			print name and title		DEPUTY I	JIRECIO.	K	
		Punt/Tunn n	reparer's name Preparer's syntature		··		PTIN	
	_	1	1/1		-12 Check			
	Pa	, .		0-14	self e	mployed	P01369556	
	Pro	eparer Firms name						
	US	e Only Firms addre	ss - 410 CENTRAL AVENUE, SUITE 414		Fum:	s Elis ► 81	-0433949	
			GREAT FALLS, MT 59401-3128		Phon	e no 406	-727-1798	
	Ma	the IRS discuss th	is return with the preparer shown above? (see instructi	ons)			X Yes	No
			The state of the s					

Form 990 (2011)

	990 (2011) NATIONAL INDIAN GAMING ASSOCIATION	52-1834892	Page 2
Par	<u></u>		———
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE 0		
			
2	Did the organization undertake any significant program services during the year which were not listed of	·	· · ·
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	∐ Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	X No
•	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	vices, as measured by mount of grants and al	expenses locations to
4 a		Revenue \$)
	NIGA HOSTS AN ANNUAL TRADE SHOW AND CONVENTION WHICH INCLUDES A		
	WORKSHOPS, TRAINING, NETWORKING, ARTS & CRAFTS BOOTHS AND CULTUR	AL EVENTS. THE	NIGA
	CONVENTION IS A MAJOR METHOD OF SUPPORT FOR THEIR ADVOCACY WORK		
		· -	
41	O(Code) (Expenses \$ 1,692,827. Including grants of \$) (Fig. NIGA MONITORS FEDERAL LEGISLATIVE ACTIVITY AND POSTS THE INFORMATO KEEP MEMBERS ON TOP OF CURRENT LEGISLATION. NIGA OPERATES AS EDUCATIONAL, LEGISLATIVE AND PUBLIC POLICY RESOURCE FOR TRIBES, PUBLIC ON INDIAN GAMING ISSUES AND TRIBAL COMMUNITY DEVELOPMENT.	A CLEARINGHOUS	E AND
	: (Code) (Expenses \$1,651,879. including grants of \$) (I	Pavanua \$	
	GENERAL/ADMINISTRATIVE, GOVERNANCE/MEMBER DEVELOPMENT	<u> </u>	'
		. 	
			 -
	Other program services (Describe in Schedule O) SEE SCHEDULE O		
40	Other program services (Describe in Schedule O) SEE SCHEDULE O (Expenses \$ 243,144 including grants of \$) (Revenue \$		1
46	• Total program service expenses • 5 921 552	<u>.</u>	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	<u>X</u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			January of
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	·	Х
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	v	Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(u)^{9}$ If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>

Form 990 (2011) NATIONAL INDIAN GAMING ASSOCIATION 52-1834892 Page 4 Part IV: Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 25b Schedule L, Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 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) * × Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O Form 990 (2011)

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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

BAA

52-1834892 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 3667 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b **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? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return b 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 to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 Ü d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 7h 8 Sponsoring organizations maintaining donor advised funds 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 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders. 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 130

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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14a

14b

Form 990 (2011) NATIONAL INDIAN GAMING ASSOCIATION 52-1834892 Page 6 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. Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year lf there are material differences in voting rights among members 20 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 20 **b** Enter the number of voting members included in line 1a, above, who 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 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 6 Did the organization have members or stockholders? SEE SCHEDULE O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? SEE SCHEDULE O 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O 7b Х stockholders, or other persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 84 Х a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done χ SEE SCHEDULE O 12 c Х 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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 15a Χ b Other officers of key employees of the organization SEE SCHEDULE O 15b 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 16a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 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 Another's website IXI Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ANGELICA MOLINA 224 SECOND STREET SE WASHINGTON DC 20003 202-546-7711

Page **7**

Pärt'VII'. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	on nor any	relate	ed or	rgan	ızat	on co	mpe	insated any current of	fficer, director, or trus	tee	
	(C)										
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations	
(1) JASON C GILES DEPUTY DIRECTOR	40							159,403.	0.	0.	
(2) MARK_VAN_NORMAN											
EXC DIRECTOR	40	L						280,441.	0.	0.	
_(3)_ANDY_EBONADIRECTOR	2	x						0.	0.	0.	
(4) JOHN GUEVREMONT		<u> </u>	t						0.	<u>. </u>	
DIRECTOR	2	Х						0.	0.	0.	
(5) MATTHEW MORGAN						-					
DIRECTOR	2	X	<u> </u>	<u> </u>				0.	0.	0.	
(6) ROBERT COURNOYER	1	۱									
DIRECTOR	2	X	 _	<u> </u>				0.	0.	0.	
_(7)_JAY_EMERY DIRECTOR	2	Х						0.	0.	0.	
(8) TRACIE STEVENS								_			
DIRECTOR	2	X	├-					0.	0.	0.	
	2	Х						0.	0.	0.	
(10) RUEBEN MATHAIS											
DIRECTOR	2	X		<u> </u>	L.,		_	0.	0.	0.	
(11) CHRISTIE MODLIN DIRECTOR	2	Х						0.	0.	0.	
(12) STUART PAISANO											
DIRECTOR	2	X	<u> </u>	<u> </u>	-			0.	0.	0.	
(13) NED NORRIS JR DIRECTOR	2	X						0.	0.	0.	
(14) MARK CHINO		-									
DIRECTOR	2	Х	<u> </u>	L_				0.	0.	0.	

Part VII Section A. Officers, Directors, Trus	tees, k	Се у	En	ıplo	ye	es,	and	Highest Com	pensated Empl	loyees (cont)	
(A) Name and title	(B) Average hours	box	, unle	Pos heck	rson	than is bot or/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (describ e hours for related organi zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Į.	(W 2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(15) KURT_LUGER DIRECTOR	2_	х						0.	0.	0.	
(16) KURT BLUEDOG DIRECTOR	2	х						0.	0.	0.	
(17) GREG ABRAHAMSON DIRECTOR	2	x						0.	0.	0.	
(18) ERNEST L STEVENS, JR. CHAIRMAN	40			<u>x</u>				193,009.	0.	0.	
(19) KEVIN LEECY, JR VICE CHAIRMAN	2			х				0.	0.	0.	
(20) J R MATHEWS TREASURER	2			х				0.	0.	0.	
(21) LYNN VALBUENA SECRETARY	2			х				0.	0.	0.	
(22) DANIELLE HER MANY HORSES LEGISLATIVE DIRECT	40	<u>.</u>				х		185,000.	0.	0.	
(23) JANELLE ATCITTY TRADE SHOW COORDIN	40					х		0.	0.	0.	
(24) SIDNEY COLOMBE TRADE SHOW PRODUCE	40					x		0.	0.	0.	
CASINO & INDUSTRY	40					<u>x</u>		89,336.	0.	0.	
1 b Sub-total							•	907,189.	0.	0.	
c Total from continuation sheets to Part VII, Section	c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							_	907,189.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation											

from the organization

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a ³ If 'Yes,' complete Schedule J for such individual	3		X
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	4	 X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	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. Report compensation for the calendar year ending with or within the organization's tax year.

Description of services	Compensation
EGAL	109,000.
EGAL	194,075.
EGAL	120,000.
RCHITECT	176,201.
ΞC	GAL

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 4

Fai	t viii, Statement of Nevenue			 1		
			(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, GIFTS, 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 contributions included in lins 1a-1f \$,067.	· .	在 电电子 经	,	
8	h Total. Add lines 1a-1f	•	4,426,072.	<u>, </u>		
PROGRAM SERVICE REVENUE	Busines		3,838,286. 92,300.	3,838,286. 92,300.		
RA	e					
စ္တ	f All other program service revenue. g Total. Add lines 2a-2f	- ▶	3,930,586.	ř		
	3 Investment income (including dividends, interest other similar amounts) 4 Income from investment of tax-exempt bond pro-	and 🕨	4,592.			4,592.
	5 Royalties		····			
	(i) Real (ii) Per 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	ersonal	:	ا درسون		
	` 	Other		\s_2		
	b Less cost or other basis and sales expenses c Gain or (loss)			•		
	d Net gain or (loss)	▶				
NUE	8a Gross income from fundraising events (not including \$					
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 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 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 Busines	s Code	0.5.5.			
	11a MISCELLANEOUS INCOME		35,974.	35,974.		
	b					
	d All other revenue					
	e Total. Add lines 11a-11d		35,974.		-	
	12 Total revenue. See instructions	▶	8,397,224.	3,966,560.	0.	4,592.
$\overline{}$						_

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)

	*Check if Schedule O contains a response to any question in this Part IX								
	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				
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	166,719.		, , , , , , , , , , , , , , , , , , ,	,				
2	Grants and other assistance to individuals in the United States See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	632,853.		<u>.</u> .					
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.							
7	Other salaries and wages	756,780.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9,560.							
9	Other employee benefits	141,132.							
	Payroll taxes	113,888.							
	Fees for services (non-employees)								
	Management								
	Legal	537,044.	 						
	Accounting	143,016.			-				
	Lobbying								
	Professional fundraising services See Part IV, line 17								
	Investment management fees								
	Other	486,088.							
_	Advertising and promotion	396,685.							
	Office expenses								
14	Information technology	17,606.	-						
15	Royalties								
	Occupancy								
	Travel	488,012.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	1,591,989.							
20	Interest	236.							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	90,497.							
	Insurance	11,035.							
24	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e								
	expenses on Schedule O)	201 512							
	FACILITY & EQUIPMENT RENTAL	244,547.							
	PRINTING AND PUBLICATIONS	122,314.							
	MISCELLANEOUS EXPENSE	114,468.							
	SUPPLIES	112,859.							
	All other expenses	571,334.							
	Total functional expenses. Add lines 1 through 24e	6,748,662.			_				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here								
	SOP 98-2 (ASC 958-720)								

Part X⊲ Balance Sheet

(B) End of year (A) Beginning of year 2,550 1 2,550. Cash - non-interest-bearing 2,038,499 2 3,080,867. Savings and temporary cash investments 360,000. 3 580,000. 3 Pledges and grants receivable, net 73,464 4 50,020. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ಜ್ 6 organizations (see instructions) 144,000 7 Notes and loans receivable, net Inventories for sale or use 172,500. 8 222,896. 310,740 9 298,695. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule \bar{D} 2,537,983. 10a b Less accumulated depreciation 10b 845,029. 1,300,297 10 c 1,692,954. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 4,402,050 16 5,927,982. 16 17 Accounts payable and accrued expenses 233,679. 17 206,255. 18 18 Grants payable 836,103. 19 Deferred revenue 942,428. 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 11,119. 25 1,176,107 26 1,053,477. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > | X | and complete lines 27 through 29 and lines 33 and 34. 27 2,535,943. 27 3,181,193. Unrestricted net assets 690,000 28 1,693,312. Temporarily restricted net assets Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 3,225,943 33 4,874,505. 33 4,402,050. 5,927,982. 34 Total liabilities and net assets/fund balances 34

BAA

Form **990** (2011)

	1834892		Pa	ge 12	
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI				\Box	
•					
1 Total revenue (must equal Part VIII, column (A), line 12)	1	8,3	97,2	24.	
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,7	48,6	62.	
3 Revenue less expenses. Subtract line 2 from line 1	3	1,6	48,5	62.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,2	25,9	43.	
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
column (B))	6	4,8	<u>74,5</u>	05.	
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII				\Box	
			Yes	No	
1 Accounting method used to prepare the Form 990 Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?		2b	Χ		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the 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 iss separate basis, consolidated basis, or both.	ued on a		*		
X Separate basis Consolidated basis 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 Audit Act and OMB Circular A-133?	Single	3a		X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recor audits, explain why in Schedule O and describe any steps taken to undergo such audits	juired audit	3b			
BAA		Form	990	2011)	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) o	organizations Complete Part III.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Name	of organization			Employer identific	cation number
NA'	<u> TIONAL INDIAN GAMIN</u>	G ASSOCIATION_		52-183489	
		rganization is exempt under section			zation
	·	organization's direct and indirect political of	ampaign activities in		
	Political expenditures			▶ \$	§
	Volunteer hours				
		rganization is exempt under section			
	•	cise tax incurred by the organization under		► \$	·
2	•	cise tax incurred by organization managers		► \$	
3	•	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
	a Was a correction made? b If 'Yes,' describe in Part IV				∐Yes ∐No
		rganization is exempt under section	on 501(c) excen	t section 501(c)(3)	······································
		pended by the filing organization for section			
	•		•		
2	Enter the amount of the filin function activities	tion 527 exempt	\$		
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	▶ \$	\$
4	Did the filing organization fil		Yes X No		
5	organization made payments amount of political contributi	and employer identification number (EIN) s For each organization listed, enter the a ions received that were promptly and direc at action committee (PAC) If additional spa	mount paid from the title to delivered to a sepa	filing organization's fur arate political organiza	nds Also enter the tion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if t	he organization			nd filed Form 5768 (el	
section 501(I	h)).				
		longs to an affiliated group nd share of excess lobbying		ach affiliated group membe	er's name,
		ecked box A and 'limited co	•	y	
(The term		ying Expenditures ans amounts paid or incum	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence p	ublic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ires to influence a	legislative body (direct lobb	ying)		
c Total lobbying expenditu	ires (add lines 1a	and 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose ex	xpenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the a	mount from the following tal	ole in		
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000		(A) / V	
g Grassroots nontaxable a	amount (enter 25%	6 of line 1f)			
h Subtract line 1g from lin	ie 1a. If zero or le	ss, enter -0-			
i Subtract line 1f from line	e 1c If zero or les	ss, enter -0-			
j If there is an amount off section 4911 tax for this	her than zero on e year?	either line 1h or line 1i, did t	he organization file F	form 4720 reporting	Yes No
(Some	e organizations th colum	4-Year Averaging Period l nat made a section 501(h) el ns below. See the instructi	ection do not have to	o complete all of the five	
	Lot	bying Expenditures During	4-Year Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))				• · · ·	
f Grassroots lobbying expenditures				0.1.11.2.7	m 990 or 990.F7) 2011

Schedule C (Form 990 or 990-EZ) 2011 NATIONAL INDIAN GAMING ASSOCIATION	52	- 1834	1892 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Forn	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	(3	9)	(b)
of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	•		2000 B
a Volunteers?			Fact in the
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 			_ ' u/ ax.am.
d Mailings to members, legislators, or the public?			_
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Γ	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			٠,
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	l(c)(5)	. or	
section 501(c)(6).			
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'	l(c)(5) DR (b)	, or so Part	ection II-A, line 3, is
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).		- 1	
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditure next year?		4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5	0.
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I B, line 4, Part I-C, line 5, f Also, complete this part for any additional information	Part II-A	, and I	Part II-B, line 1
		- - -	

Schedule C (F	orm 990 or 990-EZ) 2011 NATIONAL INDIAN GAMING ASSOCIATION Supplemental Information (continued)	52-1834892	Page 4
Part IV	Supplemental Information (continued)		
	•		
			- -
			_ _
			
		-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public as Inspection Employer identification number

	TIONAL INDIAN GAMING ASSOCIAT			52-1834892	
Pa	the organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Otl	ner Similar Fur	nds or Accounts. Compl	ete ıf
	the organization answered Tes			4.5.	
1	Total number at and of uses	(a) Donor advised	tunas	(b) Funds and other a	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		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
5	Did the organization inform all donors and do funds are the organization's property, subject			lonor advised Yes	No
6	Did the organization inform all grantees, donused only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or d	ting that grant fur onor advisor, or fo	nds can be or any other	∏No
Pai	rt II Conservation Easements. Comp	lete if the organization	answered 'Yes	to Form 990. Part IV. III	ne 7.
	Purpose(s) of conservation easements held b				
·	Preservation of land for public use (e.g.,	, ,	—	of an historically important lar	nd area
	Protection of natural habitat	recreation or education,		of a certified historic structure	
	Preservation of open space			or a der timed motorie of details	
2	· ·	ion held a qualified conserva	tion contribution in	the form of a conservation e	asement on th
_	last day of the tax year	non nela a quamica consorva	non contribution i		asement on th
				Held at the End o	f the Tax Year
	a Total number of conservation easements			2a	
ı	b Total acreage restricted by conservation ease	ements.		2b	
•	Number of conservation easements on a cert	ified historic structure include	d in (a)	2c	
(d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06,	and not on a histo	oric 2 d	
3	Number of conservation easements modified tax year ►	, transferred, released, exting	uished, or termina	ated by the organization during	g the
4	Number of states where property subject to c	onservation easement is loca	ted >		
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitor	ing, inspection, ha	andling of violations,	No
6	Staff and volunteer hours devoted to monitor		conservation eas	ements during the year	
7	Amount of expenses incurred in monitoring, i	inspecting, and enforcing con	servation easeme	nts during the year	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements of s	ection Yes	No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote conservation easements				
Pa	rt III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 99	l Treasures, o 0, Part IV, line	r Other Similar Assets. 8.	
1 6	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	ts held for public exhibition, e	ducation, or resea	enue statement and balance starch in furtherance of public se	heet works of ervice, provide
ı	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to re eld for public exhibition, educ	port in its revenue ation, or research	e statement and balance sheet in furtherance of public service	works of art, e, provide the
	(i) Revenues included in Form 990, Part VIII	I, 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 of 116 (ASC 958) relating to th	ner similar assets ese items	for financial gain, provide the	following
	a Revenues included in Form 990, Part VIII, Iin			▶\$	
ı	Assets included in Form 990, Part X			► S	

Schedule D (Form 990) 2011 NATIO	NAI. TNDTI	AN GAMING A	ASSOCTA'	TTON	52-183	4892		Page 2
Part III Organizations Mainta							ontini	
Using the organization's acquisit items (check all that apply)		-						
a Public exhibition		dП	Loan or ex	change programs				
b Scholarly research		e H	Other	5 5				
c Preservation for future gener	ations	ں -						
4 Provide a description of the orga Part XIV	nızatıon's colle					se in		
5 During the year, did the organiza assets to be sold to raise funds i						Yes		No
Part IV Escrow and Custodia line 9, or reported an	amount on i	Form 990, Pa	rt X, line	organization ar 21.	nswered Yes' to Fo	rm 990), Part 	. IV,
1a is the organization an agent, true included on Form 990, Part X?					her assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV ar	nd complete the	following ta	ible	f T			
					ļ <u> </u>	Amoun	ıt	
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a	mount on Forr	n 990, Part X, li	ne 21?			Yes		No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	mplete if th	e organizatio	n answer	ed 'Yes' to For	m 990, Part IV, line	e 10		
	(a) Current y	ear (b) F	rior year	(c) Two years bac	k (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance								
b Contributions								;
c Net investment earnings, gains, and losses								
d Grants or scholarships								
 Other expenditures for facilities and programs 						,		
f Administrative expenses								'
g End of year balance								1
2 Provide the estimated percentag	e of the curren	t year end balar	ice (line 1g	, column (a)) held	as			
a Board designated or quasi-endov	vment ►	8						
b Permanent endowment ►	%							
c Temporarily restricted endowmer	nt ►	8						
The percentages in lines 2a, 2b,	and 2c should	equal 100%						
3a Are there endowment funds not organization by:	in the possessi	on of the organ	zation that	are held and adm	inistered for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations li	isted as required	l on Schedi	ule R?		3b		
4 Describe in Part XIV the intende	d uses of the o	rganization's en	dowment fi	unds				
Part VI Land, Buildings, and	Equipment.	See Form 99	0, Part X	, line 10.				
Description of property		a) Cost or other (investment) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	ilue
1 a Land				565,003.			565	,003.
b Buildings	Γ			803,881.	517,163.		286	,718.
c Leasehold improvements	Γ			207,341.	162,281.		45	,060.
d Equipment		.,						
e Other				961,758.	_165,585.		796	,173.

1,692,954.

Schedule **D** (Form 990) 2011

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

BAA

Schedule D (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION

52-1834892

Page 3

Sche	edule D (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION 5	2-183489	92	Page 4
Pai	t 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)		8,397,	224.
2	Total expenses (Form 990, Part IX, column (A), line 25)		6,748,	662.
3	Excess or (deficit) for the year Subtract line 2 from line 1		1,648,	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,648,	562.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	₹eturn		
1	Total revenue, gains, and other support per audited financial statements	1	8,397,	224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
á	Net unrealized gains on investments			
ı	Donated services and use of facilities 2b			
•	Recoveries of prior year grants 2c			
(Other (Describe in Part XIV)],		
•	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	8,397,	224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
ā	Investment expenses not included on Form 990, Part VIII, line 7b			
ł	Other (Describe in Part XIV)			
•	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,397,	224.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return		
1	Total expenses and losses per audited financial statements	1	6,748,	662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
ä	Donated services and use of facilities 2a	_		
ŀ	Prior year adjustments 2b			
•	Cother losses. 2c			
•	Other (Describe in Part XIV)			
•	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	6,748,	<u>662.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	-		
	O Other (Describe in Part XIV)	- <u> </u> -		
	CAdd lines 4a and 4b Total expanses Add lines 3 and 4a. This must equal Form 900. Post 1, line 19.)	4c 5	6,748,	662
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 1 XIV Supplemental Information	<u> </u>	0,740,	002.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 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 compliadditional information	V, lines 1b a ete this part	and 2b, to provide	
			_	
			· _ ·	

Schedule D (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION Part XIV Supplemental Information (continued)	52-1834892	Page 5
Part XIV Supplemental Information (continued)		
		-
		
		_
		
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SCHEDULE I	Ğ	rants and Oth	er Assistance t	o Organization	's		OMB No 1545-0047
Form 990)	Gov	ernments, an	Governments, and Individuals in the United States	the United Sta	ıtes		2011
Department of the Treasury Atenal Revenue Service	Comple	te if the organization	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.	rm 990, Part IV, lines 2. ).	1 or 22.	l	Open to Public Inspection
lame of the organization NATIONAL INDIAN GAMING ASSOCIATION	AMING ASSOCIATION					Employer identification number 52-1834892	ation number
Part   General Inform	General Information on Grants and Assistan	ance					
	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?	e amount of the grar	nts or assistance, the gr	antees' eligibility for th	e grants or assistanc	e, and	X Yes No
Z Describe in Part IV the Part II Grants and Ott Form 990, Part Part II can be	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ntoring the use of graints and Organization that received missing needed	ant funds in the United <b>zations in the Unite</b> ore than \$5,000. CI	States. SEE PART IV  States. Complete if the heck this box if no one re	RT IV e if the organizat one recipient rec	ion answered 'Ye eived more than	\$5,000.
1 (a) Name and address of organization or government	rganization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1) THE SPIRIT OF SOVEREIG 224 SECOND ST WASHINGTON, DC 20003	EIG 04-3640772	501 (C) (3)	127, 500	0			
7.							
<u> </u>							
(b)							
7							
2 Enter total number of s 3 Enter total number of o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	rganizations listed in 1 table.	the line 1 table		- -		1 0
IAA For Paperwork Reduct	AA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.	-	TEEA3901L 06/01/11	11/10/90	Schedule	Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 52-1834892 NATIONAL INDIAN GAMING ASSOCIATION Schedule I (Form 990) (2011)

Part III | Grants and Oth

Page 2

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV appraisal, other) (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. A WRITTEN REPORT IS REQUIRED TO DESCRIBE THE USE OF THE FUNDS. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA 7 m 2 4

# SCHEDULE J

### **Compensation Information**

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

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Inspection
Employer identification number

52-1834892 NATIONAL INDIAN GAMING ASSOCIATION Part I Questions Regarding Compensation Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 X a Receive a severance payment or change-of-control payment? 4: Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х 4с c Participate in, or receive payment from, an equity-based compensation arrangement? 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? 5a b Any related organization? 5b If 'Yes' to line 5a or 5b, describe in Part III 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? 6 a b Any related organization? 6b If 'Yes' to line 6a or 6b, describe in Part III 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8

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section 53 4958-6(c)?

Schedule J (Form 990) 2011

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Page 2

NATIONAL INDIAN GAMING ASSOCIATION

Schedule J (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 VII.

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

	Г	(B) Breakdown of W-2 and/or	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus and incentive compensation	(II) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deterred in prior Form 990
ERNEST L STEVENS,	(i)	193,009.	0.	0	.0	0	193,009.	
1 JR.	(i)	0				0	0	
JASON C GILES	Θ	159,403	7.0	0	0	0	159,403.	0
2	(ii)	0		į		0		
MARK VAN NORMAN	Ξ	280,441.	0 0	0 1	             		280,441.	0
3	Θ	0		.0		0		0
DANIELLE HER MANY	Ξ	185,000.	0	0	0.0	0.	185,000.	0
4 HORSES	(ii)	0	0			0		
	Θ							
'n	€							
	Ξ							
9	€	 						
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11	(ii)	1 -						
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12	Θ							
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13	Θ							
	Θ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		             		           	           	
14	Ξ							
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15	<u> </u>							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             			1 1 1 1 1 1 1 1		
16	∄							
ВАА				TEEA4102L 0	01/24/12		Sche	Schedule J (Form 990) 2011

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545 0047 2011

Open To Public -Inspection 💯 🏞

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL INDIAN GAMING ASSOCIATION

Employer identification number

52-1834892 Part I Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining amounts reported on Form 990, contributions or noncash contribution amounts applicable items contributed Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures Art — Fractional interests. 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 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles Х 113,000 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► ( 26 Other ► 27 Other ▶ 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No **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? 30 a Х 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? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32 a b If 'Yes,' describe in Part II

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describe in Part II

Schedule M (Form 990) 2011

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

	number of i	tems receiv	ed, or a co	ombination	n of both.	Also com	plete this	part for an	y additiona	utions, the Linformation.	
									- <del>-</del>		
<del>-</del>				<b>-</b>		<b>-</b> -		- <b></b>			
		<b>-</b>	<b></b>						<b></b>		
		- <b></b>			. <b></b>						
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Schedule M (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION

52-1834892

Page 2

SCHEDULE R (Form 990)

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.

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OMB No 1545-0047

Open to Publication Inspection

Employer identification number 52-1834892 **e** Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) ਉ છ 9 NATIONAL INDIAN GAMING ASSOCIATION Ē Department of the Treasury Internal Revenue Service Name of the organization

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
	,				:
(3)					
Part II Identification of Related Tax-Exempt Organizations (Complete of 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.)	<b>ns</b> (Complete if the orging the tax vear.)	ganization answered	TYes' to Form 990	), Part IV, line 34 b	ecause it had

Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2011 £ Yes (f) Direct controlling entity N/A N/A (e)
Public charity status (if section 501 (c)(3)) APPLIED FOR Ю (d) Exempt Code section 501(C)(3) APPLIED Legal domicile (state or foreign country) В В છ NATIVE AMERICANS PROMOTING TRADE SCHOLARSHIPS TO AND INDIVIDUALS AMONG AMERICAN one or more related tax-exempt organizations during the tax INDIAN TRIBES EDUCATIONAL (b) Primary activity (1) THE SPIRIT OF SOVEREIGNTY FOUNDAT: 224 SECOND STREET SE WASHINGTON. DC 20003 -----(a) Name, address, and EIN of related organization 11111 ଙ୍ଗ €¦

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Page 2

Schedule R (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION

Schedule R (Form 990) 2011 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Ine 34 because of had one or more related organizations treated as a corporation or trust during the tax year.) 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.) General or managing partner? Share of total income Share of end-of-year assets ŝ Yes Code V-UBI amount in box 20 of Schedule Fr.1 (Form 1065) (h)
Disproportionate
allocations? ŝ Yes Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) (g) Share of end-of-year assets (f) Share of total income TEEA5002L 05/24/11 Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Primary activity (d)
Direct
controlling entity (c)
Legal
domicile
(state or foreign country) (a) Name, address, and EIN of related organization Primary activity e (a)
Name, address, and EIN of related organization Part IV Part III BAA ᇊ 읔 ଫ୍ର ଞ୍ଜା Ø ଷ

52-1834892

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

				•	ı
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	ol
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?	tions listed in Parts II.	١٧٠-			2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	×	اید
<b>b</b> Gift grant, or capital contribution to related organization(s)			1 b	_	×
c Gift, grant, or capital contribution from related organization(s)			1c	_	×
d Loans or loan quarantees to or for related organization(s)			19	·	l×
e I oans or loan guarantees by related organization(s)		,	1		ı×
		•	12/3	137 137 137	· l
f Sale of assets to related organization(s)			=	1	$\times$
a Purchase of assets from related organization(s)		•	10		l×
		•	-	×	حا
ביינייניינייניינייניינייניינייניינייניינ			į	: >  -	٠ls
I Lease of facilities, equipment, or other assets to related organization(s)	•	•	21.0	<b>→</b>	ڏ اے
i lease of facilities equinment or other assets from related organization(s)				**	$\mathbb{A} \times$
Leader of taginical equipments of which assets man and a contraction of the contraction o		-	=======================================	×	یدا:
Performance of services or membership or fundraising solicitations by related organization(s)			=	×	√ا⊶
M. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•	•	- E	: ×	حاه
Thermy or and manufactures with schape of an arrangement of the control of the co			-	: ×	حا⊹
יו סיומויוון טו ממום פיומוסעפט אינון ופומפט טוקמיויבסנטון אינון פומפט טוקמיויבסנטון אינון פומפט טוקמיויבסנטון			-		4
o Reimbursement paid to related organization(s) for expenses		•	9	×	1
a Community and hy related expension(s) for expension			-	×	<u>ا</u> پ
ל הפנווסטוספוופון לפוס חל יפוסופת חולפוויבמווסיולט וטו פאלופוספט					4 6
A Athan transfer of each or economic to coluted economication			7 -		∄ √
d Other transfer of east of property to related organization(s)			-	*  <b>*</b>	حا∍
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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.	g covered relationship	os and transaction thre	sholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	l) leterminir involved	닫"
(1) THE SPIRIT OF SOVEREIGNTY FOUNDATION	0	. 000,6	ACCRUAL		
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52-1834892

Schedule R (Form 990) 2011 NATIONAL INDIAN GAMING ASSOCIATION

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.

יומי אם יומי אם יומי מי בימיבת הימים ולימים בימים מי	לפווילפווסוו סבב וווא	ucitoris regalunig	באכותאוחון וחו כפו ומ	חואפאווו שו	ic partitionalities.	- 1				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	Share of	Share of	(h) Dispropor-	Code V-UBI	General of	(k) or Percentage
		country)	(related, unre- lated, excluded from tax index	Section 501(c)(3) organizations?			allocations?	20 of Schedule K-1	partner	ownership
		٠	section 512-514)	Yes No	•		Yes No	(2001)	Yes	શ
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Schedule R	(Form 990) 2011	Page 5
<u>Ŗārt</u> ,VII <u>;</u>	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see Instructions).	
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Page 5

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

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public , K

Employer identification number

52-1834892 NATIONAL INDIAN GAMING ASSOCIATION FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE MISSION OF NIGA IS TO PROTECT AND PRESERVE THE GENERAL WELFARE OF TRIBES STRIVING FOR SELF-SUFFICIENCY THROUGH GAMING ENTERPRISES IN INDIAN COUNTRY. TO FULFILL ITS MISSION, NIGA WORKS WITH THE FEDERAL GOVERNMENT AND CONGRESS TO DEVELOP SOUND POLICIES AND PRACTICES AND TO PROVIDE TECHNICAL ASSISTANCE AND ADVOCACY ON GAMING-RELATED ISSUES. IN ADDITION, NIGA SEEKS TO MAINTAIN AND PROTECT INDIAN SOVEREIGN GOVERNMENTAL AUTHORITY IN INDIAN COUNTRY. FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION EDUCATIONAL SEMINARS - PERIODIC TRAINING THAT COVERS A NUMBER OF POPULAR TOPICS FACING TRIBES AND THE INDIAN GAMING INDUSTRY NIGA GATHERS INFORMATION ON GAMING-RELATED ISSUES, TRIBAL SOVEREIGNTY AND ECONOMIC DEVELOPMENT IN INDIAN COUNTRY AND MAKES IT AVAILABLE TO ITS MEMBERS IN PUBLICATIONS, VIDEOS, RECORDINGS AND ON THE INTERNET. NIGA PRODUCES LITERATURE FOR BROADCAST TO OTHER MEDIA SOURCES ON THESE SAME ISSUES. NIGA MAINTAINS A LIBRARY AND REFERENCE CENTER FOR USE BY ITS MEMBERS. FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER MEMBERS ARE MADE UP OF INDIAN NATIONS, TRIBES AND BUSINESSES ENGAGED IN TRIBAL GAMING ENTERPRISES FROM AROUND THE COUNTRY. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE OFFICERS ARE ELECTED AT LARGE BI-ANNUALLY BY THE MEMBERSHIP. THE OTHER BOARD MEMBERS ARE ELECTED ANNUALLY BY REGIONAL CAUCUSES OF THE BOARD. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS IN REGARDS TO POLICY POSITIONS, THE ENTIRE MEMBERSHIP CAN ACT TO SET POLICY AT THE ANNUAL MEETING. IN BETWEEN ROUTINE MEMBERSHIP MEETINGS, THE EXECUTIVE COMMITTEE

Name of the organization NATIONAL INDIAN GAMING ASSOCIATION	Employer identification number 52–1834892
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	BY MEMBERS OR SHAREHOLDERS (CC
SETS POLICY.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 AND UPON APPRO	VAL THE FORM 990 IS
SIGNED AND FILED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFOR	CEMENT OF CONFLICTS
THE POLICY REQUIRES EACH BOARD MEMBER TO DISCLOSE CONFLICTS	AS THEY ARISE AND THE
BOARD CHAIR ADVISES THE BOARD OF THE POLICY PERIODICALLY.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PRO	CESS FOR OFFICERS & KEY EMPLOYEE
MANAGEMENT PREPARES AN ANNUAL BUDGET, INCLUDING COMPENSATION	ON FOR THE EXECUTIVE
DIRECTOR, KEY EMPLOYEES, AND THE CHAIRMAN OF THE BOARD. TH	E FINANCE COMMITTEE
REVIEWS AND APPROVES IT AND PRESENTS IT TO THE EXECUTIVE CO	MMITTEE FOR A FINAL
APPROVAL	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLIC	LY AVAILABLE
DOCUMENTS ARE AVAILABLE AT PUBLIC MEETINGS AND OUR AUDITORS	S AND TREASURER REPORT ON
OUR FINANCIAL STATEMENTS AND AUDIT REPORT.	·
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