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Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning, 2005, 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).

H and I are not applicable to section 527 organizations

- H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included?
H (d) Is this a separate return filed by an organization covered by a group ruling? No

G Web site: www.NCAI.org

J Organization type (check only one): 501(c) 4 (insert no) 4947(a)(1) or 527

K 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

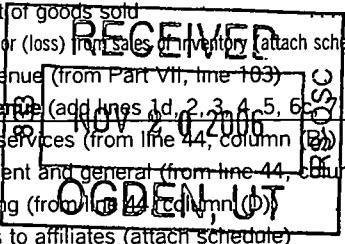
I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,550,787.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes revenue from contributions, program services, and expenses.

Vertical stamp: RECORDED, INDEXED, DEC 19 2006, SMITHSONIAN



Part II 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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	26,951.	0.	17,978.	8,973.
26 Other salaries and wages	26	301,603.	201,543.	73,761.	26,299.
27 Pension plan contributions	27	13,514.	7,697.	4,914.	903.
28 Other employee benefits	28	44,991.	0.	44,991.	0.
29 Payroll taxes	29	27,016.	16,419.	7,959.	2,638.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	24,399.	4,280.	20,119.	0.
34 Telephone	34	18,840.	8,626.	10,214.	0.
35 Postage and shipping	35	7,711.	5,602.	2,078.	31.
36 Occupancy	36	130,984.	0.	130,984.	0.
37 Equipment rental and maintenance	37	5,521.	0.	5,521.	0.
38 Printing and publications	38	69,751.	67,248.	2,503.	0.
39 Travel	39	126,786.	119,692.	7,094.	0.
40 Conferences, conventions, and meetings	40	307,742.	286,552.	21,190.	0.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a Professional fees	43a	37,815.	4,220.	33,595.	0.
b Bank charges	43b	24,128.	0.	24,128.	0.
c Broadcast faxes	43c	3,880.	2,070.	1,762.	48.
d On-line information serv	43d	23,990.	21,510.	2,480.	0.
e Insurance	43e	8,244.	0.	8,244.	0.
f Public relations	43f	2,328.	9.	2,319.	0.
g See Other Expenses Stmt	43g	-155,879.	120,969.	-282,158.	5,310.
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,050,315.	866,437.	139,676.	44,202.

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 \$ _____

BAA

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? **Develop a forum to discuss Amer. Indian issues.**
 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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.) If this amount includes foreign grants, check here

816,828.

b Other program services - to provide a means of public relations vehicle for tribal organizations.

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

49,609.

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services
 (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **866,437.**

BAA

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	67,374.	45	790,199.
	46 Savings and temporary cash investments	185,651.	46	200,000.
	47a Accounts receivable	47a 27,518.		
	b Less: allowance for doubtful accounts	47b	34,224.	47c 27,518.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	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		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		10,029.	53 15,175.
	54 Investments – securities (attach schedule)			54
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation (attach schedule)	57b		57c
	58 Other assets (describe ▶ <u>Due from affiliate</u>)		1,723,963.	58 0.
59 Total assets (must equal line 74) Add lines 45 through 58		2,021,241.	59 1,032,892.	
LIABILITIES	60 Accounts payable and accrued expenses		64,088.	60 142,992.
	61 Grants payable			61
	62 Deferred revenue		312,449.	62 396,989.
	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 ▶ _____)			65
66 Total liabilities. Add lines 60 through 65		376,537.	66 539,981.	
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		1,644,704.	67 463,832.
	68 Temporarily restricted		0.	68 29,079.
	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)		1,644,704.	73 492,911.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,021,241.	74 1,032,892.

BAA

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

a	Total revenue, gains, and other support per audited financial statements		a	5,781,219.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): <u>See attached schedule</u>	b4	3,230,432.	
	Add lines b1 through b4		b	3,230,432.
c	Subtract line b from line a		c	2,550,787.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	2,550,787.

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

a	Total expenses and losses per audited financial statements		a	5,036,548.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): <u>See attached schedule</u>	b4	1,333,968.	
	Add lines b1 through b4		b	1,333,968.
c	Subtract line b from line a		c	3,702,580.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	3,702,580.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Joe Garcia 1301 Connecticut Ave., NW Washington, DC 20036	President 10	0.	0.	0.
Jefferson Keel 1301 Connecticut Ave., NW Washington, DC 20036	1st VP 4	0.	0.	0.
Juana Majel/Dixon 1301 Connecticut Ave., NW Washington, DC 20036	Secretary 4	0.	0.	0.
W. Ron Allen 1301 Connecticut Ave., NW Washington, DC 20036	Treasurer 4	0.	0.	0.
Manuel Heart 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
See List of Officers, Etc Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . ▶ 15		Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X	
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		Yes	No
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.	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78a		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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? b If 'Yes,' enter the name of the organization ▶ National Congress of American Indians Fund and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	80a	X	
81a Enter direct and indirect political expenditures (See line 81 instructions) 81a	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82 a	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
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
85 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	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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	
86 a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations Enter: a Gross income from members or shareholders	N/A	
87 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
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
89 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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ District of Columbia		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		20
91 a	The books are in care of ▶ The Congress Telephone number ▶ (202) 466-7767 Located at ▶ 1301 Connecticut Avenue, NW, Suite 200, Washington DC ZIP + 4 ▶ 20036		
91 b	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)? If 'Yes,' enter the name of the foreign country ▶		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the 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	1,438,353.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					522,025.
95 Interest on savings & temporary cash invmnts			14	5,648.	
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 Other			01	44,438.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,488,439.	522,025.
105 Total (add line 104, columns (B), (D), and (E))					2,010,464.

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 the 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	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 the instructions.) N/A

(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
	0			
	0			
	0			
	0			

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

Please Sign Here

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.

Signature of officer: Sacqueline Johnson Date: 11-13-06

Type or print name and title: Sacqueline Johnson Executive Director

Paid Preparer's Use Only

Preparer's signature: Yung-Ho Sell Date: 10/25/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Larson, Allen, Weishair & Co., LLP.
2900 South Quincy Street, Suite 150
Arlington VA 22206

EIN: Phone no: (703) 998-5100

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Miscellaneous	19,924.	2,616.	17,308.	0.
Subscriptions	13,339.	82.	13,257.	0.
Allocation of overhead	0.	118,271.	-123,581.	5,310.
Allocation of OH to Fund	-189,142.	0.	-189,142.	0.
Total	<u>-155,879.</u>	<u>120,969.</u>	<u>-282,158.</u>	<u>5,310.</u>

Form 990, Page 5, Part V-A

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
Mike Williams 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Joe Grayson, Jr 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Bob Chicks 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
R. Randy Noka 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Ernie Stensgar 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Cheryl Seidner 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Leon Jacobs 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Steve Johnson 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Kathleen Kitcheyan 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Mark Allen 1301 Connecticut Ave., NW Washington, DC 20036	Trustee 2	0.	0.	0.
Jacqueline Johnson 1301 Connecticut Ave., NW Washington, DC 20036	Exec. Dir 5.4	23,643.	3,308.	0.

Explanation Statement

Form/Line: Form 990, Part V-A line 75cExplanation of: Receipt of Compensation from Other Companies

Jacqueline Johnson, Executive Director, compensation is also paid
by the affiliated entity, National Congress for American Indians Fund,
a 501(C)(3) organization. Total compensation of \$175,137, paid \$23,643
from the organization and \$151,494 from the Fund. Total benefits of
\$15,893, paid \$3,308 by the Organization and \$12,585 by the Fund.

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
Contribution to affiliate, National Congress of American Indians Fund, a 501(c)(3) organization, 1301 Connecticut St., NW Washington, DC.	2,652,265.
Total	<u>2,652,265.</u>

Supporting Statement of:

Form 990 p 2/Line 25 column (C)

Description	Amount
Jacqueline Johnson, Executive Director, 67% of Effort - Compensation and Bonus	15,762.
67% of Effort - Employee Benefits	2,216.
Total	<u>17,978.</u>

Supporting Statement of:

Form 990 p 2/Line 25 column (D)

Description	Amount
Jacqueline Johnson, Executive Director 33% of Effort - Compensation and Bonus	7,881.
33% of Effort - Employee Benefits	1,092.
Total	<u>8,973.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
Affiliate Revenue	5,882,697.
Elimination	-2,652,265.
Total	<u>3,230,432.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
Affiliate Expense	3,986,233.
Elimination	-2,652,265.
Total	<u>1,333,968.</u>

Supporting Statement of:

Form 990 p 5/Part V-A, Compensation-16

Description	Amount
Jacqueline Johnson, Executive Director	
Annual Compensation	23,196.
Bonus	447.
Total	<u>23,643.</u>

Supporting Statement of:

Form 990 p 5/Part V-A, Column (D)-16

Description	Amount
Jacqueline Johnson, Executive Director	
Pension Contribution	1,116.
Health Premiums	2,192.
Total	<u>3,308.</u>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

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	Name of Exempt Organization National Congress of American Indians	Employer identification number 53-0210846	
	Number, street, and room or suite number If a P O box, see instructions 1301 Connecticut Avenue, NW, #200		For IRS use only
	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**, 20**06**

5 For calendar year **2005**, 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 Top** Title **CPA** Date **08/08/06**

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 _____

Director _____ By _____

EXTENSION APPROVED

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 Larson, Allen, Weishair & Co., LLP	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN VA 22206
	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	

SEP 08 2006

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 **X**
- 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		state	ZIP code
City, town or post office 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 (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 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 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 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 05 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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.