

Form **990**

# Return of Organization Exempt from Income Tax

OMB No. 1545-0047

## 2001

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 **2001** calendar year, or tax year beginning **2001**, and ending **20**

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

Please use IRS label or print or type. See specific instructions.

AMERICAN INDIAN INSTITUTE  
P O BOX 1388  
BOZEMAN, MT 59715

**D** Employer identification number  
**81-0339551**

**E** Telephone number  
**406-587-1002**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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? ...  Yes  No
- H (b)** If 'yes,' enter number of affiliates \_\_\_\_\_
- H (c)** Are all affiliates included? ...  Yes  No  
(If 'no,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Enter 4-digit group GEN. .... \_\_\_\_\_
- M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G** Web site: N/A

**J** Organization type (check only one)  501(c) 3 (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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... **88,266**

### Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	59,894.	
	<b>b</b> Indirect public support	<b>1b</b>	20,518.	
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 80,412. noncash \$ )	<b>1d</b>		80,412.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		3,934.
	<b>5</b> Dividends and interest from securities	<b>5</b>		6,341.
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		-2,421.	
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		<b>8a</b>		
		<b>8b</b>		
		<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		88,266.	
EXPENSES	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		201,832.
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		33,891.
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		235,723.
NET ASSETS	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-147,457.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		530,066.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		382,609.

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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (att sch), 23 Specific assistance to individuals (att sch), 24 Benefits paid to or for members (att sch), 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, convantions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize): a See Statement I, b, c, d, e, 44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.

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?

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 & section 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.)

Table with 2 columns: Description of program service and Program Service Expenses. Rows include: a HEALING THE FUTURE - PROGRAM SERVICES FOR NATIVE AMERICAN FAMILY/YOUTH INTERVENTION/PREVENTION PROGRAM (147,462), b ELDER AND YOUTH - TO PLAN FUTURE EVENTS WITH THE GOAL OF BRINGING NATIVE AMERICAN INDIAN ELDERS AND YOUTH TOGETHER TO FURTHER CULTURE (54,370), c, d, e Other program services, f Total of Program Service Expenses (should equal line 44, column (B), program services) 201,832.

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45 Cash — non-interest-bearing .....	44,172.	45	104,605.	
	46 Savings and temporary cash investments .....	250,014.	46	48,538.	
	47a Accounts receivable .....	47a		47c	
	b Less: allowance for doubtful accounts .....	47b		47c	
	48a Pledges receivable .....	48a		48c	
	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		51c	
	b Less: allowance for doubtful accounts .....	51b		51c	
	52 Inventories for sale or use .....		52		
	53 Prepaid expenses and deferred charges .....		53		
	54 Investments — securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments — land, buildings, & equipment: basis .....	55a		55c	
	b Less: accumulated depreciation (attach schedule) .....	55b		55c	
	56 Investments — other (attach schedule) .....	See Stmt. 2.	81,710.	56	77,367.
	57a Land, buildings, and equipment: basis .....	57a 52,595.			
	b Less: accumulated depreciation (attach schedule) .....	57b Statement 3. 41,323.	13,503.	57c	11,272.
	58 Other assets (describe — See Statement 4 .....		143,237.	58	143,016.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		532,636.	59	384,798.	
LIABILITIES	60 Accounts payable and accrued expenses .....	2,570.	60	2,189.	
	61 Grants payable .....		61		
	62 Deferred revenue .....		62		
	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 <b>Total liabilities</b> (add lines 60 through 65) .....		2,570.	66	2,189.	
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 .....	213,192.	67	184,311.	
	68 Temporarily restricted .....	235,164.	68	120,931.	
	69 Permanently restricted .....	81,710.	69	77,367.	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....		530,066.	73	382,609.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....		532,636.	74	384,798.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on line 12, Form 990. Row c: Line a minus line b. Row d: Amounts included on line 12, Form 990 but not on line a. Row e: Total revenue per line 12, Form 990 (line c plus line d). Similar structure for expenses in Part IV-B.

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

Table with 5 columns: (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. Row 1: See Statement 5, 47,500, 0, 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 [X] No

Part VII Other Information (See specific 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?.....	N/A	
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>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions..... <u>81a</u> 0.		
81b	b 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.)..... <u>82b</u> N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83b	b 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?.....		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
	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.		
	c Dues, assessments, and similar amounts from members..... <u>85c</u> N/A		
	d Section 162(e) lobbying and political expenditures..... <u>85d</u> N/A		
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices..... <u>85e</u> N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)..... <u>85f</u> N/A		
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?.....	85g	N/A
	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?.....	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12..... <u>86a</u> N/A		
	b Gross receipts, included on line 12, for public use of club facilities..... <u>86b</u> N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders..... <u>87a</u> N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... <u>87b</u> 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.....	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▶ 0.; Section 4912 ▶ 0.; Section 4955 ▶ 0.		
	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.....	89b	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.		
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)..... <u>90b</u> 0		
91	The books are in care of ▶ <u>ROBERT STAFFANSON</u> Telephone number ▶ Located at ▶ <u>P O BOX 1388 BOZEMAN MT</u> ZIP + 4 ▶ <u>59715</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ <u>92</u> N/A		

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings & temporary cash invmnts, 96 Dividends & interest from securities, 97 Net rental income or (loss) from real estate, 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, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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).

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

Table with 5 columns: (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.

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?
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
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: CLIENT'S COPY
Date:
Type or Print Name and Title:

Paid Preparer's Use Only: Preparer's Signature: Ronald L Schaf, Date: 2-16-02, Check if self-employed, Preparer's SSN or PTIN (see General Instruction W): 517-84-1755, Firm's name (or yours if self-employed) and address and ZIP + 4: Schafer & Co., PLLC, PO Box 3087, Bozeman, MT 59772-3087, EIN: 84-1378630, Phone no: (406) 587-1636

Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

2001

Supplementary Information - (see separate instructions)

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the Organization

Employer Identification Number

AMERICAN INDIAN INSTITUTE

81-0339551

Part III Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Row 1 contains 'None'.

Part IV Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Row 1 contains 'None'.

Total number of others receiving over \$50,000 for professional services. 0

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying, property, and grants. Includes a 'Note' section at the bottom.

Part IV Reason for Non-Private Foundation Status (See instructions.)

- The organization is not a private foundation because it is (please check only One applicable box):
5 [ ] A church, convention of churches, or association of churches.
6 [ ] A school.
7 [ ] A hospital or a cooperative hospital service organization.
8 [ ] A federal, state, or local government or governmental unit.
9 [ ] A medical research organization operated in conjunction with a hospital.
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b [ ] A community trust.
12 [ ] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions...
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



2001

## Federal Statements

Page 1

Client 599

AMERICAN INDIAN INSTITUTE

81-0339551

2/16/02

04:14PM

Statement 1  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BANK CHARGES	98.	73.	25.	
CONSULTANTS	35,974.	25,369.	10,605.	
CONTRACT SERVICES	36,291.	36,291.		
INVESTMENT EXPENSES	1,522.	466.	1,056.	
MISCELLANEOUS	693.	118.	575.	
PUBLIC RELATIONS	205.	173.	32.	
<b>Total</b>	<b>\$ 74,783.</b>	<b>\$ 62,490.</b>	<b>\$ 12,293.</b>	<b>\$ 0.</b>

Statement 2  
Form 990, Part IV, Line 56  
Investments - Other

Description of Investment	Valuation Method	Book Value
ENDOWMENT	Market Value	\$ 77,367.
	Total	<u>\$ 77,367.</u>

Statement 3  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Miscellaneous	\$ 52,595.	\$ 41,323.	\$ 11,272.
<b>Total</b>	<u>\$ 52,595.</u>	<u>\$ 41,323.</u>	<u>\$ 11,272.</u>

Statement 4  
Form 990, Part IV, Line 58  
Other Assets

ART.....	\$ 140,325.
Net Intangible Assets.....	2,691.
<b>Total</b>	<u>\$ 143,016.</u>

2001

## Federal Statements

Page 2

Client 599

AMERICAN INDIAN INSTITUTE

81-0339551

2/16/02

04:14PM

Statement 5  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
R STEPHEN BROWNING HELENA, MT 59620	Chairman 1	\$ 0.	\$ 0.	\$ 0.
HON TIM BABCOCK HELENA, MT 59620	Vice Chair 1	0.	0.	0.
ROBERT STAFFANSON BOZEMAN, MT 59715	President 40	47,500.	0.	0.
MERI JAYE SAN FRANCISCO, CA	Treasurer 1	0.	0.	0.
NINA HARRISON HELENA, MT 59620	Secretary 1	0.	0.	0.
TOM BACH PARADISE VALLEY, AZ	Trustee 1	0.	0.	0.
LAWRENCE BARKER JR BURINGAME, CA	Trustee 1	0.	0.	0.
GAIL C MCDONALD FORT WASHINGTON, MD	Trustee 1	0.	0.	0.
JOESEPH E MCDOWELL OVANDO, MT	Trustee 1	0.	0.	0.
R DALE SCOTT SCOTTSDALE, AZ	Trustee 1	0.	0.	0.
Total		<u>\$ 47,500.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Schedule A (Form 990 or 990-EZ) 2001 AMERICAN INDIAN INSTITUTE

81-0339551

Page 3

Part VII Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See instructions.) (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Table with 3 columns: Question ID, Yes, No. Row 29: 29, [shaded], [shaded]

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

Table with 3 columns: Question ID, Yes, No. Row 30: 30, [shaded], [shaded]

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

Table with 3 columns: Question ID, Yes, No. Row 31: 31, [shaded], [shaded]

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

Table with 3 columns: Question ID, Yes, No. Row 32: 32, [shaded], [shaded]

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

Table with 3 columns: Question ID, Yes, No. Row 32a: 32a, [shaded], [shaded]

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

Table with 3 columns: Question ID, Yes, No. Row 32b: 32b, [shaded], [shaded]

d Copies of all material used by the organization or on its behalf to solicit contributions?

Table with 3 columns: Question ID, Yes, No. Row 32c: 32c, [shaded], [shaded]

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

Table with 3 columns: Question ID, Yes, No. Row 32d: 32d, [shaded], [shaded]

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

Table with 3 columns: Question ID, Yes, No. Row 33: 33, [shaded], [shaded]

b Admissions policies?

Table with 3 columns: Question ID, Yes, No. Row 33a: 33a, [shaded], [shaded]

c Employment of faculty or administrative staff?

Table with 3 columns: Question ID, Yes, No. Row 33b: 33b, [shaded], [shaded]

d Scholarships or other financial assistance?

Table with 3 columns: Question ID, Yes, No. Row 33c: 33c, [shaded], [shaded]

e Educational policies?

Table with 3 columns: Question ID, Yes, No. Row 33d: 33d, [shaded], [shaded]

f Use of facilities?

Table with 3 columns: Question ID, Yes, No. Row 33e: 33e, [shaded], [shaded]

g Athletic programs?

Table with 3 columns: Question ID, Yes, No. Row 33f: 33f, [shaded], [shaded]

h Other extracurricular activities?

Table with 3 columns: Question ID, Yes, No. Row 33g: 33g, [shaded], [shaded]

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

Table with 3 columns: Question ID, Yes, No. Row 33h: 33h, [shaded], [shaded]

b Has the organization's right to such aid ever been revoked or suspended?

Table with 3 columns: Question ID, Yes, No. Row 34a: 34a, [shaded], [shaded]

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Table with 3 columns: Question ID, Yes, No. Row 34b: 34b, [shaded], [shaded]

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed Only by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked 'a' and 'limited control' provisions apply.

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

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 instructions for lines 45 through 50.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2001, 2000, 1999, 1998, and Total. Rows include lines 45-50 for lobbying nontaxable amount, ceiling amount, and total expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

Table with columns: Yes, No, Amount. Rows list lobbying activities (a-i) such as volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, rallies, and total lobbying expenditures.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.