

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

, 2022, and ending	JUN	30	,20 23

OMB No.	1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

For calendar year 2022, or fiscal year beginning JUL 1

EDDIE TULLIS

Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 86-0321646 NATIONAL INDIAN COUNCIL ON AGING

Name and title of officer or person subject to tax TREASURER Type of Return and Return Information

Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

	, , ,,, , , , , , , , , , , , , , , , ,					M 400	007
1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	. 1b	7 <u>,483</u>	,887.
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	. 2b	·	
Зa	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	. 3b	·	
4a	Form 990-PF check here		ь	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	·	
5a	Form 8868 check here	\Box		Balance due (Form 8868, line 3c)		·	
6a	Form 990-T check here	一		Total tax (Form 990-T, Part III, line 4)		, <u> </u>	
7a	Form 4720 check here	\equiv		Total tax (Form 4720, Part III, line 1)		,	
ra 8a	Form 5227 check here	H		FMV of assets at end of tax year (Form 5227, Item D)	8b	,	
	Form 5330 check here	H		Tax due (Form 5330, Part II, line 19)	9b	,	
9a		Ħ		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10)b	
Part	Form 8038-CP check here	ianstı	ure	Authorization of Officer or Person Subject to Tax			
- Fait	Deciaration and C	<u>ngmate</u>	uic	Addition Edition of Childer of Children			
Under	penalties of perjury, I declare th	at X	la	m an officer of the above entity or I am a person subject to tax with re	spect	. to (name	
_ EA11				(FIN) and that I ha	ve ex	amined a cor	py of the

(EIN) of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information pacessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
_ 114.	CHECK	OHIO		01117

X | Lauthorize AXIOM CERTIFIED PUBLIC ACCOUNTANTS AND B

to enter my PIN

55555

ERO firm name

Enter five numbers, but de not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85281814428

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

Business Returns.

ERO's signature

12/12/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

Form **8868** & (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms lie	nic filing (e-file). You can electronically file Form 8868 to rested below with the exception of Form 8870, Information Rots, for which an extension request must be sent to the IRS	eturn for T	ransfers Associated With Certain Pe	rsonal Ber	netit						
filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chariti	es-and-no	on-profits.								
Auton	natic 6-Month Extension of Time. Only submi	it origina	ıl (no copies needed).								
All corp	orations required to file an income tax return other than Fo	rm 990-T (including 1120-C filers), partnerships	, REMICs,	and trusts						
must us	se Form 7004 to request an extension of time to file income	tax retun	ıs.								
	ype or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)										
	ype of traine of exempt organization of outer mor, see medical and										
print	NATIONAL INDIAN COUNCIL ON AGING 86-0321646										
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, se 8500 MENAUL BLVD. NE, STE B	e instruct									
return, Se instruction	City, town or post office, state, and ZIP code. For a for ALBUQUERQUE, NM 87112	reign addı				1014					
Enter th	ne Return Code for the return that this application is for (file	a separat	e application for each return)		<u></u>	0 1					
Applica	ation	Return	Application			Return					
<u>Is For</u>		Code	is For	-		Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)		· ·	10					
Form 9	90-PF	04	Form 5227			11					
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12					
Form 9	90-T (trust other than above)	06	Form 8870	V	4.5						
Form 9	90-T (corporation) AGNES MALDONADO	07	000 MENAUL BLVD. NE		ጥ Γ Β-470						
Tele If the	books are in the care of ► ALBUQUERQUE, NM sphone No. ► 505-292-2001 The organization does not have an office or place of business is is for a Group Return, enter the organization's four digit of the content of the organization is four digit of the content of the organization.	in the Un	Fax No. fited States, check this box	If this is for	r the whole group,	check this					
1 l	and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: □ calendar year or all tax year beginning JUL 1, 2022 , and ending JUN 30, 2023										
	If the tax year entered in line 1 is for less than 12 months, cl Change in accounting period			Final retur	n						
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	e tentative tax, less	_ '		0.					
	any nonrefundable credits. See instructions.			3a	\$	<u> </u>					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069			зь	s	0.					
9	estimated tax payments made. Include any prior year overp	ayment a	the form if required by	30	*						
C	Balance due. Subtract line 3b from line 3a. Include your pa	yment Wi	one	3c	s	0.					
	using EFTPS (Electronic Federal Tax Payment System). See on: If you are going to make an electronic funds withdrawal	direct de	лю. hit) with this Form 8868, see Form 8								
Cautio		laneor de	ony mat this i only cool, cost only c								

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

Form 8868 (Rev. 1-2022)

Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 Check if applicable C Name of organization D Employer identification number Address change NATIONAL INDIAN COUNCIL ON AGING Name change 86-0321646 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 8500 MENAUL BLVD. NE STE B4 505-292-2001 7,483,887. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ ALBUQUERQUE, NM 87112 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BILLIE TOHEE for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions (insert no.) WWW.NICOA.ORG H(c) Group exemption number L Year of formation: 1976 M State of legal domicile: NM K Form of organization: X Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities: THAT NATIONAL INDIAN COUNCIL ON Governance AGING, INC WAS FOUNDED TO ADVOCATE FOR IMPROVED COMPREHENSIVE if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 11 3 Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 586 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 7,439,469. 10,439,025. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 17,701. 43,263. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,155. 99,049. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,555,775. 7,483,887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,949,021. 5,727,813. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,039,490. 1,012,144. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,767,303. 7,961,165. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,788,472. -477,278. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Or Sec 4,213,148. 3,530,478. 20 Total assets (Part X, line 16) 403,871. 128,647. 21 Total liabilities (Part X, line 26) Eet 3,809,277. 3,401,831. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. PUBLIC DISCLOSURE COPY Signature of officer Sign 12-19-23 TREASURER EDDIE TULLIS, Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 12/12/23 P00314428 WRYAN W. CAPPS, CPA self-employed Paid AXIOM CERTIFIED PUBLIC ACCOUNTANTS AND B Firm's EIN 45-4417799 Preparer Firm's name Firm's address SUN VALLEY COMMERCIAL CENTER Use Only Phone no. 505-767-7600 ALBUOUEROUE, NM 87107

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form		<u>-0321646</u>	Page Z
Par	rtill Statement of Program Service Accomplishments		
22000. 11.	·····································		X
	Check if Schedule O contains a response or note to any line in this Part III	******	
1	Briefly describe the organization's mission:		
	THAT NATIONAL INDIAN COUNCIL ON AGING, INC WAS FOUNDED TO A	DVOCATE 1	FUR
	IMPROVED COMPREHENSIVE HEALTH, SOCIAL SERVICES, AND ECONCOM	IC METT	
	BEING TO AMERICAN INDIAN AND ALASKA NATIVE ELDERS.	 :	
	DEING TO MIRKICAN INDIAN THE THE MINISTER MILLIAND		
2	Did the organization undertake any significant program services during the year which were not listed on the	-	marn
	prior Form 990 or 990-EZ?	<i></i> Ye	s X No
	If "Yes," describe these new services on Schedule O.		
_	11 163, describe transfer was selected an observation of the selected and program contact?	□v _a	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		3 (11) 110
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meast	ared by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,	and
		•	
	revenue, if any, for each program service reported.		
4a		NOTE THAT	
	SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) IS A CO		
	SERVICE AND WORK BASED JOB TRAINING PROGRAM FOR OLDER AMERI	CANS.	
	AUTHORIZED BY THE OLDER AMERICANS ACT, THE PROGRAM OFFERS P	AID TRAI	NING
	THROUGH PART TIME COMMUNITY SERVICE ASSIGNMENTS FOR UNEMPLO	VED	
	THROUGH PART TIME COMMONITY SERVICE ASSIGNMENTS FOR CHARLES	TANCEC E	O.D.
	LOW-INCOME ELDERS. WHILE IN TRAINING, PARTICIPANTS RECEIVED	WAGES FO	JR
	PART-TIME COMMUNITY SERVICE EMPLOYMENT		
		-	
	704 275		``
4b	(Code:) (Expenses \$	OTMO DIDI	,
	THE ADMINISTRATION FOR COMMUNITY LIVING/ADMINISTRATION ON A	GING FUN.	עפט
	THE ACL TARC TO ACHIEVE THE FOLLOWING: 1) TO EDUCATE NATION		
	REGIONAL, STATE, AND LOCAL SERVICE PROVIDERS ON THE PROTOCO	L FOR	
	COLLABORATING WITH TRIBES; 2) TO INCREASE THE SKILL LEVEL O	F SERVIC	B
	PROVIDERS ON NEEDS, SERVICES, AND RESOURCES FOR AI/AN ELDER		
	DISABILITIES; 3) TO EXPAND NICOA'S EXISTING ELECTRONIC RESO		
	AVAILABLE TO TRIBES, NATIVE, AND OTHER SERVICE ORGANIZATION	ïS,	
	CAREGIVERS, AND VOLUNTEERS ON SERVICE PROVISIONS FOR AI/AN	ELDERS.	
	OUR TRAININGS FOCUS ON:		
	UNDERSTANDING THE HISTORY AND TRADITIONS OF NATIVE ELDERS		
	BEST PRACTICES FOR SUCCESS IN INDIAN COUNTRY		
	FINDING CREATIVE WAYS TO SUPPORT AND ADVOCATE ALONGSIDE OUR	<u> </u>	
40	\ \frac{1}{2}		}
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) NATIONAL CONSORTIUM ON AGING RESOURCES FOR ELDERS EQUITY -	TRCHNTCA	T
	NATIONAL CONSORTION ON AGING RESOURCES FOR ESCHOOLS RECEIVED IN THE CONSORTION AS	C	-
	ASSISTANCE CENTER (NCAREE-TAC) - THE NATIONAL CONSORTIUM WA	. <u>5</u>	
	ESTABLISHED BY THE ADMINISTRATION FOR COMMUNITY LIVING, DEP	ARTMENT	OF.
	HEALTH AND HUMAN SERVICES AND IS COMPOSED OF FIVE NATIONAL	AGING	
	ORGANIZATIONS. CONSORTIUM PARTNERS INCLUDE REPRESENTATIVE O	RGANIZAT	IONS
	FOR EACH OF THE FOUR MAJOR RACIAL OR ETHNIC MINORITIES AND	T.CRT OLD	RR
		DGDI ODD	XT
	POPULATIONS. THE ORGANIZATIONS ARE NATIONAL ASIAN PACIFIC		N
	AGING (NAPA), NATIONAL ASSOCIATION FOR HISPANIC ELDERLY ASO	CIACION	
	NACIONAL PRO PERSONAS MAYORES (AN PPM), NATIONAL CAUCUS & C	ENTER ON	
	BLACK AGING (NCBA), SERVICES & ADVOCACY FOR LGBT ELDERS (SA	GR) AND	THE
	NATIONAL INDIAN COUNCIL ON AGING (NICOA). THE PRIMARY GOAL		
	NICOA'S NCAREE-TAC IS TO SERVE AS AN INTERCONNECTED RESOURCE	E CENTER	•
24	Other program services (Describe on Schedule O.)	<u> </u>	
74	• •	١	
	(CAPABOOO		
<u>4e</u>	Total program service expenses 6,910,532.		990 (2022)
		Form	1 フラリ (2022)

Form 990' (2022) F NATIONAL INDIAN COUNCIL ON AGING Part V Checklist of Required Schedules

	Onosials of Todan Care and Table 1		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
		1	x	
_	If "Yes," complete Schedule A	2	$\overline{\mathbf{x}}$	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		Į	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_]	<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ļ	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10 3,500	4. 3.4	STATE OF
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,		3 Tog 2.48	1
	as applicable.	***		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
	Part VI	114		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		X
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1,12		
¢	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 167 if "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	-	
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			Ì
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	140		 -
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		_x_
4.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			[
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>_</u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		}	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
23200	3 12-13-22	Form	เลลก	(2022)

*	(continued)			·
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		l	
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	400000	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		Ç.	
	instructions for applicable filing thresholds, conditions, and exceptions):	* 1	*	N . D
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			x
	"Yes," complete Schedule L, Part IV	28a	├─	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
00	"Yes," complete Schedule L, Part IV	29	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	 	<u> </u>
30		30		x
31	contributions? [f "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JZ.		32		x
33	Schedule N, Part II			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	l	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		į	
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للسبل
		j.	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16	71		
Ь	Enter the highber of routins wezer included of time 1a. Enter 10.11 for applicable	2	يس جائية	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	X	للقنك
	(gambling) winnings to prize winners?	1c	_	(2022)
232004	1 12-13-22	rom	UCU	(2022)

Form	990'(2022) NATIONAL INDIAN COUNCIL ON AGING 86-0321	<u>646</u>	P	_{age} 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		s- •	-1
	filed for the calendar year ending with or within the year covered by this return 2a 586			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
			*	
g	If "Yes," enter the name of the foreign country	49		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-	.	x
	any contributions that were not tax deductible as charitable contributions?	6a	 	 ^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- C-		}
	were not tax deductible?	6b	por registro	William S.
7	Organizations that may receive deductible contributions under section 170(c).	ľ		<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	├─	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	 -
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c	600000000	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	White products	080.60000000000000000000000000000000000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		22	
	sponsoring organization have excess business holdings at any time during the year?	8_	ozmanio somo	AND THE WORLD
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	· E	33
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		3 4 66
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1000		
а	Gross income from members or shareholders	3		1.1
	Gross income from other sources. (Do not net amounts due or paid to other sources against	antikenja.	1,482	. 3
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7.4		A
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O.	• yxon	· 特	學團
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	7 dy 4		
-	organization is licensed to issue qualified health plans	زير .		, A
c	Enter the amount of reserves on hand	* A		, militar
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	<u> </u>	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			4.0
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	1		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

If "Yes," complete Form 6069.

Form 990 (2022) * NATIONAL INDIAN COUNCIL ON AGING 86-0321646 Page 6

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See Instructions.			7.7
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	*	·	,
	If there are material differences in voting rights among members of the governing body, or if the governing		1	1.3
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
-	officer, director, trustee, or key employee?	2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		x
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a		7a		x
_	more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		x
	persons other than the governing body?		n e	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	5767, Tal
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		٠,,
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
h	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		L	herita.
12a	many that the state of the stat	12a	X	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	X	<u> </u>
40	Did the organization have a written whistleblower policy?	13	Х	
13	Did the organization have a written document retention and destruction policy?	14	Х	
14	Did the process for determining compensation of the following persons include a review and approval by independent	7.3		
15	Did the process for determining compensation of the following persons include a review and depreval by independent	* 5 m		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	-41.7	X
	The organization's CEO, Executive Director, or top management official	15b		x
b	Other officers or key employees of the organization	* 7	Via Y	₩
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	X
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ.	***
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		—	
	exempt status with respect to such arrangements?	16b	Į	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NM			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ible
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Uther (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	AGNES MALDONADO - 505-292-2001			
	8500 MENAUL BLVD. NE, SUITE B-470, ALBUQUERQUE, NM 87112			
	VVVV			

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

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

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

- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

the entry content of the new gray related expanization compensated any current officer, director, or trustee.

Check this box if neither the organization	nor any related o	rga					<u>sate</u>	d any current officer, di	rector, or trustee.	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LARRY CURLEY	40.00			Γ				100 001	_	14 201
EXECUTIVE DIRECTOR		匚		X	_		<u> </u>	108,921.	0.	14,201.
(2) JEANNINE R WHITE	40.00			l				00.055	0.	12,815.
FORMER FINANCE DIRECTOR		<u> </u>	<u> </u>	X	<u> </u>		<u> </u>	88,057.	<u> </u>	12,013.
(3) BILLIE TOHEE	1.00			l			1		0.	0.
CHAIRPERSON	<u> </u>	x	<u> </u>	X	ļ	<u> </u>	-	0.	0.	
(4) JAMES DELACRUZ	1.00	 						0.	0.	0.
ACTING CHAIRPERSON	1 00	X	 - -	X	┝╌	<u> </u>	├-	<u>-</u>		
(5) EDDIE TULLIS	1.00	١.,	1	٠,		1		0.	0.	0.
TREASURER	1 00	X	├-	X	├-	┢	├	- 0.		
(6) EDNA RILEY	1.00	١.,		١,,				0.	0.	0.
SECRETARY	1 00	X	┝	X	├	-	┝		 	
(7) ROBERT LAFROMBOISE	1.00	٠.,		1	١		\	0.	0.	0.
MEMBER	1 00	X	╢	\vdash	┢	╁	┢		 	
(8) LILLILAN THOMAS	1.00	x	1		l	1		0.	0.	\ o.
MEMBER	1.00	┼≏	╁	╁╾	╀	┼	╌			
(9) PHYLLIS ANTONE	1.00	$ _{\mathbf{x}}$				ļ		0.	0.	0.
MEMBER	1.00	╬	╁╌	╁	╁	╫	╁┈			
(10) DONNA ENNIS	1.00	x					1	0.	0.	0.
MEMBER POOR	1.00	 ^	╁	╁╴	+	╁─	╁			
(11) BETSY FOOTE MEMBER	1.00	X	1	l	1			0.	0.	0.
(12) LEONARD MOSE	1.00	 ^	+	1-	t	╁	t			
MEMBER		$1_{\mathbf{x}}$	1					0.	0.	0.
(13) EILEEN LUJAN	1.00	 	\top	十	1	T	\top			
MEMBER		x						0.	0.	0.
(14) AGNES MALDONADO	40.00		\top	T	Τ	Τ	T		1	
FINANCE DIRECTOR		7	\perp	X			\perp	0.	0.	0.
(15) MARY JO HUNGER	1.00	Î							_	_
FORMER MEMBER		x						0.	0.	0.
(16) BETTI DELROW	1.00	T		T					_	
FORMER MEMBER		Х	1	\perp	\perp	ot		0.	0.	0.
(17) WILMA TOLEDO	1.00					1		_		
FORMER MEMBER		X				<u> </u>		0.	0.	0.
232007 12-13-22										Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	es,	and	Hi	ghes	t Ç	ompensated Employee	s (continued)	· ,	
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one					оле	(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director			recto	Highest compensated	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC))) 0	other compensation from the companization and related rganizations
(18) STANLEY RODRIGUEZ	1.00	.,						0.		0.	0.
FORMER MEMBER		X			-		_	0.			
			_			_					
			_		L		-			_	
			<u> </u>		-		-			_	
		<u> </u>	-	-	-		-				
		_	-		T						_
1b Subtotal							<u> </u>	196,978.		0.	27,016.
c Total from continuation sheets to Part V	II, Section A						•••	196,978.		0.	27,016.
d Total (add lines 1b and 1c) Total number of individuals (including but a compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r				1
3 Did the organization list any former officer	r, director, trus	tee,	key	emp	oloye	ee, c	r hiç	phest compensated emp	oloyee on		Yes No
line 1a? If "Yes," complete Schedule J for. For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization	···	X
and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes." col	accrue compe	nsat	ion f	from	an	y un	relat	ed organization or indiv	idual for services		5 X
Section B. Independent Contractors										oncotion	a from
Complete this table for your five highest of the organization. Report compensation for	ompensated in r the c <u>alendar y</u>	dep /ear	ende endi	ing v	ont with	or v	ors t vithic	nat received more than the organization's tax	year.		
(A) Name and busines			ON					(B) Description of		Con	(C) npensation
											<u></u>
	-										
						_					 -
										<u>.</u>	
2 Total number of independent contractors		not 1	imite	ed to	o the	ose I	iste	above) who received r	nore than		
\$100,000 of compensation from the organ	nization	_				0	_	_ 		Fo	orm 990 (2022

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 33,825 b Membership dues 1b c Fundraising events 1c d Related organizations 1d 7,332,422 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 73,222 similar amounts not included above g Noncash contributions included in lines 1a-1f | 1a |\$,439,469 h Total. Add lines 1a-1f **Business Code** f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 43,263. 43,263. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 105 b Less: cost of goods sold c Net income or (loss) from sales of inventory 17.00 Business Code 900099 1,155. 11 a OTHER INCOME d All other revenue 1,155. e Total. Add lines 11a-11d 43,263. 483,887. Total revenue. See Instructions Form 990 (2022)

1

	NATIONAL INDI X Statement of Functional Expenses			plete column (A).	
ction	501(c)(3) and 501(c)(4) organizations must complet	e all columns. All other	ie Part IX		
_	Check if Schedule O contains a response	(A)	(B)	(C)	(D) Fundraising
o. 8£	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
(Grants and other assistance to domestic organizations	l l			
ä	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	ļ			The second second
	ndividuals. See Part IV, line 22			779	e e
3 (Grants and other assistance to foreign	Ì	ļ		
	organizations, foreign governments, and foreign	1			
!	individuals. See Part IV, lines 15 and 16				
Į.	Benefits paid to or for members				
	Compensation of current officers, directors,	252,003.	233,985.	17,968.	50.
	trustees, and key employees	252,003.1	<u> </u>		
6	Compensation not included above to disqualified	}		 	
	persons (as defined under section 4958(f)(1)) and	}			
	persons described in section 4958(c)(3)(B)	F 000 017	5,477,144.	420,593.	1,180
7	Other salaries and wages	5,898,917.	<u> </u>	 -	
8	Pension plan accruals and contributions (include	02 121	19,663.	3,463.	5
	section 401(k) and 403(b) employer contributions)	23,131.	260,381.	45,852.	61
9	Other employee benefits	306,294.	398,421.	70,161.	94
0	Payroll taxes	468,676.	390,441.	—— <u> </u>	
1	Fees for services (nonemployees):	Ì			
а	Management			15,734.	
b	Legal	15,734.		15,7521	
c	Accounting			 	
ď	Lobbying		A CONTRACTOR OF THE STATE OF TH		
e	Professional fundraising services. See Part IV, line 17			32,315.	
f	Investment management fees	32,315.		32,3130	
	Other. (If line 11g amount exceeds 10% of line 25,		0.67 654	85,476.	
9	column (A), amount, list line 11g expenses on Sch O.)	<u>353,130.</u>	267,654.		13,973
12	Advertising and promotion	19,073.	5,033	<u> </u>	18,473
13	Office expenses	88,699.	37,572		8
14	Information technology	41,531.	15,747	<u> </u>	
15	Royalties			40,798.	86
16	Occupancy	97,858.	56,974		
17	Travel	175,859.	83,806	91,857.	120
18	Payments of travel or entertainment expenses		<u>l</u>		
	for any federal, state, or local public officials		<u> </u>	17 400	
19	Conferences, conventions, and meetings	17,490.		17,490.	
20	Interest	14,635.		14,635.	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u> </u>		
23	Insurance	37,193.	11,344	. 25,836.	1 <u>L.</u>
23 24	Other expenses Itemize expenses not covered	The state of the s			
24	above. (List miscellaneous expenses on line 24e. ii				~ 5.MB
	amount, list line 24e expenses on Schedule 0.) REGISTRATION	26,363.	20,447	5,916.	
6	2 SELLECTION TANKED TANKE	22,108.	2,801		
i	MEMBEDGUTDG	20,686		17,335	
		15,478		8,147	
•		33,992		21,406.	
•	All other expenses	7,961,165		[
<u>25</u>	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation. Check here if tollowing SOP 98-2 (ASC 958-720)				1

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 389,632. 630,791. 1 Cash - non-interest-bearing 1 65,515. 2 Savings and temporary cash investments 2 16,464. 345,693 Pledges and grants receivable, net 3 1,536. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 20,064 97,212 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation ______10b 10c 2,790,221 3,371,652. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets _____ 14 7.423. 7,423. 15 Other assets. See Part IV, line 11 15 3,530,478. 4,213,148. 16 Total assets, Add lines 1 through 15 (must equal line 33) 16 80,432. 403,871<u>.</u> 17 Accounts payable and accrued expenses ______ 17 48,215. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities ______ 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 128,647 403 871 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 730,545 27 Net assets without donor restrictions 27 78,732. 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3,401,831.

31

32

33

3,809,277.

4,213,148.

31

32

Form	990 (2022) NATIONAL INDIAN COUNCIL ON AGING	86-032	<u> 1646</u>	Pag	_e 12
Pat	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		7, <u>483</u> 7,961		
2	Total expenses (must equal Part IX, column (A), line 25)	3	-477		
3	Revenue less expenses. Subtract line 2 from line 1		3,809		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	139	_	
5	Net unrealized gains (losses) on investments	6		, 0.5	
6	Donated services and use of facilities	7			—
7	Investment expenses		-70	,00	<u> </u>
8	Prior period adjustments	8	- 70	, 00	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9 -			<u>••</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	3,401	23	≀ 1
G Day	column (B))	10	J,401	, 0 -	<u>, </u>
≟Ľ.aı	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0			
2-	· · · · · · · · · · · · · · · · · · ·	···	2a		X
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		\$	٠, -	-1
	separate basis, consolidated basis, or both:		Ž		
	Separate basis, consolidated basis, or both. Separate basis			المصنة	
h	Were the organization's financial statements audited by an independent accountant?		2b	X	- Anne -
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			7.4	A
	consolidated basis, or both:	•			
	X Separate basis Consolidated basis Both consolidated and separate basis		5. 3 4		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				ŧŝ.Xx
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
va	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form !	9 <mark>90</mark> (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization

Employer identification number

				COUNCIL ON				3-032 <u>1040</u>	
*Part	296	Reason for Public C					e instructions.		
The org	jani:	zation is not a private founda	tion because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).}				
з 🗀	\neg	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	╕	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state;							
5 T	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
• _		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	٦	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 🖸	<u> </u>	The second secon							
				• • • • • • • • • • • • • • • • • • • •					
8	\neg	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
=	╡	An agricultural research orga	anization described i	n section 170(b)(1)(A)(i)	d operate	d in conju	nction with a land-grant o	college	
9 _		or university or a non-land-gi	rant college of agricu	ilture (see instructions). I	nter the n	ame. citv.	and state of the college	or	
			rant conego or agnot	Micaro (000 miomes====).					
40 F	\neg	university:	ly receives (1) more t	than 33 1/3% of its supply	ort from co	ntribution	s. membership fees, and	gross receipts from	
10 _		activities related to its exem	ny receives (1) more i na functiona, subject	to costain exceptions: a	nd (2) no n	nore than	33 1/3% of its support fr	om gross investment	
		income and unrelated busin-	pe lancions, subject	loce coction 511 tax) from	n busines:	ses acquir	ed by the organization a	fter June 30, 1975.	
				less section of trax) no	II DUSHICO	ooo aoqan	o u		
	_	See section 509(a)(2). (Con An organization organized a	npiete Part III.)	ustu ta tant for nublic saf	atur Saa e	ection 50	9(a)(<u>4</u>).		
11	=	An organization organized a	and operated exclusive	vely to test for public sair	norform th	e function	o of or to carry out the i	ourposes of one or	
12		An organization organized a	ind operated exclusion	very for the benefit of, to	periorii i	nointal of	See section 509(a)(3). (heck the box on	
		more publicly supported org	janizations describe	u III section 509(a)(I) O	and comm	oloto lines	12a 12f and 12n		
		lines 12a through 12d that o	describes the type of	supporting organization	and comp	nere intea	voization(e) typically by (ivina	
а	L	Type I. A supporting orga	nization operated, st	upervised, or controlled t	y its supp	tale e elive el	tere or trustons of the su	nnorting	
		the supported organizatio			majority o	t the airec	iots of mastees of me so	pporting	
		organization, You must c	omplete Part IV, Se	ctions A and B.				ina	
b	L	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	supporte	d organization(s), by nav	my antad	
		control or management of			me persor	ns that cor	troi or manage the supp	otten	
		organization(s). You must	t complete Part IV,	Sections A and C.				1 24	
c		Type III functionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	nd functionally integrate	d With,	
		its supported organization	n(s) (see instructions)). You must complete F	art IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	cation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distri	ibution req	uirement and an attentiv	eness/	
		requirement (see instructi	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination from	n the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		· · · · · · · · · · · · · · · · · · ·	
f	Ente	er the number of supported o		**************************************					
	Pro	vide the following information	about the supporte	d organization(s).					
	_	(i) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	(IV) is the orga in your governi	ing document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)	
		organization	ļ	above (see instructions))	Yes	No	support (see instructions)	Support (see instructions)	
								İ	
						!			
			1						
			<u> </u>				<u> </u>		
			·						
					l	<u> </u>		<u></u>	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

~	Line A. Diele Company						
	tion A. Public Support				(.0.0004	4-1 0000	(6) Total
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			i			
	membership fees received. (Do not	4000000	2026265	E055436	6439025.	7/20/60	27807971.
	include any "unusual grants.")	4237776.	3936265.	5755436.	0433023.	7433403.	2/00/2/11.
2	Tax revenues levied for the organ-		:		ĺ		1
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			'			
	furnished by a governmental unit to						
	the organization without charge	1000000	2026267		C42002E	7420460	27807971.
	Total, Add lines 1 through 3	4237776.	3936265.	5755436.	6439025.	7439469.	2/80/9/1.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	4.1		AT THE PARTY	200		
	supported organization) included						
	on line 1 that exceeds 2% of the		4.4		- E		
	amount shown on line 11,						
	column (f)				Service Servic		07007071
	Public support. Subtract line 5 from line 4.	4. T. T.					27807971.
Sec	tion B. Total Support			 	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4237776.	3936265.	5755436.	6439025.	7439469.	27807971.
8	Gross income from interest,						
	dividends, payments received on				ļ		
	securities loans, rents, royalties,		į				64 500
	and income from similar sources	1,258.	971.	1,310.	17,701.	43,263.	64,503.
9	Net income from unrelated business	,	1				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		869.		130,962.		132,986.
11				\$-67\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		N. A. T. S.	28005460.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	95,893.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here			· <u></u>		
	ction C. Computation of Publi			- 12·			
14	Public support percentage for 2022 (line 6, column (1), d	livided by line 11, o	column (f))	***************************************	14	99.29 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>99.38 %</u>
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization		***************************************		<u> </u>
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly :	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022, If the org	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to						1 1
k	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organi	zation	
<u>1</u> 8	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	nd see instruction	s
			<u> </u>				(Form 990) 2022

Schedule A (Form 990) 2022 NATIONAL INDIAN COUNCIL ON AGING Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec							
	tion A. Public Support				I	4) 0000	In Takal
	ndar year (or fiscal year beginning in)	(a) 2018	(ь) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	·					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		·	···			
3	Gross receipts from activities that	- "				İ	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to or expended on its behalf			İ			
5	The value of services or facilities		·				
Ŭ	furnished by a governmental unit to						
	the organization without charge						
Æ	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	· -			<u> </u>		
ı a	3 received from disqualified persons		,				
h	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		i				
	amount on line 13 for the year				 		
	Add lines 7a and 7b			S.C. 20		₩ ^	
	Public support. (Subtract line 7c from line 6.)					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	io1(c)(3) organizatio	on,
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here					01(c)(3) organizatio	on,
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the sale of the s					01(c)(3) organizatio	
11 12 13 14 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ic Support Per	centage			01(c)(3) organizatio	%
11 12 13 14 Sec 15	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021)	ic Support Per line 8, column (f), c Schedule A, Part	centage livided by line 13, o III, line 15				
11 12 13 14 Sec 15	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (ic Support Per line 8, column (f), c Schedule A, Part	centage livided by line 13, o III, line 15			15	%
11 12 13 14 Sec 15	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (Public support percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation of Investigation 10 percentage from 2022 ction D. Computation 10 percentage from 2022 ction D. Computation 2022 ction ic Support Per line 8, column (1), c Schedule A, Part stment Income	centage livided by line 13, o III, line 15 Percentage	column (f))		15	% %	
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here continuous computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 lovestment ic Support Per line 8, column (f), c Schedule A, Part stment Income 022 (line 10c, column 2021 Schedule A,	rcentage livided by line 13, of line 15 e Percentage mn (f), divided by line 17	column (f))		15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	% %	
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here continuous computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 lovestment ic Support Per line 8, column (f), c Schedule A, Part stment Income 022 (line 10c, column 2021 Schedule A,	rcentage livided by line 13, of line 15 e Percentage mn (f), divided by line 17	column (f))		15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	% %	
11 12 13 14 Sec 15 16 Sec 17 18 19a	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box as	ic Support Per line 8, column (f), of Schedule A, Part stment Income 022 (line 10c, colur 2021 Schedule A, organization did r	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali	ne 13, column (f)) on line 14, and lin	e 15 is more than 3	15 16 17 18 33 1/3%, and line 1	% % % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage from 2022 (Public support percentage from 2022 (Investment income percentage from 2031 1/3% support tests - 2022. If the more than 33 1/3%, check this box as 233 1/3% support tests - 2021. If the	ic Support Per line 8, column (f), of Schedule A, Part stment Income 222 (line 10c, colur 2021 Schedule A, e organization did r nd stop here. The	rcentage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box organization qualitation qualitation divided abox or	ne 13, column (f)) on line 14, and lin fies as a publicly line 14 or line 19	e 15 is more than 3 supported organiza	15 16 17 18 33 1/3%, and line 1 tition	% % % % % % % % % % % % % % % % % % %
11 12 13 14 Sec 15 16 Sec 17 18 19z	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 2031 1/3% support tests - 2022. If the	ic Support Per line 8, column (f), c Schedule A, Part stment Income 022 (line 10c, colur 2021 Schedule A, e organization did n nd stop here. The e organization did n eck this box and st	rcentage livided by line 13, (III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or top here. The orga-	ne 13, column (f)) on line 14, and lin fies as a publicly line 14 or line 19 unization qualifies	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a orted organization	% % % % % % % % % % % % % % % % % % %

Part V Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		表案	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			F 3
_	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4.5	
G	·	11c		
Sect	detail in Part VI. ion B. Type I Supporting Organizations			
000	ion by Type Foupporting Organizations		Yes	No
_	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	one or		n
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	fficers.	3 生	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	oorted 🔼 📗	A 100	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	g the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	··· vventalia	7,000	35.34
2	Did the organization operate for the benefit of any supported organization other than the supported	7.5		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4.5	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 MT		
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	24 龙泽州	7.7	學
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\$.		
	or management of the supporting organization was vested in the same persons that controlled or managed	Ž.		
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion Di Air 19po in oupporting of gameanone		Yes	No
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1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		<u> </u>	1.7
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		<u> </u>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	VIEW DELE	india Trad
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1.44		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		2 - 444
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	*		1000
	supported organizations played in this regard.	3_		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
1	The organization satisfied the Activities Test. Complete line 2 below.	· · · · · · · · ·		
a h	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		ntity (see instruction	10}	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	inty lace instruction	Yes	No
2	Activities Test, Answer lines 2a and 2b below.	<u> </u>	1.53	124
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	, ,	· · ·	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	, the transport	-i	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	(報え
	how the organization was responsive to those supported organizations, and how the organization determined			s
	that these activities constituted substantially all of its activities.	2a	50 TO TO	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	and a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		89	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		SEAN	
	these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.). (***).		
_				
4	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	1	
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	7.	•	.a≠ e
α		3b	· · · · · · · · · · · · · · · · · · ·	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Schedule A (For	ന ഉമ്പ	1 2025
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Schoo	dule Á (Form 990) 2022 NATIONAL INDIAN COUNCIL	ON A		5-03 <u>21</u> 64 <u>6</u> Page 6
	t Val Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 (explain in P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
 -	Depreciation and depletion	5_		
6	Portion of operating expenses paid or incurred for production or	_	,	
·	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
-	Other expenses (see instructions)	7		
7	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8 Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	990		
1	instructions for short tax year or assets held for part of year):	2. 3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Average monthly value of securities	1a		
$\overline{}$		1b		
	Average monthly cash balances Fair market value of other non-exempt-use assets	1c		
		1d		
	Total (add lines 1a, 1b, and 1c)	J. 150.		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	2		
_2	Acquisition indebtedness applicable to non-exempt-use assets	3		
3	Subtract line 2 from line 1d.	- 3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		<u> </u>
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7	<u></u>	
8	Minimum Asset Amount (add line 7 to line 6)	8	1/4	
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		<u> </u>
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		<u> </u>
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
J	emergency temporary reduction (see instructions).	6		
7	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ally integra	ated Type III supporting orga	nization (see

instructions).

Scha	dule A (Form 990) 2022 NATIONAL INDIX	AN COUNCIL	ONA	GING	8	6-0321646 Page 7
Pai	tV Type III Non-Functionally Integrated 509(a)(3) Supportii	ng Organ	nizations _{(contin}	ued)	
Sect	on D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes			1 1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supp	orted			1
	organizations, in excess of income from activity				2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported org	anizations		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Pai	t VI)		5	<u> </u>
6	Other distributions (describe in Part VI). See instructions.				6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to which the	ie organization is i	esponsive			
-	(provide details in Part VI). See instructions.				8_	
9	Distributable amount for 2022 from Section C, line 6		<u>.</u>		9_	
10	Line 8 amount divided by line 9 amount				10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distrib	outions	(ii) Underdistributio	ons	(iii) Distributable Amount for 2022
300	TOTAL C STORING MODELL (TOTAL CONT.)			Pre-2022		Aitiount for Edit
1	Distributable amount for 2022 from Section C, line 6	建筑等 ,从277 x 4	在36年 年			
2	Underdistributions, if any, for years prior to 2022 (reason-					
_	able cause required - explain in Part VI). See instructions.			<u> </u>		
3		BESULLY /	عن ميتروومه ي	14 14 14 14 14 14 14 14 14 14 14 14 14 1		And the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
	From 2017					
	From 2018					
	From 2019	商第 4. 1.				
	From 2020	A TO SEE A				
	From 2021		计能制			
	Total of lines 3a through 3e			STEP EVEN TO SEE	6	
	Applied to underdistributions of prior years	1 5 66 3 2 2 3	QŘ ,			
	Applied to 2022 distributable amount				Ž.	
i	1 11 11 11 11 11			3.7. T. S.		
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			15 P 30 30		65 S. S
4	Distributions for 2022 from Section D,	17944 高麗				
-	line 7: \$		M			
	Applied to underdistributions of prior years	AL THERE	1205			
	Applied to 2022 distributable amount	P. Colv.	MAKE.	- 457		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
	Remainder. Subtract lines 4a and 4b from line 4.			选道。		N. T. C. C. C. C. C. C. C. C. C. C. C. C. C.
5	Remaining underdistributions for years prior to 2022, if	1	6.762.2			
5	any. Subtract lines 3g and 4a from line 2. For result greater	a a way				
	than zero, explain in Part VI. See instructions.		N. 2-44			ELECTRIC STATE
6	Remaining underdistributions for 2022. Subtract lines 3h	General Section	2 · 2	4. 47		
0	and 4b from line 1. For result greater than zero, explain in		ger Krajinani			1
	Part VI. See instructions.				97. 1. (_4.24	
-	Excess distributions carryover to 2023. Add lines 3j	13		10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10	1400	
7	and 4c.	1				
_	Breakdown of line 7:		A P. L.			A STORY W. A. S.
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	Excess from 2018 Excess from 2019	£ 7 0	745 6 70		, 4	他们的科学的基础
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	Excess from 2020 Excess from 2021	Sarkaza.		4.72		
_	Excess from 2022			49 : 49 E	st.	
	EXCESS HUIII 2022	According to April 1974 April 1974			-	ichedule A (Form 990) 2022

Schedule A (Form 990) 2022

	(Form 990) 2022	MATTON	ſΔT.	TNDTAN	COUNCI	L ON	AGING	86-0321646	
Part VI	Supplemental Inforr	nation. Pr 2, 3b, 3c, 4b	ovide , 4c, t	the explanati 5a, 6, 9a, 9b,	ons required l 9c, 11a, 11b,	by Partil and 110	, line 10; Part II, li ; Part IV, Section and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Pa ny additional information.	ı C, ırt V,
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** PUBLIC DISCLOSURE COPY **

Schedule B*

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

86-0321646 NATIONAL INDIAN COUNCIL ON AGING Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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that it doesn't meet the filing requirements of Schedule B (Form 990).

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

Employer identification number

NATIONAL INDIAN COUNCIL ON AGING

86-0321646

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047_ Open to Public

Name of the organization

NATIONAL INDIAN COUNCIL ON AGING

Employer identification number 86-0321646

Schedule D (Form 990) 2022

Par	Organizations Maintaining Donor Advised		s or Accounts	 Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds	
•	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only	
•	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea		of a historically im	portant land area
	Protection of natural habitat		of a certified histo	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	n of a conservation	n easement on the last
	day of the tax year.		ASSES H	eld at the End of the Tax Year
_			2a	·
_	Total acreage restricted by conservation easements		l l	
b	Number of conservation easements on a certified historic str			
ن ہ	Number of conservation easements included in (c) acquired a			
d	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the		ring the tax
3		casca, extinguished, or terrimized by a	10 0,9=,,,===============================	
4	Number of states where property subject to conservation ea	sement is located		
4	Does the organization have a written policy regarding the pel		_ f	
5	violations, and enforcement of the conservation easements if			Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easem	
6	Stati and volunteer flours devoted to monitoring, inspecting,	Hallanty of violations, and emotoring oc	1100114410114410	onto daming the jum
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consen	ation easements	during the vear
′	Altour of expenses incurred in monitoring, inspecting, mark	ming of violations, and officioning control	duori odoonionio	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
9	balance sheet, and include, if applicable, the text of the footi			nes the
	organization's accounting for conservation easements.	lote to the organization o manious oute		
Pa	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar A	Assets.
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		and balance shee	et works
ia	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final			
h	If the organization elected, as permitted under FASB ASC 95			orks of
_	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			··································
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
0	If the organization received or held works of art, historical tre			
2	the following amounts required to be reported under FASB A		gan, provide	
_			<u>.</u>	
a	Revenue included on Form 990, Part VIII, line 1	•		

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Part Provide the estimated percentage of the Collections of Art, Historical Treasures, or Other Similar Assets	Sched	iule D (Form 990) 2022 NATIONAL	L INDIAN CO	OUNCI	L ON A	GING					Page 2
3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection time (check all that apply): Public exhibition	Par	III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or Oth	er Si	mila	- Assets	(continu	ed)
collection terms (check all that apply): a Potatic exhibition d Loan or exchange program b Scholarly research e Other C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds at part than to be maintened as part of the organization answered Yea' on From 990, Part X, line 9, or reported an amount on From 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on From 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on From 990, Part X, line 21. 1b If Yea,* explain the arrangement in Part XIII and complete the following table: C Beginning balance 1e Amount 1e In In In In In In In I											
Scholarly research C Preservation for future generations		-									
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization collection of art, historical treasures, or other similar assets 5 During the year, did the organization to be sold to raise funder attein than to be maintained as part of the organization's collection? Paint IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX III and complete the following tables: Part IV Yes, explain the arrangement in Part XIII and complete the following tables: Additions during the year 1d.	а	Public exhibition	d	ı 🔲 L	oan or excl	nange program					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasurues, or other similar assets to be sold to raise funds wither than to be maintained as part of the organization are surror similar assets. The provided an amount on Form 990, Part XIII. Is a the organization an agent, furutee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XXIII. Is a the organization an agent, furutee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XXIII. Is a the organization and part, furutee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XXIII. Is a the organization and part and part XIII. Beginning balance C Beginning balance It a Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard Standard St	b	Scholarly research	е	· 🗀 o	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an angent, trustee, outstidian or other intermediary for contributions or other assets not included on Form 990, Part X and the second of the organization and the second on Form 990, Part X and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	c	Preservation for future generations									
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No No If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit o	r receive donations o	of art, hist	torical treas	ures, or other simi	ar ass	ets		-	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII Part XIII		to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's col	lection?		,		Yes	No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	LIV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Yes"	on Fo	rm 990), Part IV, I	ne 9, or	
on Form 990, Part X7 b If Yes, *explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for excrow or custodial account liability? Yes and include an amount on Form 990, Part X, line 21, for excrow or custodial account liability? Yes No b If Yes, *explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part XIII											
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c Beginning balance d Additions during the year e Distributions during the year 1 to 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:						
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e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves	c	Beginning balance									
f Ending balance 11	d	Additions during the year									
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No in Ir Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. PartXM Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Reginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years b	е	Distributions during the year								-	
But Yes, explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part Findowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calcurrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	f								<u> </u>	1	
Part								• • • • • • • • • • • • • • • • • • • •	L	」Yes	⊢ No
[a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (e)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If *Yes* on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered *Yes* on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 4 Equipment 5 Description of property (d) Book value depreciation 4 Equipment 5 Description of property (d) Book value depreciation 4 Equipment 6 Equipment 7 Description of property (d) Book value depreciation 6 Equipment 7 Description of property 8 Equipment 8 Description of property 9 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 1 Description of property 2 Description of property 3 Description of property 4 Description of property 5 Description of property 6 Description of property 6 Description of property 7 Description of property 8 Description of property 9 Description of property 9 Description of property 9 Description of property 9 Description of property 9 Description of property 9 Description of property 9 Description of pr	<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on Part X	<u> ,,</u>				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships of the expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Bulldlings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Bulldings c Leasehold improvements c Leasehold improvements d Equipment e Other	Par	Endowment Funds. Complete						Thron	ware back	In Four 1	mare hack
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and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment				<u> </u>		<u> </u>	+				
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			L .				+				
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f		li .								
Board designated or quasi-endowment	g			<u> </u>		<u> </u>					
b Permanent endowment	2				, column (a)) held as:					
Term endowment				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
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(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		-								_	105 110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Describe in Part XII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		• • • • • • • • • • • • • • • • • • • •	•					• • • • • • • • • • • • • • • • • • • •		[3D]	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				wment it	inus.	 ,					····
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	(1) (4)			n Part IV	line 11a. S	ee Form 990. Part	X. line	e 10.			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other									ed	(d) Book	value
ta Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	1		¢7	,	•			(a) Doon	Valuo
b Buildings c Leasehold improvements d Equipment e Other		1 and		,		·				_	
c Leasehold improvements d Equipment e Other						/ 5500		"Wet 5	- -		
d Equipment e Other				<u> </u>							
e Other											
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				X. colum	n (B), line 1	0c.)					0.

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 NATIONAL INDIAN COUNCIL ON	<u>AGIN</u>	<u> </u>		321646 Page 4
Par	t⊮XI∰ Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0.000.405
1	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		1	8,928,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		400 000	, ,	
а	Net unrealized gains (losses) on investments	2a	139,832.		
b	Donated services and use of facilities	2b	1,351,726.		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		4.4	
е	Add lines 2a through 2d			2e	1,491,558.
3	Subtract line 2e from line 1			3	7,436,937.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,315.		
ь	Other (Describe in Part XIII.)	1 1	14,635.		
c	Add lines 4a and 4b			4c	<u>46,950.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I line 12.)			5	7,483,887.
Pa	Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,265,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,351,726		
b	Prior year adjustments	I _, I], [
~	Other losses	2c		3.7	
ч	Other (Describe in Part XIII.)	2d		E E	
e	Add lines 2a through 2d			2e	1,351,726.
3	Subtract line 2e from line 1			3	7,914,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4	
-		4a	32,315		
a	·	1 1	14,635		
b	•			4c	46,950.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			 	7,961,165.
5 Pa	rt XIII Supplemental Information.			, ,	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1	h and 2h: Part V line	4: Part X	Lline 2: Part XI.
Prov :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional info	ormation		4 100 24 7 21 7 14
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	HOTIER HIN	Jiliation.		
					· · · · · · · · · · · · · · · · · · ·
				 -	
PA:	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
IN	TEREST EXPENSE				14,635
			·		
			 -		
PA.	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
IN	rerest expense				14,635.
		_			
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Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Name of the organization

NATIONAL INDIAN COUNCIL ON AGING

Employer identification number 86-0321646

MALIONAL INDIAN COORDING CO. FIGURE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH, SOCIAL SERVICES, AND ECONCOMIC WELL BEING TO AMERICAN INDIAN
AND ALASKA NATIVE ELDERS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LEARNING MORE ABOUT AI/AN PEOPLE LIVING WITH DISABILITIES AND THE
RESOURCES AVAILABLE TO THEM
NICOA'S TARC HOUSES NEW MATERIALS AND RESOURCES ON THE NICOA WEBSITE.
THIS CLEARINGHOUSE OFFERS RELIABLE INFORMATION FOR NATIVE ELDERS AND
THOSE INTERESTED IN SUPPORTING THEM.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THIS CENTER IS FOCUSED ON PROVIDING EDUCATION AND OUTREACH TO THE AGING
NETWORK AS WELL AS AMERICAN INDIAN, ALASKA NATIVE, AND NATIVE HAWAIIAN
ELDERS 55 AND OVER. THE NCAREE-TAC WILL PROVIDE EXPERTISE IN THE
DESIGN, DEVELOPMENT, AND SHARING OF CULTURALLY COMPETENT INFORMATION ON
FINANCIAL EXPLOITATION THAT CAN IMPROVE DELIVERY OF SERVICES TO
AMERICAN INDIAN, ALASKA NATIVE, AND NATIVE HAWAIIAN ELDERS ACROSS THE
COUNTRY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS RECEIVED BY THE FINANCE DIRECTOR. IT IS THEN DISTRIBUTED
TO BOARD MEMBERS FOR REVIEW. AFTER SUFFICIENT TIME FOR COMMENT, THE FORM
990 IS FILED.

Schedule O (Form 990) 2022			Page 2	
Name of the organization NATIONAL INDIAN COUNCIL ON AGING	Employer identification number 86-0321646			
THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE REVEIWED	вч	BOARD	MEMBERS	
ON AN ANNUAL BASIS.				
FORM 990, PART VI, SECTION C, LINE 18:			-	
ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
FORM 990, PART VI, SECTION C, LINE 19:		-		
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.				
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