efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493183008195

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014	4										
B Ch	eck if ap	oplicable C Name of organization ASSOCIATION ON AMERICAN INDIAN AFFAIRS INC			D Employ	er ider	ntification number						
Ad	dress cha				13-162	3902	2						
Na	me char	Doing business as											
In	tıal retur				E Telephor	e num	ber						
	nal :urn/term	Number and street (or P O box if mail is not delivered to street address) Room/su 966 HUNGERFORD DRIVE NO 12B	ite		(240) 314-7155								
	nended r				(240)3	14-7	155						
_		ROCKVILLE, MD 20850 pending			G Gross red	eipts \$	1,082,209						
		F Name and address of principal officer	H(a)	Is this	a group r	eturn	for						
		JACK TROPE 966 HUNGERFORD DRIVE NO 12B			linates ?		┌ Yes 🗸 No						
		ROCKVILLE, MD 20850	Н(Р)	Δre all	subordın	ates	┌ Yes ┌ No						
			(-)	ınclude	ed?								
I Ta	ax-exem	pt status		If"No,	," attach a	list	(see instructions)						
		: WWW INDIAN-AFFAIRS ORG	H(c)	Group	exemption	n nur	mber 🕨						
		anization 🔽 Corporation Trust Association Other 🕨	L Yea	ar of fom	nation 192	2 M	State of legal domicile NY						
Pa	rt I	Summary											
Governance	т	Briefly describe the organization's mission or most significant activities O ASSIST AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES IN 1 SOCIAL AND CIVIC EQUALITY, AND TO DEFEND THEIR RIGHTS	THEIR E	≣FFORT	STO AC	HIEV	E FULL ECONOMIC,						
Ē	-												
<u> </u>	2 0	Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets											
							I						
Activities &		Number of voting members of the governing body (Part VI, line 1a)		F	3	10							
Ě		lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2014 (Part V, line 2a)		- H	<u>4</u> 5	10							
ទ្ធ	1	otal number of volunteers (estimate if necessary)			ŀ	6	35						
	1	otal unrelated business revenue from Part VIII, column (C), line 12			·		0						
		let unrelated business taxable income from Form 990-T, line 34			.	7b	0						
				Prior	Year		Current Year						
	8	Contributions and grants (Part VIII, line 1h)			744,2	2.5	532,386						
Revenue	9	Program service revenue (Part VIII, line 2g)			114,7	3 3	86,254						
946	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			100,8	99	109,869						
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-1,5	34	-14,242						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	e		958,3	73	714,267						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			93,7	_	86,091						
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0						
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)			454,5	57	409,176						
<u> </u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	0						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ►201,939											
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			325,3	95	329,661						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			873,6	5 2	824,928						
	19	Revenue less expenses Subtract line 18 from line 12			84,7		-110,661						
Not Assets or Fand Balances			Beg	ginning Ye	of Curren	t	End of Year						
988 888 888	20	Total assets (Part X, line 16)			1,208,2	57	1,069,569						
절	21	Total liabilities (Part X, line 26)			26,0	77	65,055						
z2	22	Net assets or fund balances Subtract line 21 from line 20			1,182,2	50	1,004,514						

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

Signature of officer JACK TROPE EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name JASON FORBES Preparer's signature JASON FORBES Firm's name FTHURMAN COMES FOLEY & CO LLP

Firm's address > 416 SOUTH SECOND AVENUE

SIOUX FALLS, SD 571046904

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2014)						Page
Par	t IIII Statement of F Check if Schedule				art III		ন
1	Briefly describe the orgai	nızatıon's mıssıon	ı				
TO A	NDED IN 1922, THE ORG. ACHIEVE FULL ECONOMI DIRECTORS CONSISTING VICES AND IS FUNDED B	C, SOCIAL AND OF PROMINENT	CIVIC EQUA INDIAN PEO	LITY, AND TO DEF PLE FROM SUCH	END THEIR RIGHT	TS AAIA IS GOV	ERNED BY A BOARD
2	Did the organization unde the prior Form 990 or 990)-EZ?		ervices during the y	ear which were not	listed on	┌ Yes ┌ No
	If "Yes," describe these r	iew services on S	chedule O				
3	Did the organization ceas services?			•	conducts, any pro	gram • • • • •	┌ Yes ┌ No
4	Describe the organization expenses Section 501(c the total expenses, and re	's program servic)(3) and 501(c)(4	e accomplishn) organization	s are required to re		,	•
	(Code) (Expenses \$	256,395	including grants of \$	83,591) (Revenue \$	18,242)
	SCHOLARSHIPS, EDUCATION / TO SUMMER CAMPS WHICH F IMPLEMENTATION OF THE IND PROGRAMS WE ADVOCATE FO INCREASE TRIBAL INVOLVEME	OCUS UPON NATIVE (DIAN CHILD WELFARE OR REFORMS TO THE	CULTURE, LANGUA ACT AND PROVID	AGE AND DIABETES PRE E INFORMATION AND T	VENTION WE WORK TO RAINING FOR TRIBES S) PROMOTE PROPER : EEKING TO OPERATE	INTERPRETATION AND TITLE IV-E CHILD WELFARI
	(Code) (Expenses \$	201.000	including grants of \$)	(Revenue \$	64,443)
-	LEGAL AFFAIRS - IN ADDITION FEDERAL POLICIES TO PROTE REPATRIATION OF HUMAN RE IMPLEMENTATION OF THE IND AMERICAN CULTURAL ISSUES TOPICS WE WORK TO REFOR	I TO SOME OF THE LE CT CULTURAL PRACT MAINS AND CULTURA DIAN CHILD WELFARE AND LAWS SUCH AS	GAL ACTIVITIES D ICES, INCLUDING IL ITEMS WE FILE ACT WE PROVID THE NATIVE AMER	DESCRIBED UNDER SCH PROTECTION OF SACR AMICUS BRIEFS IN CA E TRAINING TO FEDERA RICAN GRAVES PROTEC	OLARSHIPS, EDUCATION ED PLACES WE ALSO W SES THAT ARE RELATED AL OFFICIALS AND OTHE	N AND YOUTH, WE AD ORK TO PROMOTE IN TO OUR PRIORITIES RS ON THE LAWS PEI	OVOCATE FOR CHANGES IN ITERNATIONAL , SUCH AS RTAINING TO NATIVE
	(Code) (Expenses \$	66,560	including grants of \$	2.500) (Revenue \$	5,862)
	PUBLIC EDUCATION - WE PRE FORUM IN NEW YORK CITY IN INTERVIEWS IN REGARD TO T INFORMATION ABOUT ISSUES	PARE AND CIRCULAT CONNECTION WITH OPICS ABOUT WHICH	E TWO PRINT NEV OUR ANNUAL ME I WE HAVE EXPER	WSLETTERS EACH YEAR ETING WHICH INCLUDE TISE AND WE ALSO HAV	AND E-NEWSLETTERS S THE SHOWING OF NA E ACTIVE FACEBOOK AI	MONTHLY WE ALSO S TIVE FILMS WE TAKI ND TWITTER SITES W	SPONSOR AN ANNUAL E PART IN RADIO AND PRIN
	See Additional Data						
	Other program services	(Describe in Sch	edule O)				
	(Expenses \$		luding grants o	of\$) (Revenue	\$)
4e	Total program service ex	rpenses ►	539,707	,			

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\bullet}	9		No
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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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)			No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
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), 501(c)(4), and 501(c)(29) 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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		No
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	,		
		28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Zince the name of	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	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		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	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	6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). 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		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		140

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

Check if Schedule O contains a response or note to any line in this Part VI		-												 -
---	--	---	--	--	--	--	--	--	--	--	--	--	--	--------

36	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F			٠,
	ection B. I divides (This Section B requests information about policies not required by the Internal I	<u>kevent</u>	ie Coa	<u>e.)</u>
	Tellers (This Section & requests information about poincies not required by the Internal r	<u>kevent</u>	yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

►JACK TROPE

- List the States with which a copy of this Form 990 is required to be filed ►AZ, CA, IL, MA, MD, MN, NC, NJ, NM, NY, OH, OR, PA, SC, VA, WA, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

 ✓ Own website. ✓ Another's website. ✓ Upon request. ☐ Other (explain in Schedule O)
 - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax yearState the name, address, and telephone number of the person who possesses the organization's books and records

966 HUNGERFORD DRIVE ROCKVILLE, MD 20850 (240) 314-7155

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ALFRED KETZLER SR PRESIDENT	1 00	х		Х				0	0	0
(2) DEE ANN DEROIN MD DIRECTOR	1 00	Х						o	0	0
(3) JOY J HANLEY DIRECTOR	1 00	×						0	0	0
(4) BRADFORD R KEELER VICE PRESIDENT	1 00	х		х				0	0	0
(5) JOHN ECHOHAWK DIRECTOR	1 00	Х						0	0	0
(6) JERRY FLUTE DIRECTOR	1 00	Х						3,643	0	0
(7) ELKE CHENEVEY DIRECTOR	1 00	Х						0	0	0
(8) FRANK ETTAWAGESHIK TREASURER	1 00	Х		х				0	0	0
(9) SARAH KASTELIC DIRECTOR	1 00	x						0	0	0
(10) MEGAN HILL DIRECTOR	1 00	х						0	0	0
(11) FAITH ROESSEL SECRETARY	1 00	Х		х				0	0	0
(12) JACK TROPE	40 00			х				105,569	0	21,402
EXECUTIVE DIRECTOR								103,307	0	21,402

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, an	heck unless officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	F			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	109,212	0	21,402

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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		No
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 I for such person	5		No

Section	R In	denei	ndent	Contra	ctors
Section	D. 111	uebei	IUCIII.	CUILLIA	CLUIS

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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	/++1	Statement of Re		oca or note to any lin	e in this Part VIII						
		Check if Schedule 0	contains a respon	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaign		3,527				312 311			
ica	b	Membership dues .									
s, Gr Amc	C	Fundraising events	1c	25,300							
iifts ar	d	Related organization	ns 1d								
s, G mil	e	Government grants (con	tributions) 1e	290,000							
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gi	ifts, grants, and 1f	213,559	i	i					
outi he		sımılar amounts not ınclu			ļ	ļ					
Ģ Ę	g	Noncash contributions in 1a-1f \$	cluded in lines								
Son	h	Total. Add lines 1a-	1f	🔒	532,386						
				Business Code							
1	2a	CONSULTING		541610	82,685	82,685					
e ve	ь	MEDIA SALES		611710	3,569	3,569					
Э. Н	c c				,	•					
7. 2.	d										
36	e							 			
<u>e</u>	f	All other program se	ervice revenue					 			
Program Serwce Revenue											
	g	Total. Add lines 2a-			86,254						
	3	Investment income and other similar am			18,557			18,557			
	4	Income from investment	t of tax-exempt bond	proceeds 🕨							
	5	Royalties		🕨							
			(ı) Real	(II) Personal							
		Gross rents									
	b	Less rental expenses									
	C	Rental income or (loss)									
	d	Net rental income or	r(loss)								
) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	441,569								
	b	Less cost or other basis and sales expenses	350,257								
	c c	Gain or (loss)	91,312								
	d	Net gain or (loss) .		· · · · •	91,312			91,312			
Other Revenue	8a	Gross income from f events (not includin \$ 25,300 of contributions repo See Part IV, line 18	g orted on line 1c)								
			а	1,150							
Ě		Less direct expens		17,685	-16,535			-16,535			
0	C 02	Net income or (loss)	_	events 🛌	-16,535			-16,533			
	94	Gross income from 9 See Part IV, line 19									
	ь	Less direct expens									
		Net income or (loss	i	vities							
	10a	Gross sales of inver returns and allowand									
	ь	Less cost of goods	sold b								
	С	Net income or (loss		-							
	<u> </u>	Miscellaneous Rev	/enue	Business Code	2.22						
	11a	OTHER INCOME		900099	2,293	2,293					
	Ь										
	C	All all									
	d e	All other revenue . Total. Add lines 11a		🕦							
				· · · • •	2,293						
	12	Total revenue. See 1	Instructions .	►	714,267	88,547	1	93,334			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must compl	ete column (A	()
---	---------------	----

Secui	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	21,741	21,741		
2	Grants and other assistance to domestic individuals See Part IV, line 22	64,350	64,350		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		3,,,,,		
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	105,569	84,456	5,278	15,835
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	218,514	125,495	31,204	61,815
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,896	11,594	2,014	4,288
9	Other employee benefits	41,910	27,150	4,718	10,042
10	Payroll taxes	25,287	16,381	2,847	6,059
11	Fees for services (non-employees)	25,257	13,331	2,5.7	
 а	Management				
b	Legal				
6		19,000	3,800	15,200	
d	Accounting	19,000	3,800	13,200	
	· ·				
e	Professional fundraising services See Part IV, line 17	1.000		1 000	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	1,989		1,989	
_	amount, list line 11g expenses on Schedule O)	10,387	9,770		617
12	Advertising and promotion				
13	Office expenses	14,252	9,233	1,604	3,415
14	Information technology				
15	Royalties				
16	Occupancy	25,010	15,853	2,798	6,359
17	Travel	70,888	60,255		10,633
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	73,956	59,379	13,326	1,251
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,855	7,526	105	224
23	Insurance	7,294	4,725	821	1,748
24	Other expenses Itemize expenses not 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)				
а	FUNDRAISING EXPENSES	66,449			66,449
b	OUTSIDE SERVICES	9,085	6,042	454	2,589
С	PRINTING AND PUBLICATIO	8,744	1,862		6,882
d	BANK CHARGES	3,745	2,426	422	897
e	All other expenses	11,007	7,669	502	2,836
25	Total functional expenses. Add lines 1 through 24e	824,928	539,707	83,282	201,939
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)	027,720	333,707	03,202	201,737

Part X Balance Sheet

Cash-non-interest-bearing Beginning of year Services Cash Cash	Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 21,222 2 45,100						• •
1		1	Cash-non-interest-bearing	235,072	1	5,927
4 Accounts receivable, net 3,108 4 53,124		2	Savings and temporary cash investments	21,223	2	45,109
Solution Comparison Comp		3	Pledges and grants receivable, net	16,797	3	25,732
### Chans and other receivables from other disqualified persons (as defined under section 4958 (P(1)), persons described in section 4958 (P(3) (8)), and contributing employers organizations (see instructions) Complete Part II of Schedule L ### Chans and other receivables from other disqualified persons (as defined under section 4958 (P(3) (8)), and contributing employers organizations (see instructions) Complete Part II of Schedule L ### Chans and doing receivable, net ### Chans and dispersed and deferred charges ### Chans and deferred charges ### Chans and deferred charges ### Chans and other receivable, net ### Chans and other receivable, net ### Chans and other sections of Complete Part IV of Schedule D ### Chans and other part of Schedule D ### Chans and other parables of the dispersed and other inabilities and indicated third parties ### Chans and other parables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified parties, and other inabilities and lones payable to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payables to unrelated third parties ### Chans and other payabl		4	Accounts receivable, net	3,198	4	53,124
1		5	employees, and highest compensated employees Complete Part II of			
8	ts	6	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			
S Inventores for sale or use S	Se	_				
9	AS					
10a		1		0.500	-	40.004
b Less accumulated depreciation 10b 17,556 19,905 10c 8,815		-	Land, buildings, and equipment cost or other basis Complete	6,526	9	10,224
11 Investments—publicly traded securities 904,386 11 906,780		h	rait vi di Schedule D	19 905	100	8 815
12 Investments—other securities See Part IV, line 11 13 13 14 14 Intengible assets 14 15 15 13,858 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,200,257 16 1,069,669 17 65,065 18 Grants payable and accrued expenses 26,007 17 65,065 18 Grants payable and accrued expenses 26,007 17 65,065 18 Grants payable 19 Deferred revenue 19 19 19 19 19 19 19 1		-		, , , , , , , , , , , , , , , , , , ,		
13		1		334,333		
14						
15						
16				1 150		13.858
17		1		· · · · · · · · · · · · · · · · · · ·		
18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1				· ' '		<u>·</u>
Page 19 Deferred revenue				20,007		
20 Tax-exempt bond liabilities						
Secretary of the part of the						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L						
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directors, trustees,		21	
Unsecured notes and loans payable to unrelated third parties	<u>ত্</u>				22	
24 Unsecured notes and loans payable to unrelated third parties	ï	23				
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1				
26 Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, payables to related third parties,			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets					25	
Ilines 27 through 29, and lines 33 and 34. 27		26		26,007	26	65,055
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ce s					
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	an	27	Unrestricted net assets	455,002	27	145,591
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>ස</u>	28	Temporarily restricted net assets	74,425	28	206,100
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	걸	29	Permanently restricted net assets	652,823	29	652,823
30 Capital stock or trust principal, or current funds	ir Fui		- · · · · · · · · · · · · · · · · · · ·			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Šet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances 1,182,250 33 1,004,514 34 Total liabilities and net assets/fund balances 1,208,257 34 1,069,569		32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	je	33	Total net assets or fund balances	1,182,250	33	1,004,514
	~	34	Total liabilities and net assets/fund balances	1,208,257	34	1,069,569

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	714,267
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1				324,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-1	110,661
7	Net assets of fund balances at beginning of year (must equal Fact X, me 33, column (A))	4		1,1	182,250
5	Net unrealized gains (losses) on investments	5			-67,075
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,0	004,514
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version:

EIN: 13-1623902

Name: ASSOCIATION ON AMERICAN INDIAN AFFAIRS INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	15,752	including grants of \$) (Revenue \$)
PROMOTE PROGRAMS	TO IMPROVE THEHE	ALTH OF NA	ATIVE AMERICANS		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493183008195

Employer identification number

93493183008195

SCHEDULE A PI

ASSOCIATION ON AMERICAN INDIAN AFFAIRS INC

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

							13-1623902		
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
Γhe o	rganız	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)		
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).		
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)				
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)(A)(iii).		
4	Γ	A medical research or	ganızatıon ope	rated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii	i). Enter the	
	_	hospital's name, city,							
5	Г	An organization opera	ted for the ber	efit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in	
		section 170(b)(1)(A)((iv). (Complete	e Part II)					
6	Г	A federal, state, or loc	al government	or governmental unit	described in se	ection 170(b)(1)(A)(v).		
7	굣	An organization that n	•	•		om a governm	ental unit or from the g	general public	
	_	described in section 1				± 11 \			
8	<u> </u>	A community trust des				-		6	
9	1	An organization that n	•	• •			· · · · · · · · · · · · · · · · · · ·		
		receipts from activitie							
		its support from gross				•	·	n businesses	
	_	acquired by the organi		•			•		
10	<u> </u>	An organization organ							
11	1	An organization organ one or more publicly s							
		the box in lines 11a th	• • •		•				
а	Г	Type I. A supporting o							
		supported organization				ty of the direct	ors or trustees of the	supporting	
	_	organization You mus							
b	ı	Type II. A supporting							
		management of the su must complete Part IV			same persons t	nat control or	manage the supported	organization(s) You	
c	Г	Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its	
	·	supported organization	n(s) (see instr	uctions) You must co	mplete Part IV,	, Sections A , D	, and E.		
d	Г	Type III non-function							
		not functionally integr					ement and an attentiv	eness requirement	
e	Г	(see instructions) You Check this box if the o					ıs a Type I Type II T	vne III functionally	
_	'	integrated, or Type III	=				.5 4 1 , pc 1 , 1 , pc 11 , 1	, pe 111 fametionan,	
f		Enter the number of su							
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)				
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	-	(v) A mount of	(vi) A mount of	
	(organization		organization	listed in your		monetary support	other support (see	
				(described on lines 1-9 above or IRC	docume	entz	(see instructions)	instructions)	
				section (see					
				ınstructions))		I	-		
					Yes	No			
Γotal	<u> </u>								
	•				<u> </u>	<u> </u>	L	L	

Schedule A (Form 990 or 990-EZ) 2014 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 465,486 807,864 485,914 748,390 533,536 3,041,190 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities 5,599 5,599 4,199 21,797 furnished by a governmental unit to 6,400 the organization without charge 752,589 471,886 813,463 491,513 533,536 3,062,987 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 487,286 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 2,575,701 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 471,886 813,463 491,513 752,589 533,536 3,062,987 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 29,621 35,138 21,703 21,027 18,557 126,046 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 2,717 24,361 2,105 1,475 2,293 32,951 or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 through 11 3,221,984 Gross receipts from related activities, etc (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 79 940 % Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıct ions)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	•			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
	1	
	2	
	3	
ĺ	4	
	5	
	6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493183008195

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization SOCIATION ON AMERICAN INDIAN AFFA	irs inc			tification number
Dar	t T-A Complete if the or	ganization is exempt unde	r costion E01/	13-1623902	organization
					organization.
1 2		ganization's direct and indirect pol	itical campaign act	tivities in Part IV	
3	Political expenditures Volunteer hours			•	\$
_	v orunteer nours				
Par	rt I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization (under section 4955	5 ▶	\$
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organizations	s for section 527 ►	\$
3	Total exempt function expend	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file	Form 1120-POL for this year?			
5	organization made payments amount of political contributio	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		ee the instructions for Form 990 or 9		Cat No 50084S Schedule C (1	

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶ □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence public o						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	5,636				
c	Total lobbying expenditures (add lines 1a and 1i	o)	5,636				
d	O ther exempt purpose expenditures		819,293				
e	Total exempt purpose expenditures (add lines 1	c and 1d)	824,929				
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	148,739				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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					
		**	27.105				
_	Grassroots nontaxable amount (enter 25% of lin	·	37,185				
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0				
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0				
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting				

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 10,044 4,567 5,832 5,636 26,079 Lobbying ceiling amount 39,119 (150% of line 2a, column(e)) Total lobbying expenditures 5,636 5,636 Grassroots nontaxable amount 37,185 37,185 Grassroots ceiling amount 55,778 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)
activ		Yes	No	Amo	unt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,			<u> </u>	
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	501(c)(5), c	or secti	on
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

DLN: 93493183008195

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection **Employer identification number** Name of the organization ASSOCIATION ON AMERICAN INDIAN AFFAIRS INC 13-1623902 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised

conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

								,			
1	Purp	pose(s) of conservation easements held by the organization (chec	k all	that apply)							
		Preservation of land for public use (e.g., recreation or education)	Г	Preservati	on of	an histor	ıcallv	mport	ant I	and ar	rea

Protection of natural habitat Preservation of a certified historic structure Preservation of open space

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

funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be

used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose

- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_
- Number of states where property subject to conservation easement is located ▶_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(II)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1

Revenue included in Form 990, Part VIII, line 1

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

- Assets included in Form 990, Part X
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining Co	liections of Art	<u>, HIS</u>	toric	aı ır	<u>easur</u>	es, or O	ner	Similar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch		•		_		ignificant use	of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progra	ams			
b	Scholarly research		e	Γ	Other	ſ					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w they	furthe	er the or	ganızatıon'	s exe	mpt purpose ır	ו	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	of the	organı	zatıon's	collection	7	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	l "Ye	s" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	forco	ntrıbu	itions or	other asse	ets no	t Г	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing ta	ble		_				
									Am	ount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for es	crow o	rcusto	dial accoun	t liab	ılıty? [_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatıo	n has	been pro	ovided in P	art XI	II		Γ
Pa	rt V Endowment Funds. Complete										
	Danish a standard and a	(a)Current year 652,823	(b)	Prior ye	ear 52,823	b (c) Two	o years back 652,823	(d) Th	ree years back 652,823	(e) Four	years back 652,823
1a	Beginning of year balance	632,823		- 6	32,623		032,023		632,823		032,823
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses	652,823		6	52,823		652,823		652,823		652,823
g	End of year balance	· I			,	<u> </u>	,		632,623		
2	Provide the estimated percentage of the curi	rent year end baland	e (lın	ie 1g,	colum	n (a)) he	eld as				
а	Board designated or quasi-endowment										
b	Permanent endowment ► 100 000 %										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses organization by	_			re held	d and ad	mınıstered	for th		Yes	+
	(i) unrelated organizations							•	3a(i 3a(i		No No
b	(ii) related organizations								3a(1		1 100
4	Describe in Part XIII the intended uses of th	•									
Pai	rt VI Land, Buildings, and Equipme	ent. Complete if t	he o	rganı	zatıor	n answe	ered 'Yes'	to F	orm 990, Pa	rt IV,	line
	11a. See Form 990, Part X, line	10.		1,			Iasa .	1		. 17.5	
	Description of property					or other estment)	(b)Cost or obasis (oth		(c) Accumulated depreciation	d (d)	Book value
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment						26	,371	17,5	556	8,815
	Other				·						
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	k, colu	ımn (B), line	10(c).)					8,815
									Schedule D	(Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	<u> </u>	-
redetal meome taxes		-
		-
		_
		†
		-
		-
		7
Total (Column (h) must agual Form 000, Part V, col (P) long 25.)		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	to the toyt of the feetness to	the example tipened that reports the

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		ts Wit	th Rev	venue p	er R	eturn Complete if
1		er support per audited financial statements					1	694,428
2		it not on Form 990, Part VIII, line 12						· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses)	on investments	2a			-67,076		
ь		acılıtıes	2b			29,552		
С	Recoveries of prior year grants	s	2c			·		
d			2d			17,685		
e	Add lines 2a through 2d						2e	-19,839
3	Subtract line 2e from line 1 .						3	714,267
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1						· · ·
а		uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)		4b					
С	Add lines 4a and 4b						4 c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line					5	714,267
Part		xpenses per Audited Financial Sta					per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line						·
1	Total expenses and losses pe	r audited financial statements				•	1	872,165
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25	ı	ı				
а	Donated services and use of fa	acılıtıes	2a	<u> </u>		29,552		
b	, <u>-</u>		2b	<u> </u>				
C	Other losses		2c	<u> </u>				
d	Other (Describe in Part XIII)		2d	<u> </u>		17,685		
e	Add lines 2a through 2d						2e	47,237
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	824,928
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)		4b					
c	Add lines 4a and 4b						4 c	0
5	<u>'</u>	nd 4c. (This must equal Form 990, Part I, lin	e 18)				5	824,928
	Supplemental Inf							
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and						de any additional
	Return Reference	Explanation						
PART	V, LINE 4	THE INCOME FROM THE ENDOWMENT FOR THE ORGANIZATION'S SCHOLARSH			E O RG	ANIZATI	ONA	RE USED IN SUPPORT
PART	X, LINE 2	THE ASSOCIATION QUALIFIES FOR EX SECTION 501(C)(3) OF THE INTERNAL A PRIVATE FOUNDATION THE ASSOCITHE IRS AND STATE TAX JURISDICTIO PROGRESS AAIA BELIEVES THAT THEY YEARS PRIOR TO 2011 AAIA HAS ADOUNCERTAIN INCOME TAX POSITIONS ACCOUNTING PRINCIPLES, WITH NO CINCOME TAX BENEFITS ARE RECOGNIZEXPECTED TO BE TAKEN IN A TAX RETINCOME TAX POSITION WILL MORE-LIBY TAXING AUTHORITIES THE ASSOCIFILING WITH THE INTERNAL REVENUE IT OPERATES AND BELIEVES THAT ITS	REVEN ATION NS TH ARE N PTED AS REQ UMULA ED FO JRN, O KELY-T IATION SERVI	UE COI IS SU ERE AR NO LON THE RE QUIRED ATIVE I R INCO NLY WH THAN-N HAS A CE AND	DE AN BJECT RE CUF RE CUF IGER S COGN BY GE EFFEC ME TA HEN IT HOT BE ANALY O ALL S	D IS CLA TO ROU RENTLY SUBJECT ITION RE ENERALL T ADJUS AX POSIT IS DETE SUSTAI ZED TAX STATE TA	SSIFITINE NO E TO E EQUIF Y ACC TMEN TIONS RMIN NED POS	ED AS OTHER THAN EXAMINATION BY XAMINATIONS IN XAMINATION FOR REMENTS FOR CEPTED T REQUIRED S TAKEN OR IED THAT THE UPON EXAMINATION ITIONS TAKEN FOR RISDICTIONS WHERE

AND OTHER EXPENSES, RESPECTIVELY FUNDRAISING EVENT EXPENSES 17,685

FUNDRAISING EVENT EXPENSES 17,685

EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ASSOCIATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, THE ASSOCIATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2014 OR 2013 THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493183008195

OMB No 1545-0047

Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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.

Supplemental Information Regarding

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

ame of the organization						Employer ider	ntification number
SSOCIATION ON AMERICAN	INDIAN AFFAIRS	INC				13-1623902	
Part I Fundraising Active filers are not require			janizatio	n answered "Yes" to	Form	990, Part IV,	line 17. Form 990-E2
1 Indicate whether the organ	ızatıon raısed funds	through a	ny of the 1	following activities Che	eck all ti	hat apply	
a Mail solicitations			e	Solicitation of nor	n-govern	nment grants	
b Internet and email soli	citations		f	Solicitation of gov	ernmen	t grants	
c Phone solicitations			g	Special fundraisin	g event	S	
d							
2a Did the organization have a or key employees listed in							Г _{Yes} Г N
b If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	der which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custe cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal			▶				
3 List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
			(a) Event #1 GALA RECEPTION (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	26,45			26,450
Revenue	2	Less Contributions	25,30			25,300
<u>~</u>	3	Gross income (line 1 minus line 2)	1,15			1,150
	4	Cash prizes				
(0	5	Noncash prizes				
Expenses	6	Rent/facility costs	6,00	0		6,000
<u>ස</u> ක්	7	Food and beverages .	4,12	1		4,121
Direct B	8	Entertainment				
툽	9	Other direct expenses .	7,56	4		7,564
	10	Direct expense summary Add lin	es 4 through 9 ın columi	n (d)		(17,685)
	11	Net income summary Subtract lii				-16,535
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue		\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	│ Yes	☐ Yes % ☐ No	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)	<u> ▶</u>	
9		ter the state(s) in which the organiza				
a b		the organization licensed to conduct No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	_ No
12	Is the organization a grantor, beneficia	ry or trustee of a tru:	st or a member of a partnership or other entity		
	formed to administer charitable gaming	_j ,		┌ _{Yes}	Г _{No}
13	Indicate the percentage of gaming act	vities conducted in			
а	The organization's facility		13a		%
b	An outside facility		13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special events books and records		
	Name 🕨				
	Address 🟲				
15a	Does the organization have a contract	with a third party fro	m whom the organization receives gaming		
	revenue?			┌ _{Yes}	┌ No
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		the organization 🟲 \$ and the		
c	If "Yes," enter name and address of th	e third party			
	Name 🕨				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🟲 \$				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а	Is the organization required under stat	e law to make charita	able distributions from the gaming proceeds to		
	retain the state gaming license? $$. $$.			┌ Yes	Γ_{No}
b	·		distributed to other exempt organizations or spent		
	in the organization's own exempt activ		· · · · · · · · · · · · · · · · · · ·		
Pai			oplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493183008195 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization ASSOCIATION ON AMERICAN INDIAN AFFAIRS INC 13-1623902 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance grant orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO INDIVIDUALS	90	64,350			

Part IV	Supplemental Inform	nation. Provide the information req	uired in Part I, line 2,	Part III, column (b),	and any other additional in	formation.

Return Reference

Explanation

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493183008195

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Return Reference

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization SSOCIATION ON AMERICAN INDIAN AFFAIRS INC	Employer identification number
DSOCIATION ON WHEKICHM INDIAN ALLATES INC	13-1623902

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	INDIVIDUALS WHO CONTRIBUTE AT LEAST \$25 ANNUALLY ARE MEMBERS OF THE ORGANIZATION ENTITLED TO VOTE AT THE ANNUAL MEETING
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS AT THE ORGANIZATION'S ANNUAL MEETING
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED ANNUALLY BY THE GOVERNING BOARD AT A BOARD MEETING PRIOR TO BEING FIL ED WITH THE INTERNAL REVENUE SERVICE BY THE EXECUTIVE DIRECTOR
FORM 990, PART VI, SECTION B, LINE 12C	ANY PROPOSED ACTION RESULTING IN A POTENTIAL CONFLICT IS BROUGHT BEFORE THE BOARD IN ACCOR DANCE WITH THE ORGANIZATIONS CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF THE ORGAN IZATION ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE EXECUTIVE OFFICE OF THE ORGANIZAT ION IN ADDITION SELECTED INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEB SITE, AND IN THE ORGANIZATION'S ANNUAL REPORT
FORM 990 PART VII	EXPLANATION DIRECTOR FLUTE RECEIVED A PAYMENT IN SETTLEMENT OF A TERMINATED LIFE INSURANC E PLAN ARISING FROM SERVICES PERFORMED IN HIS CAPACITY AS AN EMPLOYEE OF THE ORGANIZATION IN 1984-2001 IT IS NOT RELATED TO HIS SERVICE AS A DIRECTOR OR ANY OTHER CURRENT ACTIVITIES