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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

2 ~			SEP 30, 2012
ap ——	heck if oplicat	е	D Employer identification number
\sqsubseteq	Addre		
	Name	Doing Business As	85-0232968
_	Initial return	, , , , , , , , , , , , , , , , , , , ,	
_	Term ated Amer	2401 1211 DIREEI NW	505-724-3513
=	Jreturi Appli	City or town, state or country, and ZIP + 4	G Gross receipts \$ 2,082,700
	Jtion pend	ALBOQUEROUE, NM 8/104	H(a) Is this a group return
		F Name and address of principal officer:MICHAEL CANFIELD	for affiliates? Yes X N
_		2401 12TH STREET NW, ALBUQUERQUE, NM 8710 empt status	
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or te: ► INDIANPUEBLO ORG	527 If "No," attach a list (see instructions)
			H(c) Group exemption number ► Year of formation; 1976 M State of legal domicile; N
	rt I	Summary	real of formation, 1370; M State of legal dofficile, 1
П	1	Briefly describe the organization's mission or most significant activities: TO PRESE	יפער ספסספייוואיים אווס
	•	PRESENT WITH DIGNITY THE CULTURE, HISTORY, A	
	2	Check this box if the organization discontinued its operations or disposed of r	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6 11
		Total unrelated business revenue from Part VIII, column (6), line-12	7a 0
	b	Net unrelated business taxable income from Form 990-T, line 34-	7ь С
			Prior Year Current Year
	8	Contributions and grants (Part VIII line 1b)	2,689,805. 1,811,399
١	9	Program service revenue (Part VIII, line 2g)	224,734. 251,748
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 14
1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	694. 8,804
4	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,915,233. 2,071,965
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	0.
		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0
		Total fundraising expenses (Part IX, column (D), line 25) 165,015.	1 035 357 0 303 045
ļ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,935,257. 2,393,045
1		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,935,257. 2,393,045
3	19	Revenue less expenses. Subtract line 18 from line 12	979,976321,080
	20	Total assets (Part X, line 16)	Beginning of Current Year End of Year 8,216,838. 8,112,457
Dalailles		Total liabilities (Part X, line 16)	150,492. 246,769
1		Net assets or fund balances Subtract line 21 from line 20	8,066,346. 7,865,688
a	rt II	Signature Block	0,000,340. 1,003,000
de	r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my knowledge and belief it is
		t, and complete reclaration of preparer (other than officer) is based on all information of which prep	
	-	VINNIVIANI	
ın		Signature of officer	Date _ /
re		MICHAEL CANFIELD, PRESIDENT	<u>5//3//3</u>
_		Type or print name and title	
		Print/Type preparer's name Preparer's signature	Date Check PTIN
d		RONALD E. SCHRANZ Kasel	57/6/13 self-employed P00579271
•	arer	Firm's name BURT & COMPANY CPAS, LLC	Firm's EIN ▶ 85-0383230
e (Only	Firm's address 4101 INDIAN SCHOOL RD NE, #440	
_		ALBUQUERQUE, NM 87110	Phone no. (505) 265-660
	the li	S discuss this return with the preparer shown above? (see instructions)	X Yes N

132002 02-09-12

Form 990 (2011)? INDIAN PUEBLO CULTURAL CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8	Х	
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		X
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	_X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		v
_	assets reported in Part X, line 16? 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	11b		<u>X</u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	11c		Α.
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		İ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? 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,	i	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
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> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	200	
		Form !	990 (2	2011)

Form 990 (2011): INDIAN PUEBLO CULTURAL CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		v
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		v	
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	OFL	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	^	
	If "Yes," complete Schedule R, Part V, line 2	96		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
J/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	97		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u> </u>
J	Note. All Form 990 filers are required to complete Schedule O	20	\mathbf{x}	
	Note. All 1 Onth 350 highs are required to complete ouredule O	38 Form		20111
		-orm	J J U (2	2011)

Form 990 (2011) INDIAN PUEBLO CULTURAL CENTER
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	gaming			ı
	(gambling) winnings to prize winners?			1c		_
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			ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	•	4a		_X_
b	If "Yes," enter the name of the foreign country				<u> </u>	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	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 transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organiz	ation solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gi	fts			
	were not tax deductible?		ļ	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices prov	ided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as require	ed			
	to file Form 8282?	1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7 <u>g</u>	\longrightarrow	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time d	uring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		-	9a		
40	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
	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			12a		
	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.					
	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.		Ì			
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			l	
С	Enter the amount of reserves on hand	13c				
_	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b		
				Form	990 (2011)

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}						
Sec	tion A. Governing Body and Management			·						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		X_						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X_						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	_ X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		_X_						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ <u>NM</u>									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal							
	statements available to the public during the tax year									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨								
	THE ORGANIZATION - 505-724-3513									
	2401 12TH STREET NW, ALBUQUERQUE, NM 87104									

132006 01-23-12

Form **990** (2011)

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

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

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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RON SHUTIVA	1 00								44 050	
BOARD MEMBER	1.00	X						0.	11,253.	0.
(2) LELA KASKALLA	1 00	v						0	11 252	_
BOARD MEMBER	1.00	X						0.	11,253.	0 .
(3) CALVIN TAFOYA	1.00	x				•		0.	9,752.	0
BOARD MEMBER (4) JAMES ROGER MADALENA	1.00					t	H	0.	3,134.	
BOARD MEMBER	1.00	x						0.	10,253.	0.
(5) MICHAEL CANFIELD									20,2301	
BOARD MEMBER	1.00	x						0.	10,653.	0.
(6) RONALD J SOLIMON										
PRESIDENT & CEO	32.00			X				0.	131,661.	0.
(7) DWAYNE VIRGINT										
CHIEF OPERATING OFFICER	8.00			X				0.	135,403.	0.
									-	
								-		

132007 01-23-12

Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Eı	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)		(C)					(D)	(E)		(F)		
	Name and title	Average	100	not c	Pos			one	Reportable	Reportable		Estimated		
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	n	am	ount	of
		week	-	ceran	oad	irecto	or/trus	tee)	from	from related			other	
		(describe hours for	director						the	organization		•	ensa	
		related	9 6	ಜ			ated		organization	(W-2/1099-MIS	iC)		om the	
		organizations	Individual trustee or	Institutional trustee		a	mpen		(W-2/1099-MISC)			-	anızatı İ relat	
		ın Schedule	dualt	rtona	_	를 196	stco	<u></u>					nızatı	
		0)	Indiv	Instit	Officer	Key eı	Highest compensated employee	Fg				- 3-	== 3**	-
					_	_								
		-												
					_	_			<u> </u>					
_				-						,	-			
					<u> </u>	<u> </u>		_						
		-				Ì								
	<u> </u>	ļ — —	 	ļ. <u></u>		<u> </u>	-	<u> </u>						
46	Sub-total								0.	320,22	28			0.
	Total from continuation sheets to Part V	II Section A							0.	320,22	0.			0.
	Total (add lines 1b and 1c)	ii, oection A							0.	320,22				0.
2	Total number of individuals (including but n	not limited to th	ose	liste	ed at	DOVE	=) wł	no re	'					<u> </u>
_	compensation from the organization						٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		<u>X</u>
5	Did any person listed on line 1a receive or a					-		elate	ed organization or indivi	dual for services				
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	o <u>n</u>					5		X
1	Complete this table for your five highest co	mpensated inc	depr	ende	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of com	pensa	ation fr	om	
	the organization. Report compensation for										,			
	(A) Name and business	address	RT/	זזאר	7				(B) Description of s	ervices	C	(C omper		า
	144110 4110 24311033		TAC	ONE	<u> </u>			\dashv				p oi		
									. <u> </u>					
								\dashv				-		
			_	_				_						
							_	+	-					
	Total number of independent accessors of	mak idina a bisa s	n# 1-	m:4 -	d 4 -	•h -			abaya) who as says of	are the				
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot iii	nite	0 10	_	se lis)	sted	above) who received m	ore than				
	T. TEISTE E. TEMPONOGROM HOM NIC O'GAM											Form 9	200 (2011)

Pa	irt VI	II Statement of Reven	lue		(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	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	ons) 1e s, and re 1f	36,285. 250,929. 128,654. 395,531.				
ပ္သန္	h	Total. Add lines 1a-1f			1,811,399.			
				Business Code				
စ္က	2 a	MUSEUM ADDMISSI	ON	713990	178,492.	178,492.		
ه ڲ	b	EVENTS		999999	48,369.	48,369.	_	
S E	С	OTHER INCOME		999999	24,887.	24,887.		
e a	d	1						
Program Service Revenue	е	•						
₫	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		>	251,748.			
	3	investment income (including o	dıvıdends, ınter	est, and				
		other similar amounts)		▶	_			
	4	Income from investment of tax	exempt bond p	oroceeds >	14.			14.
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross rents	· 					
	b	Less rental expenses						
	С	Rental income or (loss)		<u> </u>				
		Net rental income or (loss) .		, >	-			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		>				
Other Revenue	8 a	Gross income from fundraising including \$ 36,2 contributions reported on line	85. of					
~		Part IV, line 18	a a	19,539.				
ള	h	Less direct expenses	b	10,735.				
ō		Net income or (loss) from fundi	-	10,733.	8,804.			8,804.
		Gross income from gaming act	-					0,004.
	•	Part IV, line 19	а					
	h	Less: direct expenses	b					
i		Net income or (loss) from gami						
		Gross sales of inventory, less r	•					
		and allowances	. a			1		
	b	Less cost of goods sold	. b					
1		Net income or (loss) from sales	_			İ		1
İ		Miscellaneous Revenue		Business Code				
ŀ	11 a				İ			1
	b							
	c							
	4	All other revenue						
	e	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.			2,071,965.	251,748.	0.	8,818.
13200								Form 990 (2011)

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 responsion include amounts reported on lines 6b, 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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			
5	Compensation of current officers, directors,				
	trustees, and key employees				·
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	50 445			
C	Accounting	72,145.		72,145.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	102 000	102 000		
12	Advertising and promotion	183,899.	183,899.	27 222	4 526
13	Office expenses	42,444.	575.	37,333.	4,536
14	Information technology				
15	Royalties	205 627		205 627	·
16	Occupancy	295,627.		295,627.	4 220
17	Travel	26,406.		22,076.	4,330
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,566.		2,203.	1,363
19	Conferences, conventions, and meetings Interest	3,300.		2,203.	1,303
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	321,533.	316,299.	5,141.	93.
22 23	Insurance	16,758.	310,233.	16,758.	
23 24	Other expenses. Itemize expenses not covered	10,730.			
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MUSEUM	541,692.	416,011.	31,102.	94,579
	ADMINISTRATIVE EXPENSES	397,896.	,	337,782.	60,114
	COLUMN TOURS ON COLUMN TOURS	341,081.	341,081.		
d		128,938.	128,938.		
	All other expenses	21,060.	13,849.	7,211.	
25	Total functional expenses. Add lines 1 through 24e	2,393,045.	1,400,652.	827,378.	165,015
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Ра	<u>rt X</u>	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,896,199.	1	1,898,880.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	302,890.	3	187,948.
	4	Accounts receivable, net	70,346.	4	2,272.
	5	Receivables from current and former officers, directors, trustees, key			<u> </u>
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		i	
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	255,833.
\ss	8	Inventories for sale or use		8	20070000
•	9	Prepaid expenses and deferred charges	48,588.	9	21,809.
	10a	Land, buildings, and equipment cost or other			
	""	basis. Complete Part VI of Schedule D 10a 7,606,	035.		
	Ь	Less: accumulated depreciation 10b 2,746		10c	4,859,930.
	11	Investments - publicly traded securities	3/020/3320	11	
	12	Investments other securities See Part IV, line 11	·	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	877,821.	15	885,785.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,216,838.	16	8,112,457.
	17	Accounts payable and accrued expenses	65,457.	17	154,113.
	18	Grants payable		18	
	19	Deferred revenue	20,241.	19	32,715.
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	ees,		
abi		highest compensated employees, and disqualified persons. Complete F			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part 2	Cof		
		Schedule D	64,794.	25	59,941.
	26	Total liabilities. Add lines 17 through 25	150,492.	26	246,769.
		Organizations that follow SFAS 117, check here	plete		
S		lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	6,599,302	27	6,456,555.
Sala	28	Temporarily restricted net assets	454,473.	28	265,431.
ğ	29	Permanently restricted net assets	1,012,571.	29	1,143,702.
Ē		Organizations that do not follow SFAS 117, check here a	nd		
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	8,066,346.	33	7,865,688.
	34	Total liabilities and net assets/fund balances	8,216,838.	34	8,112,457.
					Form 990 (2011)

Form **990** (2011)

Form	1990 (2011): INDIAN PUEBLO CULTURAL CENTER	85-0	232968	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,07	1,9	65.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,39				
3	Revenue less expenses Subtract line 2 from line 1	3	-321	1,0	80.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,06	5,3	46.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	120	0,4	22.		
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	7,86	5,6	88.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			i		
	Act and OMB Circular A-133?		_3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h				

Form **990** (2011)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** INDIAN PUEBLO_CULTURAL CENTER 85-0232968 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b ____ Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 INDIAN PUEBLO CULTURAL CENTER 85-0232968 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

20	Stion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3612879.	<u>1880136.</u>	1464885.	2674808.	1775114.	11407822.
2	Tax revenues levied for the organ-				•		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1 2 2 2 1 2 2				
	Total. Add lines 1 through 3	3612879.	1880136.	1464885.	2674808.	1775114.	11407822.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					ı	
	supported organization) included		•				
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)			;			
6	**						11407000
	Public support, Subtract line 5 from line 4	<u> </u>					<u>11407822.</u>
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	3612879.	1880136.	1464885.	2674808.		11407822.
8	Gross income from interest,				2071000.	17731146	1140/0221
	dividends, payments received on						
	securities loans, rents, royalties		i				
	and income from similar sources	4,036.	170.			14.	4,220.
9	Net income from unrelated business	-		-			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						11412042.
	Gross receipts from related activities,		•		[,250,852.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
<u> </u>	organization, check this box and stop tion C. Computation of Publi	here		 -			
	Public support percentage for 2011 (I	• • • • • • • • • • • • • • • • • • • •	•	olumn (f))		14	99.96 %
	Public support percentage from 2010			stone 40 and tone 4	4 : 20 4/00/	15	99.93 %
104	33 1/3% support test - 2011. If the c stop here. The organization qualifies				4 IS 33 1/3% or m	iore, cneck this bo	
h	33 1/3% support test - 2010. If the c		•		line 15 ie 33 1/20/	or more, shook th	▶ X
	and stop here. The organization quali				mie 10 is 33 1/3%	or more, check th	IIS DUX
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					non incorgan	
b	10% -facts-and-circumstances test					7a. and line 15 is:	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization			•			s
			<u></u>			dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please com	piete Fart II]				
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-				-		
4	iness under section 513 Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	-				 	
	Amounts included on lines 1, 2, and				-	-	
7 6	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	į					
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		<u>-</u> -				
11	Net income from unrelated business activities not included in line 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 Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 is for	tne organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organız	ation,
50	check this box and stop here	o Support Do	roontogo				
	ction C. Computation of Publi	•••				 	
	Public support percentage for 2011 (I		•	olumn (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves			- 101 (0)		T.= T	
	Investment income percentage for 20			ie 13, column (t))		17	%
	Investment income percentage from 2	•			45	18	%
ıya	33 1/3% support tests - 2011. If the						/ is not
L .	more than 33 1/3%, check this box ar	•	•				. ▶∟
D	33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che						and .
20	Private foundation. If the organization						
<u> 20</u>	rivate toundation. If the organizatio	i did Hot check a l	DOX OIT III IE 14, 19	a, or 190, check th	iis dux and see in	SUUCTIONS	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	INDIAN PUEBLO CULT		85-0232968
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	
_	impermissible private benefit?		Yes No
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		-
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	Tabel a such as of a successful a second		Held at the End of the Tax Year
a	Total number of conservation easements		2a
D	Total acreage restricted by conservation easements		2b
C	Number of conservation easements included in (a) acquired	• •	2c
d	Number of conservation easements included in (c) acquired listed in the National Register	arter 6/17/06, and not on a historic structure	
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the org	2d January during the tax
3	year	neased, extinguished, or terminated by the org	gariization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	J	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	•	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	,	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		170 400
	(i) Revenues included in Form 990, Part VIII, line 1		➤ \$ 178,492. ➤ \$ 885,785.
_	(ii) Assets included in Form 990, Part X	anuran ar ather amiles and the forest and	
2	If the organization received or held works of art, historical tre		ri, provide
_	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	TO (MOC 900) relating to these items:	*
a	Assets included in Form 990, Part XIII, line 1		► \$ ► \$
U	, tooto moladod in rottii ood, rait A	•	• • <u> </u>

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

Schedule D (Form 990) 2011

20

		PUEBLO CUL						Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	ner Simi	lar Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	*	-	_		ose in Par	t XIV	
5	During the year, did the organization solicit of				lar assets	_	_	
	to be sold to raise funds rather than to be ma						_ Yes	X No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" t	to Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	ot included	_	٦.,	Г
_	on Form 990, Part X?						∐ Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing table:					
	Manusca halana				<u> </u>		Amount	
C	Beginning balance				1c	 		
a	Additions during the year				1d	-		
e	Distributions during the year Ending balance				1e	 		
20	Did the organization include an amount on F	orm 990 Part Y line	212		<u>1f</u>	' 	Yes	No
	If "Yes," explain the arrangement in Part XIV.	· · · · · · · · · · · · · · · · · · ·	21:		-		_ 1es	140
Par			swered "Yes" to Fo	rm 990. Part IV. line	10			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	992,003.	588,671.	313,004		108,744.	(C) Tour	your o buok
h	Contributions	283,882.	454.814.			170,485.		
c	Net investment earnings, gains, and losses	120,423.	-51,482	3,787		34 172.		
ď	Grants or scholarships		51,101.	3,,0,	*	34,472,		
- e	Other expenditures for facilities							
	and programs							
f	Administrative expenses			2,765		397.		
g	End of year balance	1,396,308.	992.003.	588,671		313.004.		
2	Provide the estimated percentage of the curr				*!			
а	Board designated or quasi-endowment		%					
b	Permanent endowment ► 100.00	%	_					
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by [.]						\	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							<u>x</u>
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?				3b	<u>x</u>
4	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.					
	Description of property	(a) Cost or o	, , ,	\ - ·	Accumulat		(d) Book	value
		basis (investr	nent) basis	(other) d	epreciation	1		
_	Land				000 = =		4	
b	Buildings				<u>, 088, 0</u>			,610.
С	Leasehold improvements			1,370.	865,0			<u>,313.</u>
	Equipment			7,769.	793,0	32.		<u>,737.</u>
	Other			0,270.				,270.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	υ(c).)			4,859 D/Carre	<u>,930.</u>

Schedule D (Form 990) 2011

	edule D (Form 990) 2011 INDIAN PUEBLO CULTURAL CENTER rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	sial Ct	85-	0232968	Page 4
Ь			atemen		0.65
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,071	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_	<u>2,393</u>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-321, 120	422.
4 5	Net unrealized gains (losses) on investments Donated services and use of facilities	5		120,	422.
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net). Add lines 4 through 8	9		120	422.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-200	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reven		r Return		. 0 3 6 •
1	Total revenue, gains, and other support per audited financial statements	р	1	2,203,	122
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			2,203,	122.
a		0,42	2.		
b	Donated services and use of facilities 2b	, <u></u>			
G	Recoveries of prior year grants 2c		_		
d					
	Add lines 2a through 2d		2e	120	422.
3	Subtract line 2e from line 1		3	2,082,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			2,002,	700.
•	Investment expenses not included on Form 990, Part VIII, line 7b				
b	· · · · · · · · · · · · · · · · · · ·	0,73	5.		
c	Add lines 4a and 4b	<u>,,,,</u>	3. 4c	-10	735.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,071,	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exper	nses r			
1	Total expenses and losses per audited financial statements	-	1	2,403,	780.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				, , , ,
a	Donated services and use of facilities 2a				
b	Prior year adjustments 2b	_			
c	Other losses 2c				
d	Other (Describe in Part XIV)	_			
	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	2,403,	780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				7000
а	Investment expenses not included on Form 990, Part VIII, line 7b				
		73	5.		
	Add lines 4a and 4b		4c	-10.	735.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,393,	
	t XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par	t IV, line	es 1b and 2	b, Part V, line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to prov				
	RT V, LINE 4: IN LINE WITH THE NMCF (NEW MEXICO COMMU				
FOU	JNDATION) OBJECTIVES, THE ORGANIZATION'S INTENTION IS	TO E	GROW	THE	
END	DOWMENT FOR THE LONG-TERM SUPPORT OF THE ORGANIZATION	1'S	OPERAT	CIONS.	
<u>WII</u>	THDRAWALS FROM THE ENDOWMENT WOULD BE LIMITED TO THE	AMO	UNTS		
				<u> </u>	
APP	PROPRIATED FOR EXPENDITURE AND ARE LIMITED BY THE TER	RMS (OF ITS	AGREEM	ENT
<u>WI1</u>	TH THE NMCF. THIS IS CONSISTENT WITH THE ORGANIZATION	1'S	OBJECT	IVE TO	
MAI	INTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS F	IELD	IN PE	ERPETUIT	Y
^-		·			
OR_	FOR A SPECIFIED TERM, AS WELL AS, TO PROVIDE ADDITION	NAL			
			Schedi	ıle D (Form 99	(0) 2011

Schedule D (Form 990) 2011 INDIAN PUEBLO CULTURAL CENTER Part XIV Supplemental Information (continued)	85-0232968 Page 5
Supplemental information (continued)	
THROUGH NEW GIFTS AND INVESTMENT RETURN.	
DONOR-RESTRICTED CONTRIBUTIONS TO THE ENDOWMENT ARE PERMANE	NTLY
RESTRICTED. FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011	THERE ARE NO
AMOUNTS APPROPRIATED BY THE BOARD FOR EXPENDITURE AND NO CO	NTRIBUTIONS
SUBJECT OT TIME RESTRICTIONS.	
PART XII, LINE 4B AND PART XIII, LINE 4B - FUNDRAISING EXPE	NSES NETTED
WITH FUNDRAISING INCOME ON FORM 990.	·
•	
	Schedule D (Form 990) 2011

01-23-12

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization		337CTT3	-		' '	ntification number
- Fundacione Activities	PUEBLO CULTURAL CE Complete if the organization answ			o Form 000 Port IV	85-0232	
Part I required to complete this par	t.	erea 1	res te	o Form 990, Part IV,	iirie 17 Form 990-62	. mers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of I fundra I (include profess	non-g gover alsing ding o ional t	rovernment grants rnment grants events officers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				<u> </u>		
				!		
		1				
<u> </u>		 		 		
		<u> </u>				
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	I s or has been notified	d it is exempt from re	egistration
						-
						
					·	
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.		Schedule G (Forr	n 990 or 990-EZ) 2011

9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b if "No," explain.	Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax y b If "Yes," explain	
132082 01-23-12	Schedule G (Form 990 or 990-EZ) 2011

Sch	nedule G (Form 990 or 990-EZ) 2011 INDIAN PUEBLO CULTURAL CENTER 85-	0232968	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
_			

SCHEDULE () (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Internal Revenue Service

Name of the organization

INDIAN PUEBLO CULTURAL CENTER

Employer identification number 85-0232968

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUEBLO PEOPLE OF NEW MEXICO.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OF OUR EXHIBITS AND PERMANENT EXHIBIT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCREEN UNITS ENGAGE VISITORS WITH VIDEO INTERVIEWS, IMAGES, AND SOURCE
DOCUMENTS. AFFILIATED PROGRAMS SUPPORT THE CURRENT EXHIBITIONS (100
YEARS; THE ZUNI WORLD: ZUNI MAP ART; TO FEEL THE EARTH: MOCCASINS
BANNER EXHIBITION, SAINTS OF THE PUEBLOS) TO PROVIDE VISITORS WITH
CULTURAL BASED LEARNING EXPERIENCES THROUGH GUIDED TOURS, LECTURES,
TRADITIONAL NATIVE AMERICAN DANCES, AND SPECIAL EVENTS.
FORM 990, PART VI, SECTION A, LINE 7A: THE INDIAN PUEBLO CULTURAL CENTER
WAS FOUNDED BY THE 19 PUEBLO TRIBES OF NEW MEXICO. THE GOVERNING BODIES OF
THESE TRIBES SELECT THE MEMBER OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE MADE BY THE BOARD OF
DIRECTORS AS REFERENCED WITHIN THE BYLAWS OF THE INDIAN PUEBLO CULTURAL
CENTER, WHICH HAS THE ENTRUSTMENT OF THE SHAREHOLDERS (19 PUEBLO TRIBES OF
NEW MEXICO) CERTAIN DECISIONS OF THE BOARD ARE BROUGHT FORTH AT THE ANNUAL
SHAREHOLDERS' MEETING WITH THE REPRESENTATIVES OF THE 19 PUEBLOS PRESENT.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 AND ALL
SCHEDULES HAS BEEN PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS PRIOR

132211 01-23-12

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

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

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

Name of the organization

Related Organizations and Unrelated Partnerships

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

2011 -- Open to Public Inspection

OMB No 1545-0047

INDIAN PUEBLO CULTURAL CENTER

Employer identification number. 85-0232968

Direct controlling entity

End-of-year assets <u>e</u> Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part I

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II

12(b)(13) 12(b)(13) 11ed y?	Š						
(g) Section 512(b)(13) controlled entity?	Yes			_			
(f) Direct controlling entity							-
(e) Public charity status (if section	501(c)(3))	_			·		
(d) Exempt Code section							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

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

Schedule R (Form 990) 2011

85-0232968

Page 2

Schedule R (Form 990) 2011 INDIAN PUEBLO CULTURAL CENTER

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

(e)	(4)	3	3	(9)	9	[2]	14			170
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share	(y) Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
1PFDC, LLC - 85-0428187 2401 12TH STREET NW, SUITE 210 NORTH, ALBUQUERQUE, NM 87104	FINANCE & CONSTRUCTION OF REAL ESTATE	MM	N/A	N/A	N/A	N/A		N/A		N/A
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a orporation or trust durin	is a Corporting the tax	oration or Trust (Coryear.)	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	tion answered "Yes	to Form 990, Pa	rt IV, line 34	because it had o	ne or mo	re related
(a)			(q)	(c)	(p)	(e)	ω	(6)		(£)
Name, address, and EIN of related organization	NII.		Primary activity	ity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	f total Share of ne end-of-year assets	e of f-year ets	Percentage ownership
INDIAN PUEBLE MARKETING, INC -	85-0460050									
2401 12TH STREET NW ALBUQUERQUE, NM 87104			RETAIL SALES	NM	N/A	C CORP	N/A	A N/A	₹	N/A
132162 01-23-12				31				Schedule	B (Forn	Schedule R (Form 990) 2011

Page 3

Yes

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INDIAN PUEBLO CULTURAL CENTER Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 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?
 - Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)
- Purchase of assets from related organization(s) Sale of assets to related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- - Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses 0
- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)

×

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×

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- Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	ns line, including covered r	tion on who must complete this line, including covered relationships and transaction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) INDIAN PUEBLOS MARKETING, INC.	U	1,534,811.	
(2) INDIAN PUEBLOS MARKETING, INC.	b	36,211.	
(3) INDIAN PUEBLOS MARKETING, INC.	M	594,118.	
(4) INDIAN PUEBLOS MARKETING, INC.	Z	61,656.	
(5) IPFDC, LLC	D	255,833.	
(9)			

Schedule R (Form 990) 2011

85-0232968

Page 4

Schedule R (Form 990) 2011 INDIAN PUEBLO CULTURAL CENTER

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

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

(a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (figure address and FIN (figure address ad	(b)	(c)	(d) (f)	1	(f) Share of	(g) Share of	(h)	(i) Code V-11R1	(C)	(k) Percentage
	מליניים א מכיניים	(state or foreign country)	(related, unrelated, 501(0)3) excluded from tax under section 512-514) Yes No		total income	=	tionate allocations?	Special amount in box 20 managing ownership ves No (Form 1065) ves No	managing partner?	ownership
							_			
				- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12		:				

Schedule R (Form 990) 2011

Form **8868**

(Rev. January 2012)
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

Form 8868 (Rev 1-2012)

If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	ert I and check this box			$\triangleright \mathbf{X}$		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)				
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868			
Electro	n ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	orporation		
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 8	868 to request a	n extension		
of time f	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 7	Fransfers a	Associated With	Certain		
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of th	nis form,		
visit <u>ww</u>	w irs gov/efile and click on e-file for Chanties & Nonprofits		·			·		
<u>Part</u>	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete				
Part I or	nly .							
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time			
to file in	come tax returns							
Type or Name of exempt organization or other filer, see instructions. Employer identification nu								
print	rint INDIAN PUEBLO CULTURAL CENTER X 85-023296							
F								
due date f								
filing your return See	Payour 2401 12TH STREET NW							
instruction		oreign add	ress, see instructions					
	ALBUQUERQUE, NM 87104							
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
	·							
Application			Application			Return		
ls For		Code	Is For					
Form 99	00	01	Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 990-EZ			Form 4720			09		
Form 99	0-PF	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870	· -		12		
	THE ORGANIZATION	ON						
• The l	books are in the care of > 2401 12TH STREE	ET NW	- ALBUQUERQUE, NM	8710	4			
Telep	phone No ▶ 505-724-3513		FAX No. ▶					
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box					
If this	s is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole grou	p, check this		
box 돈	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extensio	n is for		
1 lr	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl	·			
	MAY 15, 2013 , to file the exempt	t organiza	tion return for the organization name	ed above	The extension			
IS	for the organization's return for.							
>	calendar year or							
•	X tax year beginning OCT 1, 2011	, an	dending SEP 30, 2012					
				_	_			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	'n			
[Change in accounting period							
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720.	or 6069. e	nter the tentative tax, less any					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, or			refundable credits and		-	0.		
	stimated tax payments made. Include any prior year overp	-		ЗЬ	\$	0.		
_	alance due. Subtract line 3b from line 3a. Include your pa			1 30	 •			
	vusing EFTPS (Electronic Federal Tax Payment System).	-	, , ,	3с	•	0.		
	i. If you are going to make an electronic fund withdrawal v				FO for navment			
Junior Holl	, are going to make an electronic land withdrawal v		JOOG, JOG LOIN OHOU'EO AND FO	,,,,, OO/ 3°	LU IUI PAYIIICIIL			

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.