

American Indian College

2016 Return of Organization Exempt from Tax (Form 990)

June 30th

Public Disclosure Copy

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN INDIAN COLLEGE FUND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8333 GREENWOOD BLVD City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80221 F Name and address of principal officer: CHERYL CRAZY BULL SAME AS C ABOVE | D Employer identification number 52-1573446 E Telephone number 303-426-8900 G Gross receipts \$ 25,320,550. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.COLLEGEFUND.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1989 | | M State of legal domicile: DC |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE COLLEGE FUND PROVIDES SCHOLARSHIPS TO THOUSANDS OF AMERICAN INDIAN STUDENTS ANNUALLY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 69 6 Total number of volunteers (estimate if necessary) 6 19 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <177,241.> b Net unrelated business taxable income from Form 990-T, line 34 7b <177,326.> | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------------|--------------|---|-------------|-------------|---|------------|------------|--|-------------|-------------|--|------------|-----------|--|-------------|-------------|---|-------------|-------------|--|------------|--------------|--|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">23,899,215.</td> <td style="text-align: right;">21,136,901.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">8,617.</td> <td style="text-align: right;">15,467.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,028,257.</td> <td style="text-align: right;">1,202,214.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><115,996.></td> <td style="text-align: right;"><65,206.></td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">24,820,093.</td> <td style="text-align: right;">22,289,376.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 23,899,215. | 21,136,901. | 9 Program service revenue (Part VIII, line 2g) | 8,617. | 15,467. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,028,257. | 1,202,214. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <115,996.> | <65,206.> | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 24,820,093. | 22,289,376. | | | | | | | |
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| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">12,914,399.</td> <td style="text-align: right;">13,492,003.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">4,164,636.</td> <td style="text-align: right;">4,502,449.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,068,608.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">5,747,492.</td> <td style="text-align: right;">6,435,441.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">22,826,527.</td> <td style="text-align: right;">24,429,893.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">1,993,566.</td> <td style="text-align: right;"><2,140,517.></td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 12,914,399. | 13,492,003. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,164,636. | 4,502,449. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,068,608. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,747,492. | 6,435,441. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 22,826,527. | 24,429,893. | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,993,566. | <2,140,517.> | |
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| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">74,720,058.</td> <td style="text-align: right;">77,339,478.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,126,064.</td> <td style="text-align: right;">1,300,743.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">73,593,994.</td> <td style="text-align: right;">76,038,735.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 74,720,058. | 77,339,478. | 21 Total liabilities (Part X, line 26) | 1,126,064. | 1,300,743. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 73,593,994. | 76,038,735. | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | |
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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.

| | | | | | |
|-------------------------------|---|---|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer CHERYL CRAZY BULL, PRESIDENT & CEO Type or print name and title | Date _____ | | | |
| Paid Preparer Use Only | Print/Type preparer's name KYLE FRITCH, CPA | Preparer's signature KYLE FRITCH, CPA | Date 11/07/17 | Check if self-employed <input type="checkbox"/> | PTIN P01313374 |
| | Firm's name ▶ EIDE BAILLY LLP | Firm's EIN ▶ 45-0250958 | | | |
| | Firm's address ▶ 7001 E BELLEVIEW AVE, SUITE 700 DENVER, CO 80237 | | Phone no. 303-770-5700 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PLEASE SEE SCHEDULE O FOR COMPLETE DESCRIPTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 16,764,475. including grants of \$ 13,492,003.) (Revenue \$) SCHOLARSHIPS AND GRANTS - PLEASE SEE SCHEDULE O FOR COMPLETE DESCRIPTION.

4b (Code:) (Expenses \$ 1,058,242. including grants of \$ 0.) (Revenue \$ 15,467.) PUBLIC EDUCATION - PLEASE SEE SCHEDULE O FOR COMPLETE DESCRIPTION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,822,717.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 19 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 19 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section 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? | | 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? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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 | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, IN, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **TAMELA MILLER-CARLSON - 303-426-8900**
8333 GREENWOOD BLVD, DENVER, CO 80221

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DR. DAVID E. YARLOTT, JR. CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) DR. BILLIE JO KIPP 1ST VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DR. ROBERT MARTIN 2ND VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) KIMBERLY BLANCHARD TRUSTEE/RESOURCE DEVELOPMENT | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) MICHAEL PURVIS TRUSTEE/MEMBER AT LARGE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ROBERT BIBLE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) BILL BLACK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) JOSEPH CANFORA TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) DR. JIM DAVIS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JEFF FILLERUP TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) CAMERON GEIGER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) DR. JUSTIN GUILLORY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) DR. ELMER GUY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DAWSON HER MANY HORSES TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) DEBRA PARRISH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) LYNN DEE RAPP TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DR. NATE ST. PIERRE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MEREDITH VAUGHAN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) DR. LAUREL VERMILLION TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) CHERYL CRAZY BULL PRESIDENT/CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | 252,622. | 0. | 43,360. | |
| (21) TAMELA A MILLER-CARLSON TREASURER/CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | 151,130. | 0. | 35,599. | |
| (22) CARRIE BASGALL SECRETARY/EXEC ASST TO PRESIDENT | 40.00 | | | X | | | 56,554. | 0. | 23,693. | |
| (23) TARAJEAN YAZZIE MINTZ VICE PRESIDENT PROGRAM INITIATIVES | 40.00 | | | | X | | 119,579. | 0. | 20,953. | |
| (24) NANCY JO HOUK CHIEF MARKETING & DEVELOPMENT OFFICE | 40.00 | | | | X | | 140,461. | 0. | 20,037. | |
| 1b Sub-total | | | | | | | 720,346. | 0. | 143,642. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 720,346. | 0. | 143,642. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| AMERGENT, 9 CENTENNIAL DRIVE, UNIT 101, PEABODY, MA 01960-7940 | DIRECT MAIL AND FUNDRAISING SERVICES | 3,065,814. |
| VLADIMIR JONES, P.O. BOX 387, COLORADO SPRINGS, CO 80901-0387 | ADVERTISING, SOCIAL MEDIA, CONSULTING | 400,013. |
| VERADATA, 1910 PARK MEADOWS DRIVE, SUITE 200, FORT MEYERS, FL 33907-38 | DONOR LIST, VIDEOS, DIGITAL ADS | 114,514. |
| BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193-0256 | SOFTWARE-RE & FE, LICENSING, MAITENANC | 112,126. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|---|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 218,725. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 20,918,176. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 48,000. | | | |
| | h Total. Add lines 1a-1f | | 21,136,901. | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | 900099 | 15,467. | 15,467. | | |
| | g Total. Add lines 2a-2f | | 15,467. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 975,959. | <177,241.> | 1,153,200. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | 2,773,745. | | |
| | | c Gain or (loss) | | 226,255. | | |
| | d Net gain or (loss) | | 226,255. | | 226,255. | |
| | 8 a Gross income from fundraising events (not including \$ 218,725. of contributions reported on line 1c). See Part IV, line 18 | a | | 192,223. | | |
| | | b Less: direct expenses | | 257,429. | | |
| c Net income or (loss) from fundraising events | | | <65,206.> | | <65,206.> | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a _____ | | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 22,289,376. | 15,467. | <177,241.> | 1,314,249. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,785,548. | 4,785,548. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 8,706,455. | 8,706,455. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 478,102. | 273,034. | 133,137. | 71,931. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,007,998. | 1,883,098. | 406,565. | 718,335. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,016,349. | 639,743. | 133,497. | 243,109. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 14,328. | | 14,328. | |
| c Accounting | 29,575. | | 29,575. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 365,016. | | 365,016. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 771,330. | 356,690. | 42,816. | 371,824. |
| 12 Advertising and promotion | 3,459,466. | 262,464. | | 3,197,002. |
| 13 Office expenses | 109,821. | 44,010. | 14,290. | 51,521. |
| 14 Information technology | 169,164. | 88,584. | 19,490. | 61,090. |
| 15 Royalties | | | | |
| 16 Occupancy | 97,760. | 70,182. | 12,177. | 15,401. |
| 17 Travel | 576,805. | 339,643. | 60,291. | 176,871. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 197,975. | 73,909. | 120,433. | 3,633. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 197,451. | 122,419. | 29,667. | 45,365. |
| 23 Insurance | 39,723. | 24,628. | 5,958. | 9,137. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PUBLICATIONS, DUES & SU | 138,843. | 94,818. | 12,158. | 31,867. |
| b BANK CHARGES | 83,721. | | 83,721. | |
| c STAFF DEVELOPMENT | 73,578. | 17,636. | 30,737. | 25,205. |
| d WEB DESIGN | 48,360. | 36,406. | | 11,954. |
| e All other expenses | 62,525. | 3,450. | 24,712. | 34,363. |
| 25 Total functional expenses. Add lines 1 through 24e | 24,429,893. | 17,822,717. | 1,538,568. | 5,068,608. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 2,425,267. | 2 | 2,212,601. |
| | 3 Pledges and grants receivable, net | 6,418,246. | 3 | 6,784,205. |
| | 4 Accounts receivable, net | 4,076. | 4 | 4,257. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 8,689. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 152,502. | 9 | 197,486. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,891,525. | | |
| | b Less: accumulated depreciation | 10b 869,125. | 2,165,029. | 10c 2,022,400. |
| | 11 Investments - publicly traded securities | 45,677,071. | 11 | 50,634,914. |
| | 12 Investments - other securities. See Part IV, line 11 | 17,226,394. | 12 | 14,801,100. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 642,784. | 15 | 682,515. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 74,720,058. | 16 | 77,339,478. | |
| Liabilities | 17 Accounts payable and accrued expenses | 512,544. | 17 | 651,654. |
| | 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 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 613,520. | 25 | 649,089. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,126,064. | 26 | 1,300,743. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 24,291,360. | 27 | 24,395,912. |
| | 28 Temporarily restricted net assets | 21,124,209. | 28 | 22,234,393. |
| | 29 Permanently restricted net assets | 28,178,425. | 29 | 29,408,430. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 73,593,994. | 33 | 76,038,735. | |
| 34 Total liabilities and net assets/fund balances | 74,720,058. | 34 | 77,339,478. | |

Part 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) | 1 | 22,289,376. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,429,893. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <2,140,517.> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 73,593,994. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,585,258. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 76,038,735. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15200086. | 17249673. | 16927937. | 23899215. | 21136901. | 94413812. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 15200086. | 17249673. | 16927937. | 23899215. | 21136901. | 94413812. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 9015650. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 85398162. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 15200086. | 17249673. | 16927937. | 23899215. | 21136901. | 94413812. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1117105. | 1056596. | 1078280. | 895,272. | 975,959. | 5123212. |
| 9 Net income from unrelated business 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.) | 3,989. | 110,061. | | | | 114,050. |
| 11 Total support. Add lines 7 through 10 | | | | | | 99651074. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,006,024. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.70 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 85.68 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? | | |
| 6 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 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 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 3,989.

2013 AMOUNT: \$ 110,061.



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

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 or 990-EZ), 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.

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, II, and III.

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 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* 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, 990-EZ, or 990-PF), 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|---|---|
| Name of organization AMERICAN INDIAN COLLEGE FUND | Employer identification number 52-1573446 |
|---|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ <u>1,400,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ <u>2,350,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ <u>400,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization AMERICAN INDIAN COLLEGE FUND | Employer identification number 52-1573446 |
|---|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|---|---|
| Name of organization AMERICAN INDIAN COLLEGE FUND | Employer identification number 52-1573446 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: AMERICAN INDIAN COLLEGE FUND; Employer identification number: 52-1573446

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 rather than to be maintained as part of the organization's collection? Yes No

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow 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 V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 49,867,645. | 47,257,516. | 44,023,164. | 39,267,254. | 34,751,047. |
| b Contributions | 2,920,457. | 3,823,154. | 4,240,060. | 803,885. | 2,247,162. |
| c Net investment earnings, gains, and losses | 4,977,972. | 331,346. | 774,287. | 6,041,878. | 3,727,941. |
| d Grants or scholarships | 1,666,937. | 1,544,371. | 1,567,006. | 1,488,762. | 1,288,703. |
| e Other expenditures for facilities and programs | | | | 402,450. | |
| f Administrative expenses | | | 212,989. | 198,641. | 170,193. |
| g End of year balance | 56,099,137. | 49,867,645. | 47,257,516. | 44,023,164. | 39,267,254. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 32.30 %
- b Permanent endowment 52.42 %
- c Temporarily restricted endowment 15.28 %

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 100,000. | | 100,000. |
| b Buildings | | 2,297,784. | 609,329. | 1,688,455. |
| c Leasehold improvements | | | | |
| d Equipment | | 493,741. | 259,796. | 233,945. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,022,400. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) DOMESTIC FIXED-INCOME | | |
| (B) FUNDS | 4,341,185. | END-OF-YEAR MARKET VALUE |
| (C) DOMESTIC GROWTH FUND | 1,486,957. | END-OF-YEAR MARKET VALUE |
| (D) POOLED HEDGE FUNDS | 3,450,594. | END-OF-YEAR MARKET VALUE |
| (E) POOLED FLOATING-RATE | | |
| (F) FUNDS | 5,522,364. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 14,801,100. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITIES | 11,058. |
| (3) HELD IN TRUST FOR OTHERS | 638,031. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 649,089. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 30,047,934. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 4,585,258. | |
| | b Donated services and use of facilities | 2b | 3,538,316. | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 8,123,574. | |
| 3 | Subtract line 2e from line 1 | | 3 | 21,924,360. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 365,016. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | 365,016. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 22,289,376. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 27,603,193. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | 3,538,316. | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | 3,538,316. | |
| 3 | Subtract line 2e from line 1 | | 3 | 24,064,877. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 365,016. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | 365,016. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 24,429,893. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT IS COMPOSED OF APPROXIMATELY 120 INDIVIDUAL FUNDS AND 1 PURPOSE-RESTRICTED QUASI-ENDOWMENT FUND ESTABLISHED BY DONORS PRIMARILY TO PROVIDE SCHOLARSHIPS AND SUPPORT TO TRIBAL COLLEGE STUDENTS AND TRIBAL COLLEGES, RESPECTIVELY.

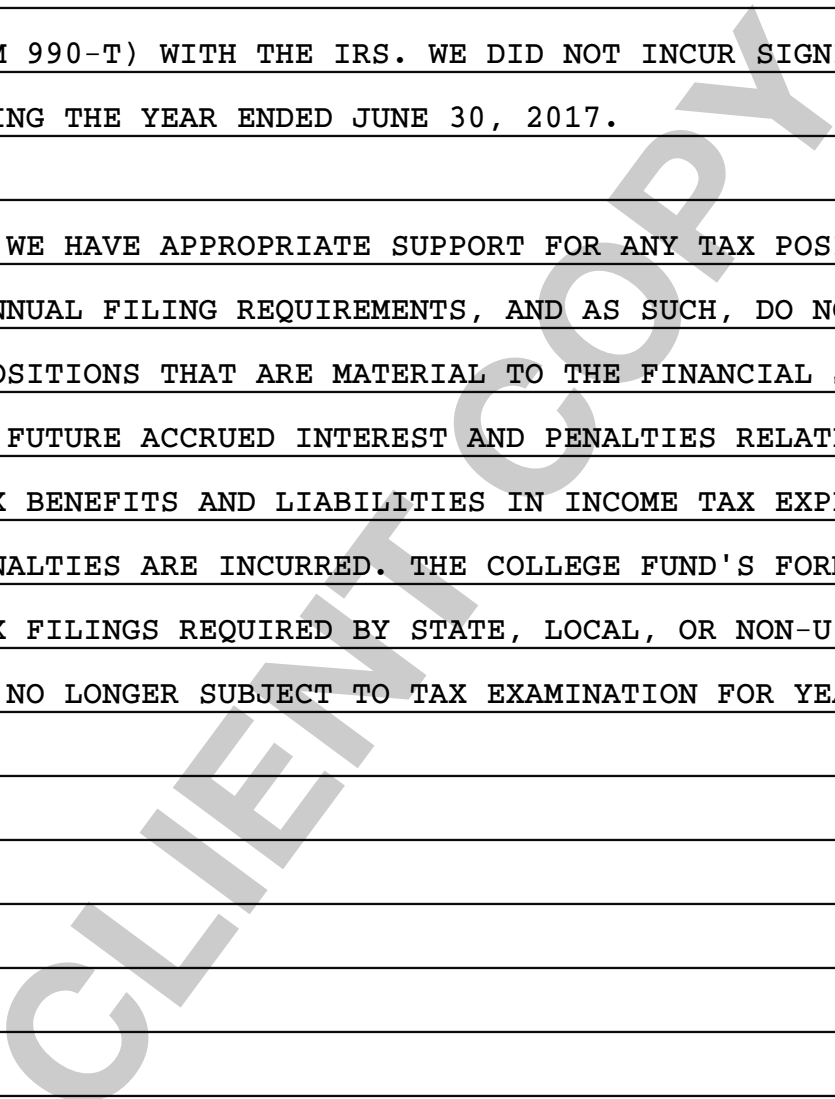
PART X, LINE 2:

THE COLLEGE FUND IS ORGANIZED AS A WASHINGTON, D.C. NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS

Part XIII Supplemental Information (continued)

BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). WE ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, WE ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO OUR EXEMPT PURPOSE. WE HAVE FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS. WE DID NOT INCUR SIGNIFICANT INCOME TAX EXPENSE DURING THE YEAR ENDED JUNE 30, 2017.

WE BELIEVE THAT WE HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING OUR ANNUAL FILING REQUIREMENTS, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. WE WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE COLLEGE FUND'S FORMS 990-T AND OTHER INCOME TAX FILINGS REQUIRED BY STATE, LOCAL, OR NON-U.S. TAX AUTHORITIES ARE NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS BEFORE 2013.



Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|-----------------------------------|---|----------------------|------------------------------------|
| | | 2016-2017 GALA (event type) | 2017 TWIN CITIES FUNDR (event type) | 12 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 254,069. | 42,931. | 113,948. | 410,948. |
| | 2 Less: Contributions | 160,900. | 38,200. | 19,625. | 218,725. |
| | 3 Gross income (line 1 minus line 2) | 93,169. | 4,731. | 94,323. | 192,223. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 56,405. | 7,000. | 2,315. | 65,720. |
| | 7 Food and beverages | 74,170. | 8,440. | | 82,610. |
| | 8 Entertainment | 48,854. | 3,500. | 2,585. | 54,939. |
| | 9 Other direct expenses | 47,634. | 1,835. | 4,691. | 54,160. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 257,429. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | <65,206.> | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **AMERICAN INDIAN COLLEGE FUND** Employer identification number **52-1573446**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| AMERICAN INDIAN HIGHER EDUCATION CONSORTIUM - 121 ORONOCO STREET - ALEXANDRIA, VA 22314 | 84-0640326 | 501(C)(3) | 100,000. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| AANIIIIH NAKODA COLLEGE (FORMELY FT. BELKNAP COLLEGE) - PO BOX 159 - HARLEM, MT 59526 | 81-0420980 | 501(C)(3) | 91,185. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| BAY MILLS COMMUNITY COLLEGE 12214 W. LAKESHORE DR. BRIMLEY, MI 49715 | 38-2604866 | 501(C)(3) | 46,511. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| BLACKFEET COMMUNITY COLLEGE PO BOX 819 BROWNING, MT 59417 | 81-0378943 | 501(C)(3) | 83,585. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| CANKDESKA CIKANA COMM COLLEGE PO BOX 269 FT TOTTEN, ND 58335 | 45-0350756 | 501(C)(3) | 205,449. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| CHIEF DULL KNIFE COLLEGE PO BOX 98 LAME DEER, MT 59043 | 81-0351900 | 501(C)(3) | 43,321. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **35.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLLEGE OF THE MENOMINEE NATION PO BOX 1179 KESHENA, WI 54135 | 39-1773613 | 501(C)(3) | 224,780. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| COLLEGE OF THE MUSCOGEE NATION 600 N. MISSION OKMULGEE, OK 74447 | 35-2357683 | 501(C)(3) | 147,234. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| DINE' COLLEGE PO BOX 97 TSAILE, AZ 86556 | 86-0215931 | 501(C)(3) | 127,043. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| FOND DU LAC TRIBAL AND COMMUNITY COLLEGE - 2101 14TH STREET - CLOQUET, MN 55720 | 41-1816396 | 501(C)(3) | 141,070. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| FORT PECK COMMUNITY COLLEGE PO BOX 398 POPLAR, MT 59255 | 81-0374399 | 501(C)(3) | 98,185. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| NUETA HIDATSA SAHNISH COLLEGE (FORMERLY FT. BERTHOLD) - PO BOX 490 - NEW TOWN, ND 58763 | 45-0322990 | 501(C)(3) | 133,529. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| HASKELL INDIAN NATIONS UNIVERSITY 155 INDIAN AVE. LAWRENCE, KS 66046 | 03-0489646 | 501(C)(3) | 94,242. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| ILISAGVIK COLLEGE PO BOX 749 BARROW, AK 99723 | 92-0158414 | 501(C)(3) | 187,648. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| INSTITUTE OF AMERICAN INDIAN ARTS 83 AVAN NU PO RD SANTA FE, NM 87508 | 85-0377670 | 501(C)(3) | 60,117. | 48,000. | FAIR MARKET VALUE | ARTWORK | OPERATIONAL/PROGRAM SUPPORT |

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| KEWEENAW BAY OJIBWA COMMUNITY COLLEGE - PO BOX 519 - BARAGA, MI 49908 | 38-1743340 | 501(C)(3) | 143,336. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| LAC COURTE OREILLES OJIBWAY COMMUNITY COLLEGE - RR2 BOX 2357 - HAYWARD, WI 54843 | 39-1453493 | 501(C)(3) | 245,569. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| LEECH LAKE TRIBAL COLLEGE PO BOX 180 CASS LAKE, MN 56633 | 75-3061667 | 501(C)(3) | 139,503. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| LITTLE BIG HORN COLLEGE PO BOX 370 CROW AGENCY, MT 59022 | 81-0331905 | 501(C)(3) | 52,235. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| LITTLE PRIEST TRIBAL COLLEGE PO BOX 270 WINNEBAGO, NE 68071 | 91-1849962 | 501(C)(3) | 69,608. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| NAVAJO TECHNICAL UNIVERSITY PO BOX 849 CROWN POINT, NM 87313 | 85-0303705 | 501(C)(3) | 137,934. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| NEBRASKA INDIAN COMM COLLEGE PO BOX 428 MACY, NE 68039 | 47-0623553 | 501(C)(3) | 106,112. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| NORTHWEST INDIAN COLLEGE 2522 KWINA RD BELLINGHAM, WA 98226 | 91-0905644 | 501(C)(3) | 190,199. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| OGLALA LAKOTA COLLEGE PO BOX 490 KYLE, SD 57752 | 23-7135915 | 501(C)(3) | 145,954. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SAGINAW CHIPPEWA TRIBAL COLLEGE 2274 ENTERPRISE DR. MT PLEASANT, MI 48858 | 38-6178758 | 501(C)(3) | 37,552. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| SALISH KOOTENAI COLLEGE PO BOX 70 PABLO, MT 59855 | 81-0378823 | 501(C)(3) | 111,812. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| SINTE GLESKA UNIVERSITY PO BOX 105 MISSION, SD 57555 | 46-0312209 | 501(C)(3) | 118,194. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| SISSETON WAHPETON COLLEGE PO BOX 689 SISSETON, SD 57262 | 46-0357254 | 501(C)(3) | 196,453. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| SITTING BULL COLLEGE 1341 92ND STREET FT YATES, ND 58538 | 23-7373765 | 501(C)(3) | 332,353. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE - 9169 COORS RD NW. - ALBUQUERQUE, NM 87184 | 85-0235298 | 501(C)(3) | 214,028. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| STONE CHILD COMMUNITY COLLEGE RR1, BOX 1082 BOX ELDER, MT 59521 | 81-0420650 | 501(C)(3) | 46,944. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| TOHONO O'ODHAM COMMUNITY COLLEGE PO BOX 3129 SELLS, AZ 85634 | 86-0931108 | 501(C)(3) | 99,293. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |
| TURTLE MOUNTAIN COMMUNITY COLLEGE PO BOX 340 BELCOURT, ND 58316 | 45-0323401 | 501(C)(3) | 199,334. | 0. | | | OPERATIONAL/PROGRAM SUPPORT |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS | 4123 | 7,623,056. | 0. | | |
| STUDENT INTERNSHIPS/FELLOWSHIPS | 178 | 394,415. | 11,334. | BOOK VALUE | SUPPLIES, PRINTING, AUDIO/VISUAL, CONSULTANTS |
| OTHER STUDENT SUPPORT | 884 | 342,713. | 20,919. | BOOK VALUE | SUPPLIES, PRINTING, TRAVEL EXPENSES, SPEAKING EVENTS, SHIPPING |
| FACULTY AND STAFF FELLOWSHIPS | 39 | 257,144. | 4,453. | BOOK VALUE | SUPPLIES, DATABASE |
| COMMUNITY SUPPORT | 275 | 0. | 36,421. | BOOK VALUE | COMMUNITY MEALS, EVENTS, SPONSORSHIPS TO OTHER ORGANIZATIONS |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

TO ENSURE THAT FUNDS ARE PROPERLY DISBURSED TO ELIGIBLE STUDENTS THE FUND REQUIRES TRANSCRIPTS, CLASS SCHEDULES, AND PROOF OF TRIBAL ENROLLMENT OR DESCENDANCY. THE ORGANIZATION MAINTAINS DATA ON ALL SCHOLARSHIP RECIPIENTS IN A DATABASE AND PROVIDES COMPREHENSIVE REPORTS TO DONORS. TRIBAL COLLEGE AND OTHER GRANT ASSISTANCE ARE ALSO MONITORED BY THE ORGANIZATION THROUGH DATA COLLECTION AND COMPREHENSIVE REPORTING TO DONORS. EVERY GRANT BUDGET IS TRACKED IN DETAIL WITHIN THE ORGANIZATION'S ACCOUNTING SYSTEM. DATA IS OBTAINED FROM GRANT RECIPIENTS, INCLUDING TRIBAL COLLEGES, THROUGH SITE

Part IV Supplemental Information

VISITS AND REPORTING REQUIREMENTS.

CLIENT COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHERYL CRAZY BULL PRESIDENT/CHIEF EXECUTIVE OFFICER | (i) | 227,622. | 25,000. | 0. | 17,071. | 27,705. | 297,398. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) TAMELA A MILLER-CARLSON TREASURER/CHIEF FINANCIAL OFFICER | (i) | 144,675. | 6,455. | 0. | 10,183. | 26,777. | 188,090. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) NANCY JO HOUK CHIEF MARKETING & DEVELOPMENT OFFICE | (i) | 139,072. | 1,389. | 0. | 9,171. | 12,191. | 161,823. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

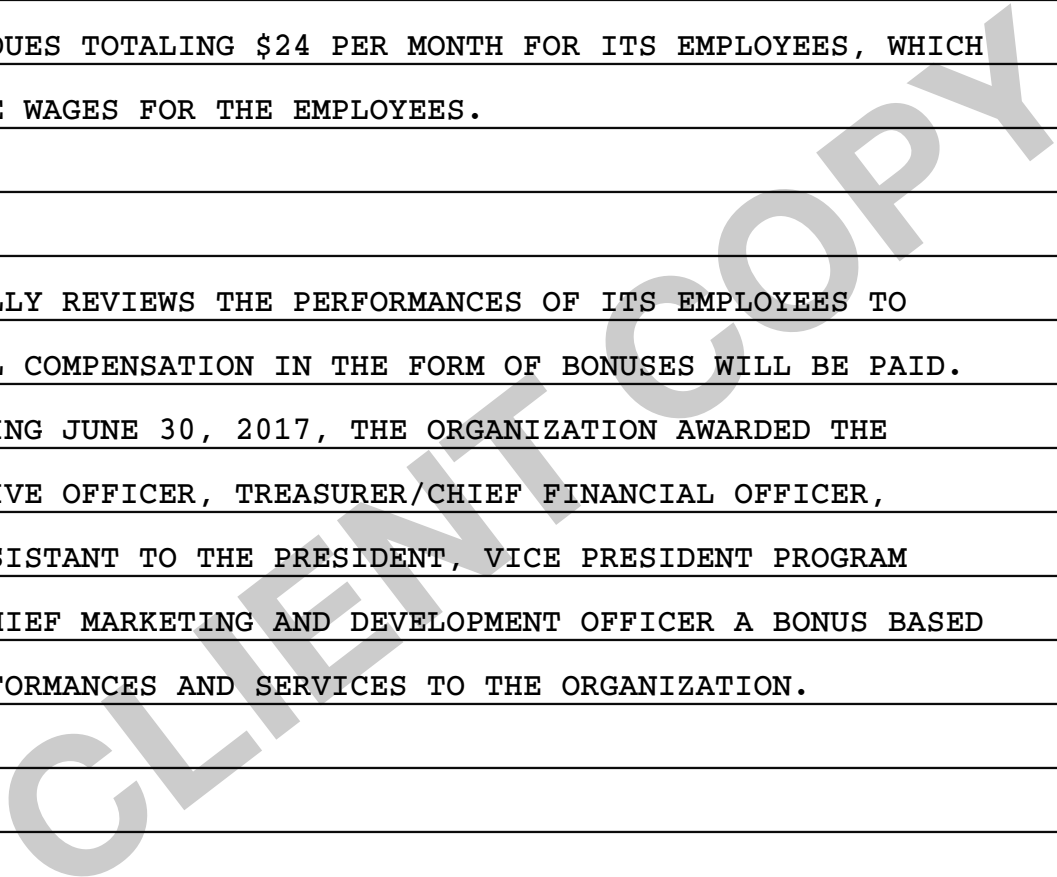
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PAYS DUES TOTALING \$24 PER MONTH FOR ITS EMPLOYEES, WHICH ARE INCLUDED IN TAXABLE WAGES FOR THE EMPLOYEES.

PART I, LINE 7:

THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCES OF ITS EMPLOYEES TO DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF BONUSES WILL BE PAID. DURING FISCAL YEAR ENDING JUNE 30, 2017, THE ORGANIZATION AWARDED THE PRESIDENT/CHIEF EXECUTIVE OFFICER, TREASURER/CHIEF FINANCIAL OFFICER, SECRETARY/EXECUTIVE ASSISTANT TO THE PRESIDENT, VICE PRESIDENT PROGRAM INITIATIVES, AND THE CHIEF MARKETING AND DEVELOPMENT OFFICER A BONUS BASED ON REVIEW OF THEIR PERFORMANCES AND SERVICES TO THE ORGANIZATION.



Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| VLADIMIR JONES | ENTITY OWNED MORE T | 400,000. | PROVIDED CO | | X |
| | | | | | |
| | | | | | |
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Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

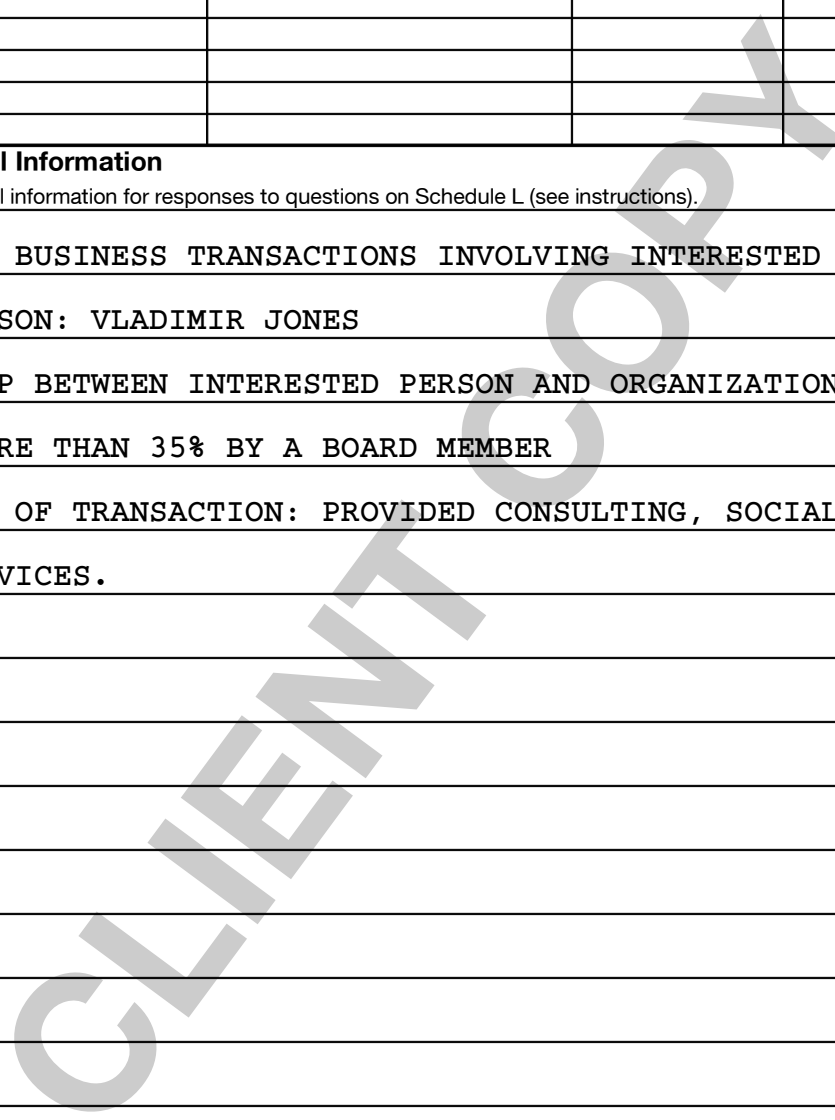
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: VLADIMIR JONES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY OWNED MORE THAN 35% BY A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PROVIDED CONSULTING, SOCIAL MEDIA, AND ADVERTISING SERVICES.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **AMERICAN INDIAN COLLEGE FUND** Employer identification number **52-1573446**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 1 | 48,000. | APPRAISAL |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

FORM 990, PART III, LINE 1, MISSION STATEMENT:

THE AMERICAN INDIAN COLLEGE FUND TRANSFORMS INDIAN HIGHER EDUCATION BY FUNDING AND CREATING AWARENESS OF THE UNIQUE, COMMUNITY-BASED ACCREDITED TRIBAL COLLEGES AND UNIVERSITIES, OFFERING STUDENTS ACCESS TO KNOWLEDGE, SKILLS, AND CULTURAL VALUES WHICH ENHANCE THEIR COMMUNITIES AND THE COUNTRY AS A WHOLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AMERICAN INDIAN COLLEGE FUND PROVIDED SCHOLARSHIPS TO OVER 4,100 AMERICAN INDIAN STUDENTS DURING THE FISCAL YEAR. MANY OF THE STUDENTS SERVED, LIVE ON RESERVATIONS AND INTEND TO STAY WITHIN THEIR COMMUNITIES AND USE THEIR EDUCATION TO HELP ENHANCE THE EDUCATION, HEALTHCARE, ECONOMIC, AND SOCIAL SERVICES WITHIN THESE COMMUNITIES. SOME SCHOLARSHIPS INCLUDE LEADERSHIP TRAINING AND INTERNSHIP OPPORTUNITIES. GRANTS ARE ALSO PROVIDED TO THE TRIBAL COLLEGES AND UNIVERSITIES TO ENHANCE EDUCATIONAL PROGRAMMING AND SERVICES. GRANTS INCLUDE FACULTY DEVELOPMENT, LEADERSHIP TRAINING, CULTURAL PRESERVATION ACTIVITIES, EQUIPMENT FOR MATH AND SCIENCE, AND OTHER NEEDS OF THE COLLEGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE AMERICAN INDIAN COLLEGE FUND UTILIZES A PUBLIC SERVICE ANNOUNCEMENT CAMPAIGN TO INFORM THE PUBLIC ABOUT THE UNIQUE, COMMUNITY-BASED, AND ACCREDITED TRIBAL COLLEGES AND UNIVERSITIES (TCUS) AND HOW THEY ARE SUCCESSFULLY CHANGING THE LIVES OF AMERICAN INDIANS. EARNED MEDIA VIA ARTICLES AND INTERVIEWS, ALONG WITH SOCIAL MEDIA, WERE ALSO UTILIZED TO

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

ENHANCE AWARENESS. TCUS ARE OFTEN THE BEST OPTIONS FOR AMERICAN INDIANS TO ATTEND AND SUCCEED IN HIGHER EDUCATION. THE AMERICAN INDIAN COLLEGE FUND GARNERED OVER \$3.5 MILLION IN DONATED ADVERTISING DURING THE FISCAL YEAR TO ENHANCE PUBLIC AWARENESS. AMERICAN INDIANS ARE A CRITICAL TARGET AUDIENCE FOR AWARENESS ACTIVITIES TO ENCOURAGE THEM TO FURTHER THEIR EDUCATION AND CONSIDER TCUS AS A VIABLE OPTION. AMERICAN INDIAN COLLEGE FUND FULL CIRCLE SCHOLARSHIP APPLICANTS INCREASED OVER 3% THIS PAST YEAR. TCUS ARE ALSO GARNERING INTEREST FROM PRIVATE AND PUBLIC ENTITIES AS INSTITUTIONS PRODUCING IMPORTANT RESEARCH.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION IS MANAGED BY AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIR, 1ST VICE-CHAIR, 2ND VICE-CHAIR, THE CHAIR OF THE RESOURCE DEVELOPMENT COMMITTEE WHO IS NOT PRESIDENT OF A MEMBER COLLEGE, AND THE MEMBER AT LARGE WHO IS NOT A PRESIDENT OF A MEMBER COLLEGE WHO ARE ELECTED BY A MAJORITY OF ALL THE TRUSTEES IN OFFICE. NO EMPLOYEE OF THE ORGANIZATION SHALL SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE. MEMBERS ELECTED TO THE EXECUTIVE COMMITTEE SHALL SERVE TWO-YEAR TERMS EXPIRING ON THE JUNE 30TH CLOSEST TO THE SECOND ANNUAL MEETING OF THE BOARD OF TRUSTEES FOLLOWING THEIR ELECTION. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE FULL AUTHORITY OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES EXCEPT FOR THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO (A) ADOPT OR APPROVE A PLAN OF MERGER OR CONSOLIDATION; (B) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION; (C) ELECT, APPOINT, OR REMOVE ANY TRUSTEE OR OFFICER; (D) FILL VACANCIES ON THE BOARD OF TRUSTEES OR ANY OF ITS COMMITTEES; (E) AMEND, ADOPT, OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS; (F) APPROVE THE COMPENSATION OR DISMISSAL OF

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER; (G) APPROVE THE RETENTION OR DISMISSAL OF, THE COMPENSATION OF, OR THE PROVISION OF CONSULTING SERVICES BY THE ORGANIZATION'S AUDITORS OR (H) AUTHORIZE DISTRIBUTIONS OR APPROVE DISBURSEMENTS TO THE MEMBER COLLEGES OR AIHEC.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL TRUSTEES MUST REVIEW AND COMPLETE THE QUESTIONNAIRE WITHIN THE CONFLICT OF INTEREST POLICY ANNUALLY, AND IN DOING SO, MUST IMMEDIATELY DISCLOSE ANY KNOWN OR POSSIBLE CONFLICTS. THE COMPLETED CONFLICT POLICIES ARE THEN GIVEN TO THE ORGANIZATION'S SECRETARY AND FILED. IN ADDITION, IF AN ACTUAL OR POSSIBLE CONFLICT ARISES THROUGHOUT THE YEAR, THE TRUSTEE MUST IMMEDIATELY DISCLOSE THE CONFLICT TO THE BOARD OF TRUSTEES, WHICH IS GENERALLY DONE SO IN MEETING MINUTES (AS THAT IS WHERE CONFLICTS OF INTEREST HAVE GENERALLY ARISEN). IF A TRUSTEE DOES NOT DISCLOSE A CONFLICT, THE GOVERNANCE COMMITTEE IS REQUIRED TO REVIEW THE ISSUE AND MAKE A RECOMMENDATION, INCLUDING APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION IF/AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR TOP MANAGEMENT IS DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES BY USING COMPARABILITY DATA TO SUBSTANTIATE THE DECISION. TOP MANAGEMENT DETERMINES THE COMPENSATION FOR OTHER KEY EMPLOYEES USING COMPARABILITY DATA TO SUBSTANTIATE THE DECISION. THE LAST REVIEW BY THE COMPENSATION COMMITTEE WAS COMPLETED IN OCTOBER, 2016 USING A COMPARABLE

Name of the organization

AMERICAN INDIAN COLLEGE FUND

Employer identification number

52-1573446

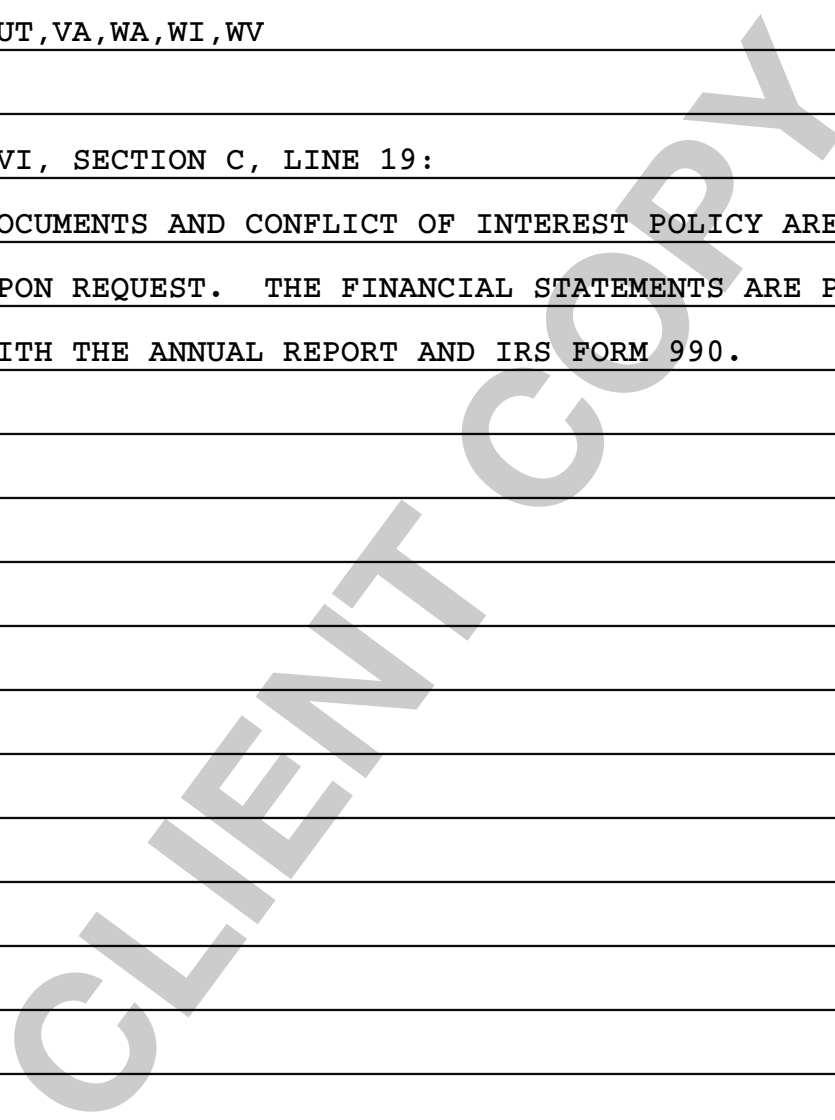
EXECUTIVE SALARY SURVEY, AND APPROVED BY THE FULL BOARD IN OCTOBER, 2016.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,IN,KS,KY,MA,MD,ME,MI,MN,MT,ND,NH,NJ,NM,NY,OH
OK,OR,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE
TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE POSTED ON THE
WEBSITE ALONG WITH THE ANNUAL REPORT AND IRS FORM 990.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **AMERICAN INDIAN COLLEGE FUND** Employer identification number **52-1573446**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) CHARITABLE SPLIT INTEREST TRUST | A | 37. | FAIR MARKET VALUE |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | |
|--|---|----------------------|--|---|
| A <input type="checkbox"/> Check box if address changed | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN INDIAN COLLEGE FUND Number, street, and room or suite no. If a P.O. box, see instructions. 8333 GREENWOOD BLVD City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80221 | D Employer identification number (Employees' trust, see instructions.) 52-1573446 E Unrelated business activity codes (See instructions.) 900099 |
|--|---|----------------------|--|---|

| | | |
|--|---|--|
| C Book value of all assets at end of year 77,339,478. | F Group exemption number (See instructions.) | G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|--|---|--|

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENTS IN OIL & GAS PARTNERSHIPS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **TAMELA MILLER-CARLSON** Telephone number ▶ **303-426-8900**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------|-------------------------|-------------------------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | <177,241.> | <177,241.> |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | <177,241.> | <177,241.> |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|-------------------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | 80. |
| 20 Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 2 | 20 | 0. |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 3 | 28 | 5. |
| 29 Total deductions. Add lines 14 through 28 | 29 | 85. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | <177,326.> |
| 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 5 | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | <177,326.> |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | <177,326.> |

Part III Tax Computation

| | | |
|---|------------|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ | | |
| (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | 35c | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 | |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |

Part IV Tax and Payments

| | | |
|--|------------|----|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | |
| b Other credits (see instructions) | 41b | |
| c General business credit. Attach Form 3800 | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40 | 42 | 0. |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | 0. |
| 45a Payments: A 2015 overpayment credited to 2016 | 45a | |
| b 2016 estimated tax payments | 45b | |
| c Tax deposited with Form 8868 | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | 0. |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 0. |
| 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 50 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|--|-----|----|
| 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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

Signature of officer _____ Date _____ **PRESIDENT & CEO** Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | | |
|-------------------------------|--|------------------------------|----------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | KYLE FRITCH, CPA | KYLE FRITCH, CPA | 11/07/17 | | P01313374 |
| | Firm's name EIDE BAILLY LLP | Firm's EIN 45-0250958 | | | |
| | Firm's address 7001 E BELLEVIEW AVE, SUITE 700 DENVER, CO 80237 | | | Phone no. 303-770-5700 | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | | | | | | |
|----|---|----|--|---|--|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | | | | |
| 3 | Cost of labor | 3 | | 7 | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | | Yes | No |
| b | Other costs (attach schedule) | 4b | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|---|---|---|--|---|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0. |
| Total dividends-received deductions included in column 8 | | | | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 27. 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

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SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

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| FORM 990-T | CONTRIBUTIONS | STATEMENT | 2 |
|---|------------------------------|-----------|---|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT | |
| SHARE OF LIMITED PARTNERSHIP CHARITABLE CONTRIBUTIONS | N/A | 54. | |
| AMERICAN INDIAN HIGHER EDUCATION CONSORTIUM | N/A | 100,000. | |
| AANIIIIH NAKODA COLLEGE (FORMELY FT. BELKNAP COLLEGE) | N/A | 91,185. | |
| BAY MILLS COMMUNITY COLLEGE | N/A | 46,511. | |
| BLACKFEET COMMUNITY COLLEGE | N/A | 83,585. | |
| CANKDESKA CIKANA COMM COLLEGE | N/A | 205,449. | |
| CHIEF DULL KNIFE COLLEGE | N/A | 43,321. | |
| COLLEGE OF THE MENOMINEE NATION | N/A | 224,780. | |
| COLLEGE OF THE MUSCOGEE NATION | N/A | 147,234. | |
| DIN COLLEGE | N/A | 127,043. | |
| FOND DU LAC TRIBAL AND COMMUNITY COLLEGE | N/A | 141,070. | |
| FORT PECK COMMUNITY COLLEGE | N/A | 98,185. | |
| NUETA HIDATSA SAHNISH COLLEGE (FORMERLY FT. BERTHOLD) | N/A | 133,529. | |
| HASKELL INDIAN NATIONS UNIVERSITY | N/A | 94,242. | |
| ILISAGVIK COLLEGE | N/A | 187,648. | |
| INSTITUTE OF AMERICAN INDIAN ARTS | N/A | 60,117. | |
| KEWEENAW BAY OJIBWA COMMUNITY COLLEGE | N/A | 143,336. | |
| LAC COURTE OREILLES OJIBWAY COMMUNITY COLLEGE | N/A | 245,569. | |
| LEECH LAKE TRIBAL COLLEGE | N/A | 139,503. | |
| LITTLE BIG HORN COLLEGE | N/A | 52,235. | |
| LITTLE PRIEST TRIBAL COLLEGE | N/A | 69,608. | |
| NAVAJO TECHNICAL UNIVERSITY | N/A | 137,934. | |
| NEBRASKA INDIAN COMM COLLEGE | N/A | 106,112. | |
| NORTHWEST INDIAN COLLEGE | N/A | 190,199. | |
| OGLALA LAKOTA COLLEGE | N/A | 145,954. | |
| SAGINAW CHIPPEWA TRIBAL COLLEGE | N/A | 37,552. | |
| SALISH KOOTENAI COLLEGE | N/A | 111,812. | |
| SINTE GLESKA UNIVERSITY | N/A | 118,194. | |
| SISSETON WAHPETON COLLEGE | N/A | 196,453. | |
| SITTING BULL COLLEGE | N/A | 332,353. | |
| SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE | N/A | 214,028. | |
| STONE CHILD COMMUNITY COLLEGE | N/A | 46,944. | |
| TOHONO O'ODHAM COMMUNITY COLLEGE | N/A | 99,293. | |
| TURTLE MOUNTAIN COMMUNITY COLLEGE | N/A | 199,334. | |

AMERICAN INDIAN COLLEGE FUND

52-1573446

UNITED TRIBES TECHNICAL N/A
COLLEGE
WHITE EARTH TRIBAL & COMMUNITY N/A
COLLEGE

TOTAL TO FORM 990-T, PAGE 1, LINE 20

245,907.

121,329.

4,737,602.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

COST DEPLETION

5.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

5.

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FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

| | |
|-------------------|----|
| FOR TAX YEAR 2011 | |
| FOR TAX YEAR 2012 | |
| FOR TAX YEAR 2013 | |
| FOR TAX YEAR 2014 | 26 |
| FOR TAX YEAR 2015 | 24 |

| | |
|-----------------|----|
| TOTAL CARRYOVER | 50 |
|-----------------|----|

| | |
|--------------------------------------|-----------|
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 4,737,602 |
|--------------------------------------|-----------|

| | |
|-------------------------------|-----------|
| TOTAL CONTRIBUTIONS AVAILABLE | 4,737,652 |
|-------------------------------|-----------|

| | |
|---------------------------------------|---|
| TAXABLE INCOME LIMITATION AS ADJUSTED | 0 |
|---------------------------------------|---|

| | |
|--------------------------|-----------|
| EXCESS 10% CONTRIBUTIONS | 4,737,652 |
|--------------------------|-----------|

| | |
|---------------------------|---|
| EXCESS 100% CONTRIBUTIONS | 0 |
|---------------------------|---|

| | |
|----------------------------|-----------|
| TOTAL EXCESS CONTRIBUTIONS | 4,737,652 |
|----------------------------|-----------|

| | |
|-----------------------------------|---|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 0 |
|-----------------------------------|---|

| | |
|------------------------------|---|
| TOTAL CONTRIBUTION DEDUCTION | 0 |
|------------------------------|---|

| FORM 990-T | NET OPERATING LOSS DEDUCTION | | | STATEMENT | 5 |
|-----------------------------------|------------------------------|-------------------------|----------------|---------------------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 06/30/13 | 99,082. | 0. | 99,082. | 99,082. | |
| 06/30/14 | 98,746. | 0. | 98,746. | 98,746. | |
| 06/30/15 | 76,485. | 0. | 76,485. | 76,485. | |
| 06/30/16 | 116,312. | 0. | 116,312. | 116,312. | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 390,625. | 390,625. | |

| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS | | STATEMENT | 6 |
|-------------------------------------|---------------------------------|------------|----------------------|---|
| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) | |
| ANTERO MIDSTREAM PARTNERS LP | <58.> | 0. | <58.> | |
| BUCKEYE PARTNERS LP | <3,093.> | 0. | <3,093.> | |
| COLUMBIA PIPELINE PARTNERS LP | 710. | 0. | 710. | |
| DOMINION MIDSTREAM PARTNERS LP | <1,360.> | 0. | <1,360.> | |
| DCP MIDSTEREAM PARTNERS LP | <13.> | 0. | <13.> | |
| ENBRIDGE ENERGY PARTNERS LP | <1,644.> | 0. | <1,644.> | |
| ENTERPRISE PRODUCTS PARTNER LP | <18,567.> | 0. | <18,567.> | |
| EQT MISTREAM PARTNERS LP | <6,407.> | 0. | <6,407.> | |
| ENERGY TRANSFER PARTNERS LP | <7,893.> | 0. | <7,893.> | |
| ENERGY TRANSFER EQUITY LP | <10,960.> | 0. | <10,960.> | |
| EQT GP HOLDINGS LP | <641.> | 0. | <641.> | |
| GENESIS ENERGY LP | <8,869.> | 0. | <8,869.> | |
| MAGELLAN MIDSTREAM PARTNERS LP | <4,979.> | 0. | <4,979.> | |
| MPLX LP | <13,864.> | 0. | <13,864.> | |
| NOBLE MIDSTREAM PARTNERS LP | 141. | 0. | 141. | |
| ONEOK PARTNERS LP | <19,364.> | 0. | <19,364.> | |
| PLAINS ALL AMERICAN PIPELINE LP | <19,824.> | 0. | <19,824.> | |
| PHILLIPS 66 PARTNERS LP | <7,054.> | 0. | <7,054.> | |
| SPECTRA ENERGY PARTNERS LP | <7,499.> | 0. | <7,499.> | |
| SHELL MIDSTREAM PARTNERS LP | <2,979.> | 0. | <2,979.> | |
| SUNOCO PARTNERS LOGISTICS LP | <12,489.> | 0. | <12,489.> | |
| TALLGRASS ENERGY PARTNERS LP | <3,413.> | 0. | <3,413.> | |
| TESORO LOGISTICS LP | <10,202.> | 0. | <10,202.> | |
| VALERO ENERGY PARTNERS LP | <774.> | 0. | <774.> | |
| WESTERN GAS PARTNERS LP | <9,789.> | 0. | <9,789.> | |
| WESTERN GAS EQUITY PARTNERS LP | <1,318.> | 0. | <1,318.> | |
| WILLIAMS PARTNERS LP | <5,039.> | 0. | <5,039.> | |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | <177,241.> | 0. | <177,241.> | |