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Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 2004, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: National Congress of American Indians. Address: 1301 Connecticut Avenue, NW, Washington DC 20036.

D Employer identification number: 53-0210846. E Telephone number: (202) 466-7767. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Web site: www.NCAI.org

Organization type (check only one): [X] 501(c) 4 (insert no.) [] 4947(a)(1) or [] 527

Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? [] Yes [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

I Group Exemption Number

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,059,959.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18 Excess or (deficit); 19-21 Net assets or fund balances.

ENVELOPE MARK DATE NOV 15 2005 SCANNED DEC 20 2005

SUMMER 2005

NE 29

Part III Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (all sch) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (all sch)	24			
25 Compensation of officers, directors, etc	25	22,735.	12,574.	7,391.
26 Other salaries and wages	26	311,098.	172,055.	101,132.
27 Pension plan contributions	27	12,541.	5,664.	5,589.
28 Other employee benefits	28	3,378.	1,526.	1,517.
29 Payroll taxes	29	25,691.	14,706.	7,713.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	14,143.	8,081.	6,062.
34 Telephone	34	28,829.	15,976.	12,853.
35 Postage and shipping	35	1,837.	1,800.	0.
36 Occupancy	36	130,280.	0.	130,280.
37 Equipment rental and maintenance	37	24,103.	0.	24,103.
38 Printing and publications	38	68,708.	64,997.	3,711.
39 Travel	39	162,897.	149,061.	13,637.
40 Conferences, conventions, and meetings	40	499,165.	499,047.	118.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a Professional fees	43a	95,027.	10,850.	84,177.
b Bank charges	43b	18,028.	0.	18,028.
c On-line information serv	43c	25,961.	22,037.	3,924.
d Insurance	43d	7,695.	0.	7,695.
e See Other Expenses Stmt	43e	-93,986.	182,419.	-283,856.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,358,130.	1,160,793.	144,074.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>Develop a forum to discuss Amer. Indian issues.</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others)
a Annual Convention and other meetings - provide a forum for discussing national issues relevant to Indian Tribes, Indian Organizations, and Native Americans. (Grants and allocations \$ 0.)	1,048,220.
b Other program services - to provide a means of public relations vehicle for tribal organizations. (Grants and allocations \$ 0.)	112,573.
c	
d	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,160,793.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	677,112.	45	67,374.
	46 Savings and temporary cash investments		46	185,651.
	47a Accounts receivable	47a 51,098.		
	b Less: allowance for doubtful accounts	47b 16,874.	31,647.	47c 34,224.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	22,700.	53	10,029.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b			
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b			
58 Other assets (describe <input type="checkbox"/> <u>Due from affiliate</u>)	795,705.	58	1,723,963.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,527,164.	59	2,021,241.	
LIABILITIES	60 Accounts payable and accrued expenses	187,488.	60	64,088.
	61 Grants payable		61	
	62 Deferred revenue	396,801.	62	312,449.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	584,289.	66	376,537.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	942,875.	67	1,644,704.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	942,875.	73	1,644,704.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,527,164.	74	2,021,241.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	3,962,187.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): Net affiliate revenue		\$ 1,902,228.
	Add amounts on lines (1) through (4)	b	1,902,228.
c	Line a minus line b	c	2,059,959.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,059,959.

a	Total expenses and losses per audited financial statements	a	4,322,602.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): Affiliate expense		\$ 2,964,472.
	Add amounts on lines (1) through (4)	b	2,964,472.
c	Line a minus line b	c	1,358,130.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,358,130.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Tex Hall Washington, DC 20036	President 10	0.	0.	0.
Joe Garcia Washington, DC 20036	1st VP 4	0.	0.	0.
Juana Majel/Dixon Washington, DC 20036	Secretary 4	0.	0.	0.
W. Ron Allen Washington, DC 20036	Treasurer 4	0.	0.	0.
Harold Frazier Washington, DC 20036	Area VP 2	0.	0.	0.
See List of Officers, Etc Statement		22,735.	996.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>National Congress of American Indians Fund</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions. 81a 0		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
85c	c Dues, assessments, and similar amounts from members		N/A
85d	d Section 162(e) lobbying and political expenditures		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u> </u> ; section 4912 <u> </u> ; section 4955 <u> </u>		
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u> </u>			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u> </u>			0.
90a	List the states with which a copy of this return is filed <u>District of Columbia</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		21
91	The books are in care of <u>The Congress</u> Telephone number <u>(202) 466-7767</u> Located at <u>1301 Connecticut Avenue, NW, Suite 200, Washington DC</u> ZIP + 4 <u>20036</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u> </u>		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Conventions			07	1,069,740.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					562,017.
95 Interest on savings & temporary cash invmnts			14	1,680.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Rental income			16	37,601.	
c Other			01	5,106.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,114,127.	562,017.
105 Total (add line 104, columns (B), (D), and (E))					1,676,144.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	Identifies members of NCAI and provides a forum for elected leadership of the Organization to discuss policy on Indian issues.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets	N/A
	%				
	%				
	%				
	%				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:
 Signature of officer: Jacqueline Johnson Date: _____
 Type or print name and title: Jacqueline Johnson Executive Director 11-15-05

Paid Preparer's Use Only:
 Preparer's signature: Yung-Ha Jell Date: 11/11/05 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Langan Associates, P.C.
2900 South Quincy Street, Suite 150 EIN: _____
Arlington VA 22206 Phone no: (703) 998-5100

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Miscellaneous	26,804.	20,623.	6,181.	0.
Subscriptions	3,794.	186.	3,608.	0.
Allocation of overhead	0.	161,610.	-169,061.	7,451.
Allocation of OH to Fund	-124,584.	0.	-124,584.	0.
Total	-93,986.	182,419.	-283,856.	7,451.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Jefferson Keel Washington, DC 20036	Area VP 2	0.	0.	0.
Ernie Stensgar Washington, DC 20036	Area VP 2	0.	0.	0.
Edward Thomas Washington, DC 20036	Area VP 2	0.	0.	0.
Gordon Adams, Jr. Washington, DC 20036	Area VP 2	0.	0.	0.
Kevin Seneca Washington, DC 20036	Area VP 2	0.	0.	0.
Leslie Lohse Washington, DC 20036	Area VP 2	0.	0.	0.
Zach Pahmahmie Washington, DC 20036	Area VP 2	0.	0.	0.
Manuel Heart Washington, DC 20036	Area VP 2	0.	0.	0.
Arlan Melendez Washington, DC 20036	Area VP 2	0.	0.	0.
Eddie Tullis Washington, DC 20036	Area VP 2	0.	0.	0.
Jacqueline Johnson Washington, DC 20036	Exec. Dir 5+	22,735.	996.	0.

Form 990, Page 4, Part V
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
-------------------------	--	--	--	--

Total

22,735.996.0.

Supporting Statement of:

Form 990 p 5/Line 90b

Description	Amount
Shared employees with affiliate	21
Total	<u>21</u>

Additional Information For Tax Return

National Congress of American Indians

53-0210846

Form 990 p 4: Part V, Line 75, Yes Box -----

Jacqueline Johnson
Executive Director

Total compensation - \$174,884

Total contributions to employee benefit plans and deferred compensation - \$7,662

Total expense accounts and other allowances - \$0

Related Organization - National Congress of American Indians Fund, EIN: 53-6017907

Amount paid by the related organization -

Compensation - \$152,1149

Employee benefits and deferred compensation - \$6,666

Expenses and other allowances - \$0

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	National Congress of American Indians	53-0210846
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1301 Connecticut Avenue, NW, #200	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	Washington	DC 20036

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

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

• The books are in the care of ▶ The Organization

Telephone No. ▶ (202) 466-7767 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until Aug 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 04 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	National Congress of American Indians	53-0210846
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	1301 Connecticut Avenue, NW, #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Washington DC 20036	

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

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

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

- The books are in care of The Congress
Telephone No. (202) 466-7767 FAX No. (202) 466-7797
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until Nov 15, 2005.

5 For calendar year 2004, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension . . . The information necessary to ensure the filing of a proper return has not yet been obtained. Once this information is made available the return will be filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0.

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

Signature and Verification

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

Signature Amy Fox Title CPA Date 08/04/05

Notice to Applicant – To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
 - We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
 - We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 - We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
 - Other: _____
- By: _____

EXTENSION APPROVED
AUG 23 2005
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Langan Associates, P.C.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	2900 South Quincy Street, Suite 150
	City or town, province or state, and country (including postal or ZIP code)
	Arlington VA 22206