#### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the 2	010 calendar year, or tax year beginning 10/01, 2010,		porturing rodonor	09	/30,20	11			
		C Name of organization		D Employ		<del> </del>				
Всь	eck if applicab			84-0	61187	6				
	Address change	Doing Business As								
	Name chan	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number					
	Indual return	1506 BROADWAY		(303)	(303) 447-8760					
	Terminated	City or town, state or country, and ZIP + 4								
	Amended return	BOULDER, CO 80302		G Gross re	ceipts \$	6,	589	, 957		
	Application pending	F Name and address of principal officer JOHN ECHOHAWK		H(a) Is this a		n for	Yes	XN		
•	) pending	1506 BROADWAY BOULDER, CO 80302		H(b) Are all		uded?	Yes	$\square$		
ı .	Tax-exemp		or 527	If "No,"	attach a list	(see instruc	tions)			
J	Vebsite	▶ WWW.NARF.ORG	· · · · ·	H(c) Group e	xemption nu	ımber 🕨				
		ganization X Corporation Trust Association Other	L Year of fo	rmation 1970	M State	of legal do	micile	DC		
Pa		Summary			L					
		efly describe the organization's mission or most significant activities								
		INSTRUCT THE FOUNDATIONS THAT ARE NECESSARY TO E	MPOWER TR	RIBES SO T	HAT					
ce		EY CAN CONTINUE TO LIVE ACCORDING TO THEIR NATI								
nar		FORCE THEIR TREATY RIGHTS AND PROTECT THEIR SOV								
Governance		eck this box If the organization discontinued its operations or disposed of			 ets					
ő					اما			11		
oð S								11		
ŧ		al number of individuals employed in calendar year 2010 (Part V, line 2a)			5			43		
Activities		al number of volunteers (estimate if necessary)			6			18		
`\		all some unrelated by surgery sources from Port VIII solumn (C) line 12			7a			0		
		t unrelated business taxable income from Form 990-T, line 34		. <b></b>	7b			0		
	<u> </u>	Connected business taxable modific norm control of the control of		Prior Yea		Cur	rent Yo			
	8 Co	ntributions and grants (Part VIII, line 1h)		4,883	.293.	4	. 958	,526		
Ę.			2,192				,010			
Revenue		estment income (Part VIII, line 2g)	80		,195.	113,708				
ď		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 3d, 10c, and 11e)	-	43,312.		32,291				
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>&amp;</b>   · · ·	7,242		6.		,535		
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines (3)		•===	0.			,423		
		nefits paid to or for members (Part IX, column (A), line 4)	···		0.	· · · · · ·		0		
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	••••	3,540	.079.	3	440	,496		
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)			,250.			,250		
рег	h To	tal fundraising expenses (Part IX, column (D), line 25) 1,313,987	7		, ====					
ũ		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,554	.295.	2	.270	,396		
				7,149				,565		
		venue less expenses Subtract line 18 from line 12			,081.			,030		
2 8	10 110	teriae isse experises equitae in teriam in the interior in the		Beginning of Cur			d of Ye			
ets or	<b>20</b> To	tal assets (Part X, line 16)	<u> </u>	6,606				,868		
Asse		tal liabilities (Part X, line 26)		1,308	<del>`</del> +		·	,034		
det,		t assets or fund balances Subtract line 21 from line 20		5,297				,834		
Pa	rt II	Signature Block			<u>/</u>			,		
Unc	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the best of	my knowle	edge and b	elief, it	ıs true,		
соп	ect, and o	omplete Declaration of preparer (other than officer) is based on all information of which pr	reparer has any kr	nowledge						
s	ign	Marked March		نه ا	2/1/	1/2	_			
	ere	Signature of officer		Date						
•		Michael Kanada (FO								
	ŀ	Type or print name and title		··						
	P	nnt/Type preparer's name Preparer's signature	Date	Check if		PTIN				
Paid	1	Pita E Warster With 7-Wordt	1   alulta	self- employe	4 <b>-</b> [	I	2906	581		
Prej	parer	m's name BKD, LLP	<u> </u>	Firm's EIN	<del></del>	01602		, <u>, , , , , , , , , , , , , , , , , , ,</u>		
Use	City			Phone no	719					
Mari		mis address ► 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9 discuss this return with the preparer shown above? (see instructions)								
<u>_</u>				• • • • • • •	• • • •		es	No.		
For	Paperwo	rk Reduction Act Notice, see the separate instructions.					m 990	) (2		

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990	0 (2010)	84-0611876	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question i	n this Part III	· · · · [X]
1 Brie	efly describe the organization's mission TTACHMENT 1		
the	the organization undertake any significant program service prior Form 990 or 990-EZ?  Yes," describe these new services on Schedule O		Yes X No
3 Did	If the organization cease conducting, or make significant characters?		Yes X No
If " 4 De Se	Yes," describe these changes on Schedule O scribe the exempt purpose achievements for each of the organication 501(c)(3) and 501(c)(4) organizations and section 4947(a ocations to others, the total expenses, and revenue, if any, for organizations are considered.	nization's three largest program services by expenses a)(1) trusts are required to report the amount of gran	s nts and
	ode) (Expenses\$ <sub>4,859,546</sub> including gran	ts of \$1,319,423) (Revenue \$1,151	, 369 )
_			
_			
NΑ	ode )(Expenses\$ 200,342 including grain tional indian Law Library (NILL): NILL HEI	PS FULFILL NARF'S	5,544)
	FTH PRIORITY, THE DEVELOPMENT OF INDIAN LABLIC BY: PROVIDING, FREE TO THE PUBLIC, UP		
	SEARCH ASSISTANCE AND DOCUMENT DELIVERY, A		
	SOURCES ON ITS WEB SITE. IN ADDITION, NII D INFORMATION SUPPORT TO NARF SO THAT IT O	L PROVIDES RESEARCH	
	UR PRIORITIES AND OPERATE IN A COST-EFFECT		
4c (C	ode) (Expenses \$ including grant	ts of \$) (Revenue \$	)
_			
_			
_			
4d O	ther program services (Describe in Schedule O)		
	xpenses \$ including grants of \$	) (Revenue \$ )	
<u> </u>	otal program service expenses ► 5,059,888.		

84-0611876

Part	V 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)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	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? If "Yes," complete Schedule C, Part II	4	х	
	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? If "Yes," complete Schedule C,	1		
	Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		х
	complete Schedule D, Part I			
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		х	
	complete Schedule D, Part III	8		
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40	.,	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete		٠,	
	Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	446	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	44.3		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_^
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	اعمدا		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	42-	Х	
	complete Schedule D, Parts XI, XII, and XIII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	425		v
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14b		х
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	140		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		х
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		х
44	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47	v	Ì
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		l v
40	Part VIII, lines 1c and 8a? If "Yes,"complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	ZUa		<del>  ^</del>
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	330 meis that operate one of more nospitals must attach addited infancial statements (see instructions)		990	(2010)
JSA				,,,

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		.,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_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		v	
	employees? If "Yes," complete Schedule J	_23	Х	
24 a	·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24.		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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?	25b		Х
	If "Yes," complete Schedule L, Part I	230		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		X
0.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	20		_^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		<del>                                     </del>
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule L. Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		
	IV, and V, line 1	34	ļ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No	1		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Par	Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response to any question in this Part V	· · · ·	Yes	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		Yes	No
1a	Enter the name of reported in box of the original to the capping of the capping o			
	Enter the humber of Points W-20 included in line to Enter -0- in not applicable	j		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			į
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.,
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			l
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-		
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	, , , , ,			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			ļ
11	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		[	1
-	against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

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Part		belo cha	ow, a	and s in
	Check if Schedule O contains a response to any question in this Part VI			Х
Sect	ion 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 1a 11			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
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	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	)	
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ŀ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11a	Х	
	form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a				i
b	rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy?   If "Yes,"			
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar aπangement			,
	with a taxable entity during the year?	16a		X
b		İ	l	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401	İ	
800	the organization's exempt status with respect to such arrangements?	16b		1
	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3		- <b>-</b> -	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	")		
	available for public inspection. Indicate how you make these available. Check all that apply  X Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization  NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302  303-447-8760			

010) 84-0611876

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compensated Er</b>	mployees,
<u> </u>	and Independent Contract	ors				

Check if Schedule O contains a response to any question 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	d organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per	Posit		heck	_	hat app		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	Week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) DELIA CARLYLE											
CHAIRMAN	1.00	X		Χ			_	0.	0	0.	
(2) KUNANI NIHIPALI	_										
VICE-CHAIRMAN	1.00	Х	igspace	Х			<u> </u>	0.	0	0.	
(3) RON HIS HORSE IS THUNDER											
BOARD MEMBER	1.00	X	<del>  </del>			ļ		0.	0	0.	
(4) RICHARD LUARKIE	1					1					
BOARD MEMBER	1.00	X	$\sqcup$					0.	0	0.	
(5) GERALD DANFORTH	_						ļ			_	
CHAIRMAN	1.00	Х	$\sqcup$	Х	L.	ļ	ļ	0.	0	0.	
(6) LYDIA OLYMPIC						1					
BOARD MEMBER	1.00	_ X						0.	0	0.	
(7) MIKO BEASLEY DENSON	_		Ιİ			1					
BOARD MEMBER	1.00	Х	$\sqcup$					0.	0	0.	
(8) BARBARA SMITH								_			
BOARD MEMBER	1.00	X						0.	. 0	0.	
(9) MARSHALL MCKAY		l						_		_	
BOARD MEMBER	1.00	Х	$\sqcup$		<u> </u>	ļ		0	0	0	
_(10)VIRGINIA CROSS					Ì			_	_	_	
BOARD MEMBER	1.00	X	1		<u> </u>	ļ	<u> </u>	0	. 0	0	
(11)MARK MACARRO											
BOARD MEMBER	1.00	X	Ш		ļ	<u> </u>	<u> </u>	0	0	0	
(12)BUFORD L. ROLIN	1 00	.,							1	1	
BOARD MEMBER	1.00	Х	-		├		⊢	0	. 0	0	
(13)NATASHA SINGH		١									
BOARD MEMBER	1.00	X			<u> </u>	-	ļ	0	. 0	0	
(14) JOHN ECHOHAWK	۔۔ ہ۔ ا	ŀ						104 1-5			
EXECUTIVE DIRECTOR	40.00	ļ		Х	_	↓	_	184,172.	0	28,291.	
(15)MICHAEL KENNEDY	4					]					
CHIEF FINANCIAL OFFICER	40.00	<b> </b>	$\sqcup$	Х	<u> </u>	1	<del> </del>	105,223.	0	19,728.	
(16) RAY RAMIREZ	4							50.005		1.000	
CORPORATE SECRETARY	40.00			X				78,995.	0	16,886.	

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Form 990 (2010)								84-0611876					Page 8
Part VII Section A. Officers, Directors, Tr	ustees, K	ey Er	nplo	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(co	ntınue	d)	
(A)	(B)			(6	C)			(D)	(E)			(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	( Institutional trustee		all Key employee	ন Highest compensated ল employee		Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-F	ation ted ions	am comp fro orga and	timated to the count of other oensation the anization inization inization	f on on d
(17) CARLY HARE DEVELOPMENT DIRECTOR	40.00			Х				55,165.		0.			255
(18) MORGAN O'BRIEN	10.00	l						33,103.					233
DEVELOPMENT DIRECTOR	40.00	ļ	ļ	Х				0.		0.			0
(19) MELODY MCCOY LITIGATION MGMT COMMITTEE	40.00			x				147,094.		0.		32.	150
(20) KIM GOTTSCHALK	10.00		-	<del>                                     </del>				111,0511					100
LITIGATION MGMT COMMITTEE	40.00	_	ļ	Х			ļ	154,522.		0.		27,	003
(21) NATALIE LANDRETH LITIGATION MGMT COMMITTEE	40.00			x				123,126.		0.		11,	712
(22) DON WHARTON													
ATTORNEY (23) STEVEN MOORE	40.00					X	$\vdash$	156,845.		0.		15,	506
ATTORNEY	40.00					Х		151,946.		0.		29,	592
(24) HEATHER KENDALL ATTORNEY	40.00					Х		139,012.		0.		20,	198
(25) DAVID GOVER						l		100 110					
ATTORNEY (26) RICHARD GUEST	40.00		<del> </del> _			X		103,113.		0.		25,	237
ATTORNEY	40.00					Х		134,966.		0.		17,	348
(27)													
(28)													
1b Sub-total							<b></b>	1,534,179.		0.	2	52,9	06.
c Total from continuation sheets to Part VII, Sec	ction A .						<b>&gt;</b>	1 524 170				<u> </u>	
d Total (add lines 1b and 1c)							ceiv	<del></del>	1 000 in	0		52 <b>,</b> 9	106.
reportable compensation from the organization	<b>&gt;</b>	1			_, .			· · · · · · · · · · · · · · · · · · ·					
						_						Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	nan \$	150	,000	02	If "Y	es,						
<ul> <li>Individual</li></ul>	accrue co	mpen	satio	on	fron	n any	un	related organization	on or indivi	dual	4	Х	х
Section B. Independent Contractors	es, comple	16 00	ried	uie .	0 101	Suci	ιρ <del>ε</del> ι	13011	<u></u>	• •	5		
Complete this table for your five highest compensation from the organization	compensat	ted ir	ndep	enc	lent	con	trac	tors that received	d more tha	an \$100	,000	of	
(A) Name and business add	Iress							(B) Description of ser	vices	Co	(C)		
ATTACHMENT 4							1	·					
										<u> </u>			
							+						
							I						
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received				

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
, 1a	a Federated campaigns 1a	74,372				
	b Membership dues 1b					
<u>[</u> ]	c Fundraising events 1c		1			
š   š	d Related organizations 1d					
•	e Government grants (contributions) 1e	2,635,298.				
<u> </u>	f All other contributions, gifts, grants,					
3	and similar amounts not included above . 1f	2,248,856				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	Business Code	4,958,526			
			, ,,,,	1 125 010		
22		900099	1,135,010.	1,135,010		
·   '	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
	d					
	•					
, '	f All other program service revenue					
	g Total. Add lines 2a-2f		1,135,010			
3						
	other similar amounts) ATTACHMENT .5		60,737			60,73
4	•		0			
5		<u> ▶</u>	500			51
	(ı) Real	(II) Personal				
68	a Gross Rents 9,888					
	b Less rental expenses					
	c Rental income or (loss) 9,888					
	d Net rental income or (loss)		9,888			9,88
78		(II) Other				
	assets other than inventory 403, 393		ľ			
	b Less cost or other basis					
	and sales expenses 350, 422					
	<b>c</b> Gain or (loss)	<b>—</b>	52,971			52,97
	, ,		32,911			32,97
8	a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c)			j		
2	See Part IV, line 18					
	b Less direct expenses b					
5	c Net income or (loss) from fundraising events .		0			
9	Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	<u></u>	0.			
108	a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b		ļ			
-	Net income or (loss) from sales of inventory		0		····	
-	Miscellaneous Revenue	Business Code				
118		900099	4,103.	4,103		
	b MISC INCOME	900099	11,032	11,032		
- 1	C REIMBURSEMENTS	900099	6,768	6,768		
	d All other revenue					
	e Total. Add lines 11a-11d		21,903 6,239,535	1,156,913		124,0

#### 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) but are not required to complete columns (B), (C), and (D) (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . 1,319,423. 1,319,423. Grants and other assistance to individuals in 0 the U.S. See Part IV, line 22 . . . . . . . . . Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 0. 0. Benefits paid to or for members . . . . . . . . . . Compensation of current officers, directors, 1,025,220. 664,590. 226,850. 133,780. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 1,856,398. 288,325. 122,219. 1,445,854. Other salanes and wages . . . . . . . . . . . . . . Pension plan contributions (include section 401(k) 4,013. 52,261 36,036. 12,212 and section 403(b) employer contributions) . . . . . 247,355 35,896 38,933. 322,184. Other employee benefits . . . . . . . . . . . . . 184,433. 141,286. 12,515 30,632. 10 Fees for services (non-employees) 0. 22,500. 0. 22,500. Ō. c Accounting . . . . . . . . . . . . Ō. 27,433. 27,433. 70,250. 70,250. Professional fundraising services See Part IV, line 17 17,393. 17,393. 0. 0. 244,575. 223,674 20,901. 0 10,091. 0. 10,091. 12 Advertising and promotion . . . . . . 284,112 38,630. 772,595. 1,095,337. 13 Office expenses . . . . . . . . . . . . 72,791.22,833. 3,241. 46,717. Royalties..... 15 17,604. 245,011. 30,728. 293,343. 16 337,381. 284,234. 21,312 31,835. 17 Payments of travel or entertainment expenses Ð for any federal, state, or local public officials 17,495. 14,530. 669. 2,296. Conferences, conventions, and meetings . . . . 19 22,266. 11,045. 9,620. 1,601. 20 0. Payments to affiliates . . . . . . 21 43,794. 5,295. 58,539.  $9,\overline{450}$ . Depreciation, depletion, and amortization . . . . 22 15,827. 13,938. 1,280. 609. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 31,458. 30,773. 224. 461. a LIBRARY 3,967. 0. 3,967. 0. b COSTS RELATED TO LEGAL CASES f All other expenses \_\_\_\_\_ 726,690. 7,100,565. 5,059,888. 1,313,987. Total functional expenses Add lines 1 through 24f Joint Costs. Check here ▶ X if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 310,834 104,109 206,725.

JSA 0E1052 1 000

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. 63,506.	1	109,150.
	2	Savings and temporary cash investments	193,609.	2	207,932.
	3	Pledges and grants receivable, net		3	1,398,973.
	4	Accounts receivable, net	499,156.	4	337,480.
	5	Receivables from current and former officers, directors, trustees, ke	у		
		employees, and highest compensated employees Complete Part II of	of		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), person			
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	ľ	6	
şţ	7	Notes and loans receivable, net	·	7	
Assets	8	Inventories for sale or use		8	20,000.
⋖	9	Prepaid expenses and deferred charges	•	9	82,862.
		Land, buildings, and equipment cost or	•		02,000
	10 a	other basis Complete Part VI of Schedule D 10a 1,333,417			
	h	Less accumulated depreciation	315,514.	100	268,612.
	11	Investments - publicly traded securities	2,210,157.		1,759,965.
	12	Investments - other securities See Part IV, line 11		12	1,609,155.
	13	Investments - program-related See Part IV, line 11		13	1,000,100.
	14	, 5		14	
	15	Intangible assets		15	7,739.
		Other assets See Part IV, line 11		16	5,801,868.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	<del></del>	17	725,294.
	18	Grants payable	· <del></del>	18	723,231.
	19	Deferred revenue		19	0.
	20		•	20	0.
	l	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule		21	
ij	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified persons			
<u>Lia</u>			• • • • • • • • • • • • • • • • • • •	22	
_	22	Complete Part II of Schedule L		22	594,256.
	23	Secured mortgages and notes payable to unrelated third parties ATCH.	·	24	334,230.
	24 25	Unsecured notes and loans payable to unrelated third parties		25	214,484.
	26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25		26	1,534,034.
	20	Organizations that follow SFAS 117, check here	1,300,343.	20	1,334,034.
s		lines 27 through 29, and lines 33 and 34.			
seou	27	Unrestricted net assets	2,893,940.	27	2,499,244.
ā	28	Temporarily restricted net assets			826,162.
B	29	Permanently restricted net assets		29	942,428.
pur	-3	Organizations that do not follow SFAS 117, check here   and	512,105.	-3	212,120.
Net Assets or Fund Balar		complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ase	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances		33	4,267,834.
Z	34	Total liabilities and net assets/fund balances		34	5,801,868.
	34	rotal nabilities and het assets/fully balances	0,000,496.	J-94	J,001,000.

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	6,2	39,5	35.
2	Total expenses (must equal Part IX, column (A), line 25)	7,1	00,5	65.
3	Revenue less expenses Subtract line 2 from line 1	<u>–8</u>	61,0	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5 <u>,</u> 2	97,9	53.
5	Other changes in net assets or fund balances (explain in Schedule O)	-1	69,0	89.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•	column (B))	4,2	67,8	34.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	İ		
a	issued on a separate basis, consolidated basis, or both	İ		
	X Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a	х	
b	***************************************	.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	х	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-F7.

See separate instructions

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization NATIVE AMERICAN RIGHTS FUND, INC. 84-0611876 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11q(i) 11g(n) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the (v) Did you notify (VI) Is the (vii) Amount of support organization (described on lines 1-9 the organization organization in col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? in the US? No Yes No Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Total

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.)

Sect	tion A. Public Support						
Calen	ıdar year (or fiscal year beginning ın) 🕒 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,504,273	4,067,627	2,471,678	4,883,293	4,958,526	21,885,397
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			: 			<u>.</u>
4	Total. Add lines 1 through 3	5,504,273	4,067,627	2,471,678	4,883,293	4,958,526	21,885,397.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
6	on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support Subtract line 5 from line 4						2,830,163 19,055,234
	tion B. Total Support					<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	5,504,273	4,067,627	2,471,678	4,883,293	4,958,526	21,885,397
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	216,920.	236,817	163,021	99,457	71,125.	787,340
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 IV)						
11	Total support Add lines 7 through 10		·	<u> </u>	l	40	22,672,737
12	Gross receipts from related activities, etc. (see					12	9,606,849.
13	First five years. If the Form 990 is for organization, check this box and stop here		· · · · · · · · · · · ·				
	tion C. Computation of Public Sup						84.04%
14	Public support percentage for 2010 (line				• • • • • • • •		78.96 %
15	Public support percentage from 2009 Sc 33 1/3 % support test - 2010. If the o						
16a	this box and stop here. The organization	-					
h	33 1/3 % support test - 2009. If the o						—
-	check this box and stop here. The orga	-					1 1
17a	10%-facts-and-circumstances test - 2	•	•				
	or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, chec	k this box an	d stop here. E	xplain in
	Part IV how the organization meets t	the "facts-and-o	circumstances" t	est The organi	zation qualifies	as a publicly s	upported
b	organization	2009. If the or	ganization did r	ot check a box	on line 13, 16	Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the organization in Part IV how the organization supported organization	on meets the '	facts-and-circun	nstances" test	The organization	on qualifies as a	a publicly
18	Private foundation. If the organization						
	instructions		· · · · · · · · · ·				
					9	Schedule A (Form 9	90 or 990-EZ1 2010

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Seci	ion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees			ı	1	1	•
	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						ļ
5	The value of services or facilities		-				
•	furnished by a governmental unit to the						1
	organization without charge						
6	Total. Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·					
	Amounts included on lines 1, 2, and 3				<u> </u>		<b></b>
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3				ļ·		
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13						
	for the year						
С 8	Add lines 7a and 7b						
•	line 6)						
Sec	tion B. Total Support		!	I	<del></del>	1	<u> </u>
	elendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Δ.	Amounts from line 6	(4) 200	(1, 211	(4) = 11	(-,		(,,
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar				1	1	
h	Unrelated business taxable income (less				<del> </del>	<del> </del>	
	section 511 taxes) from businesses						
_	acquired after June 30, 1975				<del> </del>	<del> </del>	<del></del>
	• • • • • • • •					<del>                                     </del>	<del></del>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets					1	
	(Explain in Part IV)		<del> </del>			<del>                                     </del>	-+
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		1. 5	h	- FAI- 4-		24(-)(2)
14	First five years. If the Form 990 is for	•			•		```
800	organization, check this box and stop here	-		<del></del>	· · · · <u>-</u> · · · · ·		
	tion C. Computation of Public Sup			(6)		Tas T	0/
15	Public support percentage for 2010 (line 8, c		-		. <b></b>	15	<u>%</u>
16	Public support percentage from 2009 Sched				<del> </del>	16	%_
	tion D. Computation of Investmen			) ashu (6)		147	0/
17	Investment income percentage for 2010 (li						<u>%</u>
18	Investment income percentage from 2009						<u>%</u>
19 a	33 1/3 % support tests - 2010. If the or						
	17 is not more than 331/3 %, check th		-				
b	33 1/3 % support tests - 2009. If the organization of the state of the						
	line 18 is not more than 331/3 %, check		- ·	-		-	. —
20	Private foundation. If the organization	uid not check	a box on line	14, 19a, or 19	o, check this b	ox and see in	structions > 1

Schedule A (Form 990 or 990-EZ) 2010

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Also complete this part for any additional information (See

#### **SCHEDULE C**

(Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only

•	Section 501(c)(3) organizations the	Form 990, Part IV, line 4, or Form 990-lat have filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768 (election under sat have NOT filed Form 5768).	section 501(h)) Compl	ete Part II-A Do not complet			
	•	Form 990, Part IV, line 5 (Proxy Tax) or	r Form 990-EZ, Part V	, line 35a (Proxy Tax), then			
	Section 501(c)(4), (5), or (6) organ e of organization	nizations Complete Part III		Employer identif	ication number		
	TIVE AMERICAN RIGHTS	FUND INC		84-061			
Pa	TIA Complete if the or	ganization is exempt under se	ction 501(c) or is				
1		rganization's direct and indirect polit					
	candidates for public office in						
2				▶ \$			
3	Volunteer hours						
Pa		ganization is exempt under se					
1	Enter the amount of any excis	se tax incurred by the organization u	nder section 4955	▶ \$			
2	Enter the amount of any excis	se tax incurred by organization mana	agers under section	4955 ▶ \$			
3		section 4955 tax, did it file Form 472					
4a b	Was a correction made? If "Yes," describe in Part IV				L Yes L No		
		ganization is exempt under se	ction 501(c), exc	ept section 501(c)(3).			
1		pended by the filing organization					
•							
2		g organization's funds contributed t		ns for section			
		es					
3		nditures Add lines 1 and 2 Ente					
					<del></del>		
4 5	Enter the names, addresses	Form 1120-POL for this year? s and employer identification number For each organization listed, enti-	oer (EIN) of all sec	tion 527 political organ	zations to which filing		
	the amount of political contr	ributions received that were promp ad or a political action committee (F	otly and directly del	ivered to a separate poli	tical organization, such		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		
(1)							
(2)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(3)							
(4)							
(5)							
(6)			-				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0 040

Pa	ort II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and fi	led Form 5768 (election	on under			
		pelongs to an affiliated group checked box A and "limited control" provision	ns apply				
		ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1 a	a Total lobbying expenditures to influence public opinion (grass roots lobbying)						
b			52,100.				
c	·	and 1b)	52,100.				
d	, ,		7,048,465.	· —			
e	· · · · · · · · · · · · · · · · · · ·	ines 1c and 1d)	7,100,565.				
f	Lobbying nontaxable amount Enter the a						
	columns	•	505,028.				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25%	% of line 1f)	126,257.				
h	Subtract line 1g from line 1a If zero or les	ss, enter -0-					
i	Subtract line 1f from line 1c If zero or less	s, enter -0-					
j	If there is an amount other than zero on e	ither line 1h or line 1i, did the organization file For	m 4720 reporting				
	section 4911 tax for this year?	<u></u>	<u></u>	Yes No			
		4-Year Averaging Period Under Section 501(h) made a section 501(h) election do not have to o	complete all of the five				

columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total		
2 a Lobbying nontaxable amount	507,978.	508,311.	507,481.	505,028.	2,028,798.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,043,197.		
c Total lobbying expenditures	33,475.	149,888.	101,903.	52,100.	337,366.		
d Grassroots nontaxable amount	126,995.	127,078.	126,870.	126,257.	507,200.		
e Grassroots ceiling amount (150% of line 2d, column (e))					760,800.		
f Grassroots lobbying expenditures	27,848.	7,678.	11,528.	0.	47,054.		

Schedule C (Form 990 or 990-EZ) 2010

	(election under section	סנית)).					<del></del>
				1)		(b)	
	•		Yes	No		Amou	nt 
1		nization attempt to influence foreign, national, state or local					
		to influence public opinion on a legislative matter or					
_	referendum, through the use of						
a b	Volunteers?	compensation in expenses reported on lines 1c through 1i)?					
C		• 1					
d	Mailings to members, legislators, or	the public?					
e			-				
f	Grants to other organizations for lol	cast statements?  obying purposes?					<del></del>
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?					-
h		conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in	Part IV					
j	Total Add lines 1c through 1i		1				
2 a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tag						
С		c incurred by organization managers under section 4912					
d		section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Pa	· · · · · ·	ation is exempt under section 501(c)(4), section 501(c	:)(5),	or se	ection		
	501(c)(6).			_			
1	More substantially all (90% or more	) dues received nondeductible by members?					Yes 1
2		ouse lobbying expenditures of \$2,000 or less?					$\dashv$
3	Did the organization agree to carry	over lobbying and political expenditures from the prior year?				3	
		ation is exempt under section 501(c)(4), section 501(c					
		II-A, lines 1 and 2 are answered "No" OR if Part III-A, li				ed	
	"Yes."	·					
1	Dues, assessments and similar amo	unts from members			1		
2		ying and political expenditures (do not include amounts of p					
	expenses for which the section 53	27(f) tax was paid).					
а					2a		
b					2b		
C	Total	0000/ \d\\\			2c		
3	,	ion 6033(e)(1)(A) notices of nondeductible section 162(e) due			3		
4		unt on line 2c exceeds the amount on line 3, what portion to carryover to the reasonable estimate of nondeductible lo					
	and political expenditure next year	· }	-	_	1		
5		litical expenditures (see instructions)	• • •		5		
_	art IV Supplemental Informat		<u> </u>	<u>· · · · </u>	1		
Con		riptions required for Part I-A, line 1, Part I-B, line 4, Part I-C,	, line	5, an	d Part	II-B, lin	e 1ı

Schedule C (Form 990 or 990-EZ) 2010

Part IV Supplemental Information (continued)

Page 4

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

84-0611876 NATIVE AMERICAN RIGHTS FUND, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year ..... 2 Aggregate contributions to (during year) . . . . Aggregate grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised . . . . . . . . . . . . . funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements . . . . . Total acreage restricted by conservation easements . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) ..... Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Assets included in Form 990, Part X

Part	III Organizations Maintaini	ng Collection	s of Art, Histo	rical	Treasures	s, or	Other Similar	Assets(	continue	ed)	
3	Using the organization's acquisitio collection items (check all that appl		and other record	ds, ch	eck any of	f the	following that a	re a sigi	nificant i	use of it	ts
_		<b>3</b> 7	d [	٦.	020 05 040	hana	e programs				
a	Public exhibition		·	_		-			TENT C	יאפפפ	
b	X Scholarly research		e X	J ,	Julei ASS	121	'_IN_RESEARC	H - CP	TENI C	ASES	-
C	Preservation for future gen					ا سمحانا	the executed to 2's		t numec	o in Do	
4	Provide a description of the organ	lization's collec	tions and expla	ain nov	v tney turt	iner	the organization s	s exemp	t purpos	e in Pa	III
5	During the year, did the organizatio	n solicit or rece	o enotana donations	farth	ustorical tre	asur	es or other simil:	ar			
3	assets to be sold to raise funds rath								Yes	XN	10
Par		rrangements	.Complete if th	ne org	anızatıon						
							- 4b 4a 4				
1a	Is the organization an agent, trustee							ſ		<u> </u>	
	included on Form 990, Part X?						• • • • • • • • • •	· · · · [	Yes	<u></u>	10
b	If "Yes," explain the arrangement in	Part XI V and c	omplete the folio	wing ta	able	Т	<del>.                                    </del>				
							A	mount _			
	Beginning balance										
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance			• • • •	• • • • [	1f				<del></del> _	
2a	Did the organization include an amo	unt on Form 9	990, Part X, line 2	21? .				<i>.</i> [	Yes	<u></u>	٥V
b	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Con	nplete if organ	iization answei	<u>red "Y</u>	es" to For	m 99	90, Part IV, line	10			_
		(a) Current yea	r (b) Pnor ye	ear	(c) Two yea	ars bad	ck (d) Three ye	ars back	(e) Four	years bac	ck
1a	Beginning of year balance	2,404,01	3 985,	392	5,0	07,62	:0				
b	Contributions	649,85	0 1,706,	, 805	2	78,72	21				
C	Net investment earnings, gains,								ļ		
	and losses			İ							
d	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs	1,285,27	3 288.	,184.	4.3	00,94	19				
f	Administrative expenses	1,203,21	2007	1071		00/07		-			
g	End of year balance	1,768,59	0 2,404,	012	0	85, 39	22				
2	Provide the estimated percentage o					00,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1		
a	Board designated or quasi-endowm										
b	Permanent endowment ► 53.2										
c	Term endowment ► 46.7100										
3a		_	of the organization	tion tha	at are held :	and a	administered for th	ne			
-	organization by	рос сосоло.	· o. a.o o.gaza						ſ	Yes N	lo
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)	<del></del>	X
h	If "Yes" to 3a(II), are the related org								3b		<u></u>
4	Describe in Part XIV the intended u								التقا		_
							<del>.</del>			-	_
Par	t VI Land, Buildings, and Ed Description of investment		Cost or other basis (investment)		ost or other ba (other)	isis	(c) Accumulated depreciation		(d) Book va	lue	
40	Land		(myesunent)		135,59	96	acpressation .		1	35,596	- <b>-</b> -
1a	Land	·		1			178,342		1.		<u>0.</u>
b	Buildings			+	178,34	44.	1/0,342	<del> </del>			<u>.</u>
C	Leasehold improvements			1	CA1 7	-	EEO 000	ļ		00 05	
d	Equipment			1	641,73		550,880	<del> </del>		90,85	_
e	Other			<u> </u>	377,74		335,584	<del> </del>		42,15	
Tota	II. Add lines 1a through 1e (Column	i (d) must equa	r-orm 990, Part	X, colu	ımn (B), line	e 10(	<i>c))</i> ▶	<u> </u>	21 dula D./Fas	68,612	

Part VII	Investments - Other Securities. 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) Financia	al derivatives		
	-held equity interests		
(3) Other_	OGE FUND		
(A) HEI	OGE FUND	1,409,155.	FMV
( <b>B</b> ) PRE	FERRED STOCK	200,000.	FMV
(C)			
(U)			
(E)			
(F)			
(G)			
(H) (I)		-	
	n (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 1,609,155.	
Part VIII			
rait viii	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX	Other Assets. See Form 990, Part X		
		(a) Description	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. See Form 990, Part	X line 25	
1.	(a) Description of liability	(b) Amount	1
	eral income taxes	(b) / tilledirk	1
	REMENT OBLIGATION	214,484.	-
(3)	3323		1
(4)			-
(5)			
(6)			1
(7)			-
(8)			1
(9)			1
(10)			1
(11)			1
	imn (b) must equal Form 990, Part X, col (B) line	<b>25)</b> ▶ 214,484.	1
			nization's financial statements that reports the
	on's liability for uncertain tax positions under l		

Schedule D (Form 990) 2010 84-0611876 Page 4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	i –	6,239,535.
2		2	┼	7,100,565.
3		3	-	-861,030.
4	Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments	4		-169,089.
5	Denoted convene and use of facilities	5	-	100,000.
6	Donated services and use of facilities	6	╁	<del></del>
7	Investment expenses Prior period adjustments	7	├	
8		8	├	<del></del>
9	Other (Describe in Part XIV )  Total adjustments (net) Add lines 4 through 8	9	$\vdash$	-169,089.
10	Total adjustments (net) Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10		-1,030,119.
Part				1,030,113.
1	T. 1		1	7,119,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	· •  -		7,110,017.
	1.0000	ا ه	1	
a b	Net unrealized gains on investments  2a -169,08  Donated services and use of facilities  2b 1,049,47			
_				
c d	·	$\dashv$		
e		$\dashv$	2e	880,382.
3	Add lines 2a through 2d Subtract line 2e from line 1		3	6,239,535.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	⊦	3	0,239,333.
	Investment expenses not included on Form 990, Part VIII, line 7b	ĺ		
a	Other (Describe in Part XIV)	$\dashv$		
b	A 111 A 141	$\dashv$	4c	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•••	5	6,239,535.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F			0,233,333.
1	Total and a district of the state of the sta	·Ctu	1	8,150,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	· •  -		
a	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1.	1	
b				
c	Otherstone			
d	Other (Describe in Part XIV)		-	
e		$\neg$	2e	1,049,471.
3	Subtract line 2e from line 1		3	7,100,565.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	`		<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV )			
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	7,100,565.
Part	XIV Supplemental Information			
Comp Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also computational information	lete 	this p	eart to provide
~	THOS J			

PART III, LINE 1A

IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS

COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS ARE

NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR

CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF

ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN TEMPORARILY OR

PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE

ITEMS WERE RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS

OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS.

PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLLECTION

ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

NARF'S COLLECTIONS CONSIST OF RARE BOOKS AND MAPS. THESE COLLECTIONS ARE

HELD FOR EDUCATIONAL AND RESEARCH PURPOSES. THEY ARE SUBJECT TO A POLICY

THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE

USED TO ACQUIRE OTHER COLLECTION ITEMS.

PART III, LINE 4

THE EXEMPT PURPOSE

COLLECTIONS CONSIST OF RARE BOOKS AND MAPS. THESE COLLECTIONS ARE HELD FOR EDUCATIONAL AND RESEARCH PURPOSES, WHICH ARE USED IN TECHNICAL ASSISTANCE AND EDUCATING THE PUBLIC ABOUT INDIAN RIGHTS, LAWS, AND ISSUES.

#### Part XIV Supplemental Information (continued)

PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE ENDOWMENT ASSETS INCLUDE ONLY DONOR-RESTRICTED ENDOWMENT FUNDS HELD IN PERPETUITY OR FOR DONOR-SPECIFIED PERIODS. RETURNS GENERATED BY THE ENDOWMENT ASSETS ARE UNRESTRICTED IN ACCORDANCE WITH DONOR STIPULATIONS AND ARE USED TO SUPPORT PROGRAMS AND SUPPORTING OPERATIONS.

#### **SCHEDULE G** (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, Innes 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	n number
NATIVE AMERICAN RIGHTS FUND,					84-0611876	
Part I Fundraising Activities.Com				'Yes" to Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization raise				vities Check all the	at apply	
a X Mail solicitations	е			on-government gra		
<b>b</b> X Internet and email solicitations	f	X Solic	atation of g	overnment grants		
c Phone solicitations	g	Spec	cial fundrais	sing events		
d In-person solicitations						
2a Did the organization have a written or or key employees listed in Form 990,						X Yes No
b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the or	duals or entities (fur rganization	ndraisers) į	oursuant to	agreements unde	r which the fundrais	ser is to be
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody or	draiser have r control of outions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			-
1						
BRICKMILL MARKETING SERVICES	DIRECT MAIL		Х	918,359.	70,250.	848,109.
2						
3						
4						
5	<del></del>		-			
						_
6						
7						
8						
9		<del> </del>				
10						
				····		
Total				918,359.	70,250.	848,109.
3 List all states in which the organization or licensing ALL STATES	ation is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
		Charatable		_		
		Charitable butions				
l	3 Gross	s income (line 1 minus				
1	line 2	)				
	4 Cash	prizes				
		, , , , , , , , , , , , , , , , , , , ,				
	5 None	ash prizes				
	6 Rent	facility costs				
	• Item	facility costs			_	
	7 Food	and beverages				
				ř		
1	8 Enter	tainment				
	9 Othe	direct expenses				
						<u> </u>
- 1	10 Direc	t expense summary Add lines 4 t	hrough 9 in column (d)		•	1{
- 1		come summary. Combine line 3	_			·
ŀ		ncome summary Combine line 3, Gaming. Complete if the organic	column (d), and line 10	<u> </u>	<u></u> ▶	
ŀ	11 Net :		column (d), and line 10	<u> </u>	<u></u> ▶	prted more
a	11 Net :	Gaming. Complete if the orga	column (d), and line 10	<u> </u>	<u></u> ▶	orted more (d) Total gaming (ad
a	11 Net :	Gaming. Complete if the orga	column (d), and line 10 anization answered ' Z, line 6a	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a a	11 Net II	Gaming. Complete if the orga	column (d), and line 10 anization answered ' Z, line 6a	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a	11 Net III	Gaming. Complete if the orgathan \$15,000 on Form 990-E	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a	11 Net III	Gaming. Complete if the orga than \$15,000 on Form 990-E	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a	1 Net II  1 Gros  2 Cash	Gaming. Complete if the orgathan \$15,000 on Form 990-E	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a	1 Net III  1 Gros  2 Cash  3 None	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
ŀ	1 Net III  1 Gros  2 Cash  3 None	Gaming. Complete if the orgathan \$15,000 on Form 990-E	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	
a	1 Gros 2 Cash 3 Nonc 4 Rent	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	orted more (d) Total gaming (ad
a	1 Gros 2 Cash 3 None 4 Rent 5 Other	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  ash prizes  facility costs	column (d), and line 10 anization answered ' Z, line 6a  (a) Bingo	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo	t IV, line 19, or repo	orted more  (d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 None 4 Rent 5 Other	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue	column (d), and line 10 anization answered ' Z, line 6a (a) Bingo	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo	t IV, line 19, or repo	orted more  (d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 Nonc 4 Rent 5 Othe	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  ash prizes  facility costs	column (d), and line 10 anization answered ' Z, line 6a  (a) Bingo	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  % Yes% No	t IV, line 19, or repo	orted more  (d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 None 4 Rent 5 Othe 6 Volu 7 Direct	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  cash prizes  //facility costs  r direct expenses  inteer labor  ct expense summary Add lines 2 for the organization of the organizat	column (d), and line 10 nization answered ' Z, line 6a  (a) Bingo  Yes  No  hrough 5 in column (d)	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  Wes% No	t IV, line 19, or repo	orted more  (d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 None 4 Rent 5 Othe 6 Volu 7 Direct	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue prizes sash prizes facility costs r direct expenses	column (d), and line 10 nization answered ' Z, line 6a  (a) Bingo  Yes  No  hrough 5 in column (d)	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  Wes% No	t IV, line 19, or report  (c) Other gaming  Yes %  No	orted more  (d) Total gaming (ad col (a) through col (
	1 Gros 2 Cash 3 None 4 Rent 5 Othe 6 Volu 7 Direct 8 Net (	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  ash prizes  facility costs  r direct expenses  nteer labor  ct expense summary Add lines 2 to gaming income summary Combin	column (d), and line 10 anization answered ' Z, line 6a  (a) Bingo  Yes  No  hrough 5 in column (d)	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  Wes% No	t IV, line 19, or report  (c) Other gaming  Yes%  No	(d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 Nonc 4 Rent 5 Othe 6 Volu 7 Direc 8 Net (	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  cash prizes  //facility costs  r direct expenses  inteer labor  ct expense summary Add lines 2 for the organization of the organizat	column (d), and line 10 anization answered ' Z, line 6a  (a) Bingo  Yes No  hrough 5 in column (d) e line 1, column d, and	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  Yes%  No%  line 7	t IV, line 19, or report  (c) Other gaming  Yes %  No	(d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 Nonc 4 Rent 5 Othe 6 Volu 7 Direc 8 Net (	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  facility costs  r direct expenses  nteer labor  ext expense summary Add lines 2 to gaming income summary Combinate state(s) in which the organization generate games and the state of the state	Yes No  hrough 5 in column (d) and generates gaming activities in each	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  Yes%  No%  line 7	t IV, line 19, or report  (c) Other gaming  Yes%  No	(d) Total gaming (ad col (a) through col (
a	1 Gros 2 Cash 3 Nonc 4 Rent 5 Othe 6 Volu 7 Direct 8 Net of	Gaming. Complete if the orgathan \$15,000 on Form 990-E s revenue  prizes  facility costs  r direct expenses  nteer labor  ext expense summary Add lines 2 to gaming income summary Combinate state(s) in which the organization generate games and the state of the state	Yes No  hrough 5 in column (d) and generates gaming activities in each	Yes" to Form 990, Par  (b) Pull tabs/Instant bingo/progressive bingo  W Yes% No  line 7  rivities: of these states?	t IV, line 19, or report  (c) Other gaming  Yes%  No	(d) Total gaming (ad col (a) through col (

#### 84-0611876

Sched	ule G (Form 990 or 990-EZ) 2010 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name •
	Address >
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party
	Name ▶
	Address ►
16	Gaming manager information
	Name N
	Name ►
	Gaming manager compensation ▶\$
	Garning manager compensation
	Description of services provided
	Becompation of derivided provided approximately and a second provided approximately and a second provided approximately and a second provided approximately
	Director/officer Employee Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b,
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions)

Schedule G (Form 990 or 990-EZ) 2010

### **SCHEDULE 1** (Form 990)

Department of the Treasury

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

OMB No 1545-0047

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

► Attach to Form 990.

**Employer identification number** 

Internal Revenue Service Name of the organization

ŝ Schedule I (Form 990) (2010) (h) Purpose of grant or assistance INDIAN LEGAL NDIAN LEGAL NDIAN LEGAL NDIAN LEGAL INDIAN LEGAL NDIAN LEGAL INDIAN LEGAL NDIAN LEGAL INDIAN LEGAL NDIAN LEGAL INDIAN LEGAL NDIAN LEGAL Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part × Yes ERVICES ERVICES ERVICES SERVICES ERVICES ERVICES ERVICES SERVICES ERVICES ERVICES ERVICES ERVICES Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 84-0611876 (g) Description of non-cash 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 (f) Method of valuation (book FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 14,900 216,740 36,554 105,600 20,339 61,609 42,265 27,786 70,246 41,047 49, 531 27,091 (c) IRC section if applicable SOV'T ORG 501(C)(3) (C) (3) 01(C)(3) 01(C)(3) 01(C)(3) 501(C)(3) 01 (C) (3) 601(C)(3) 01(C)(3) 501 (C) (3) 01(C)(3) Enter total number of section 501(c)(3) and government organizations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part I General Information on Grants and Assistance Il can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? 46-0310828 38-2077208 92-0034754 94-1676390 84-0402702 83-0222545 41-0960032 86-0207220 82-0293641 45-0336235 31-1784161 (b) EIN 300 CHEYENNE, WY 82001 NATIVE AMERICAN RIGHTS FUND, INC. SYLVA OFFICE, P O BOX 426 SYLVA, NC 28779 814 S GARFIELD AVE TRAVERSE CITY, MI 49686 1474 MAIN AVE , STE 200 DURANGO, CO 81301 609 S ESCONDIDO BLVD ESCONDIDO, CA 86515 Enter total number of other organizations (12) MISSISSIPPI CHOCTAM LEGAL DEFENSE 1016 W 6TH AVE ANCHORAGE, AK 99501 (a) Name and address of organization or government P O BOX 306 WINDOW ROCK, AZ 86515 (3) CALLFORNIA INDIAN LEGAL SERVICES [10] LEGAL ASSISTANCE OF NORTH DAKOTA (7) IDAHO LEGAL AID SERVICES, INC \_\_ P O BOX 1893 BISMARCK, ND 58502 P O BOX 157 CASS LAKE, MN 56633 (11) MICHIGAN INDIAN LEGAL SERVICES P O BOX 6255 CHOCTAW, MS 39350 310 N STH ST BOISE, ID 83702 P O BOX 727 MISSION, SD 57555 (6) DNA PEOPLE'S LEGAL SERVICES (4) COLORADO LEGAL SERVICES, INC. (5) DAKOTA PLAINS LEGAL SERVICES (8) LEGAL AID OF NORTH CAROLINA (2) ANISHINABE LEGAL SERVICES (9) LEGAL AID OF WYOMING ... (1) ALASKA LEGAL SERVICES 211 W 19TH ST , STE Part II

0E12882664096Z 5974 2/8/2012

# SCHEDULE I (Form 990)

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

Open to Public

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

	COMPLETE IT THE OLDS AND ANSWERED THES TO PORT 1990, PART 19, IIIIE 21 OF 22.		
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	Inspection	ة
Name of the organization	Empl	Employer identification number	
NATIVE AMERICAN	NATIVE AMERICAN RIGHTS FUND, INC.	84-0611876	
Part   General Info	Part   General Information on Grants and Assistance		
1 Does the organizati	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ice, and	Γ
the selection criteria	the selection criteria used to award the grants or assistance?		å
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	Inswered "Yes" to	
FORM 990, F	art IV, line 21, lot any recipient that received more trian \$5,000. Orieca in no one recipient received in		
II can be du	Il can be duplicated if additional space is needed		

A, MT 5960			assistance	other)	ווסוויביפטון מסטומנמון סכ	
616 HELENA AVE , STE 100 HELENA, MT 59601  NATIVE HAWALIAN LEGAL SERVICES						INDIAN LEGAL
NATIVE_HAMALIAN_LEGAL_SERVICES	3262 501(C)(3)	32,582				SERVICES
1164 BISHOP STREET HONOLULU, HI 96813 NEBRASKA LEGAL SERVICES						INDIAN LEGAL
NEBRASKA LEGAL SERVICES	1861 501(C)(3)	18,784				SERVICES
						INDIAN LEGAL
1904 FARNAM ST , STE 500 OMAHA, NE 68102	3506 501(C)(3)	46,903				SERVICES
(4) NEVADA LEGAL SERVICES						INDIAN LEGAL
530 S 6TH ST LAS VEGAS, NV 89101	5914 501(C) (3)	24,506				SERVICES
(5) NEW MEXICO LEGAL AID						INDIAN LEGAL
	6950 501(C)(3)	61,649				SERVICES
(6) NORTHWEST JUSTICE PROJECT						INDIAN LEGAL
401 2ND AVE SOUTH SEATTLE, WA 98104   91-1687	7791 501(C)(3)	29,655				SERVICES
(7) OKLAHOMA INDIAN LEGAL SERVICES						INDIAN LEGAL
4200 PERIMETER CTR OKLAHOMA CITY, OK 73112 73-1142462	2462 501(C)(3)	84,023				SERVICES
(8) OREGON LEGAL AID SERVICES/NA PROGRAM						INDIAN LEGAL
1827 NE 44TH AVE PORTLAND, OR 87213 83-0635480	5480 501(C)(3)	36, 681				SERVICES
(9) PINE TREE LEGAL ASSISTANCE						INDIAN LEGAL
P O BOX 547 PORTLAND, ME 4112 01-0279387	9387 501(C)(3)	43,486				SERVICES
(10) SOUTHERN ARIZONA LEGAL AID						INDIAN LEGAL
2343 E BRADWAY BLVD TUCSON, AZ 85719 86-0143449	3449 501(C) (3)	56,194				SERVICES
(11) TEXAS RIOGRANDE LEGAL AID	_					INDIAN LEGAL
300 S TEXAS BLVD WESLACO, TX 78596 74-1675230	5230 501(C)(3)	41,967				SERVICES
(12) UTAH LEGAL SERVICES						INDIAN LEGAL
205 NORTH 400 WEST SALT LAKE CITY, UT 84103 87-0298910	8910 501(C)(3)	78,386				SERVICES
2 Enter total number of section 501(c)(3) and government	t organizations				•	
3 Enter total number of other organizations					•	
For Panerwork Reduction Act Notice, see the Instructions	for Form 990.				Schedu	Schedule I (Form 990) (2010)

0E12882064096Z 5974 2/8/2012

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

OMB No 1545-0047 201

Open to Public Inspection

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2 Schedule I (Form 990) (2010) (h) Purpose of grant or assistance INDIAN LEGAL Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Employer identification number SERVICES Yes 84-0611876 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 50,899 (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 501(C)(3) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Il can be duplicated if additional space is needed General Information on Grants and Assistance 39-1170880 the selection criteria used to award the grants or assistance? (p) EIN NATIVE AMERICAN RIGHTS FUND, INC (1) MISCONSIN JUDICARE/INDIAN LAW OFFICE Enter total number of other organizations (a) Name and address of organization or government P O BOX 6100 WAUSAU, WI 54402 Name of the organization Part II Part I

(5)

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[1]

5

[12]

8

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Page 2

84-0611876

Schedule I (Form 990) (2010)

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

	Part III can be duplicated if additional space is needed	se 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 non-cash assistance
-						
2						
2						
4						
2						
ဖ						
7 Part IV	Part IV Supplemental Information. Complete this	s part to provice	de the informatic	on required in F	art I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

ORGANIZATIONS ARE SUBCONTRACTORS RELATED TO THE FUNDING FROM THE

DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS FOR TRIBAL CIVIL AND

CRIMINAL LEGAL ASSISTANCE GRANTS. MONITORING INCLUDES: THOROUGH REVIEW

OF PERFORMANCE AND EXPENDITURES SUBJECT TO STRICT TERMS, CONDITIONS AND

SPECIFICATIONS, INCLUDING QUARTERLY REPORTING AND AUDITING REQUIREMENTS

AND PERIODIC SITE VISITS.

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NATIVE AMERICAN RIGHTS FUND, INC.

Employer identification number

84-0611876 **Questions Regarding Compensation** 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee X Written employment contract Х Independent compensation consultant Compensation survey or study Х Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in 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 from the organization or a related organization? 4a Х Х b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4h Participate in, or receive payment from, an equity-based compensation arrangement? X 4c 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in 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? Χ 5b If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х a The organization? 6a 6b Х **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported in 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 Х 8

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			contraction Cally 6001 rather of Mile	contraction				
		(a) Dicarcom	2001110000		(C) Ketirement and	(D) Nontaxable	(E) Total of Columns	renorted in prior
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	orner uererred compensation		(2)-(1)(2)	Form 990 or Form 990-EZ
	€			76	5,883.	22,408.	212,463.	0
MAHOHOE NHOL	: =	0	0	 	0	0	0	0.
	∮€	146			4,680.	27,470.	179,244.	0
2 MELODY MCCOY	=	0	0	0	0.		0	0.
	€	153		613.	4,966.	22,037.	181,525.	0.
3 KIM GOTTSCHALK	: ≘	0	 		0.			0.
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Schedule J (Form 990) 2010

Part III Supplemental Information

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

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

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NATIVE AMERICAN RIGHTS FUND, INC.

PROCESS TO REVIEW THE FORM 990

FORM 990, PART VI, QUESTION 11B

THE FORM 990 IS PREPARED BY THIRD PARTY PREPARERS. THE CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990 AND THE BOARD OF DIRECTORS ARE PROVIDED WITH COPIES OF THE FORM 990 PRIOR TO FILING WITH THE IRS.

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, QUESTION 12C

BOARD OF DIRECTORS, OFFICERS, SUPERVISORS, AND OTHER PROFESSIONAL STAFF

ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT

ANNUALLY (BY JANUARY 15 OF EACH YEAR). DISCLOSURE AND DETERMINATION OF

THE POTENTIAL CONFLECT OF INTEREST (PCI) AT THE BOARD OF DIRECTORS LEVEL

ARE DISCLOSED TO THE BOARD CHAIR (IF BOARD IS THE ONE WITH PCI, THEN TO

THE VICE-CHAIR), WHICH IS THEN BROUGHT TO THE FULL BOARD FOR

CONSIDERATION AND DETERMINATION. BOARD MEMBERS WITH PCI SHALL BE ABSENT

FROM THE BOARD'S DISCUSSION AND DECISION. EMPLOYEES WITH PCI SHALL GO TO

THE EXECUTIVE DIRECTOR (ED) (IF ED HAS A PCI, THEN TO THE BOARD CHAIR).

THE MATTER WILL THEN GO TO CORPORATE OFFICERS FOR CONSIDERATION AND

DETERMINATION.

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION

FORM 990, PART VI, QUESTION 15A & 15B

THE LAW OFFICE ADMINISTRATOR CONDUCTS AN EXTENSIVE SALARY SURVEY FOR ALL POSITIONS IN THE SUMMER OF EVERY EVEN YEAR IN WHICH CURRENT SALARIES ARE

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COMPARED TO MARKET SURVEY DATA OBTAINED FROM A VARIETY OF PROFESSIONAL SURVEY SOURCES. THIS INFORMATION IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND THEN DISCUSSED AND APPROVED DURING A REGULARLY SCHEDULED EXECUTIVE COMMITTEE MEETING.

MINUTES OF THE MEETING ARE TAKEN FOR SUBSTANTIATION OF THE DELIBERATION AND DECISION. THIS PROCEDURE WAS LAST PERFORMED IN 2008. DUE TO A SALARY FREEZE IN 2010, THE SALARY SURVEY WAS NOT PERFORMED.

EXPLAIN IF 1023/1024, 990, 990-T NOT AVAILABLE TO PUBLIC

FORM 990, PART VI, QUESTION 18

FORM 1023 WAS FILED BEFORE JULY 15, 1987 AND A COPY WAS NOT AVAILABLE AT THAT TIME.

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, QUESTION 19

FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST.

REQUESTS (WITH A VALID BUSINESS PURPOSE) FOR THE MANAGING DOCUMENTS AND

CONFLICT OF INTEREST POLICY WILL BE CONSIDERED.

GOVERNMENT GRANTS

PART VIII, LINE 1(E)

THE AMOUNT SHOWN AS GOVERNMENT GRANTS ON LINE 1(E) INCLUDES \$1,275,450 OF GRANT REVENUE FROM APPROXIMATELY 30 TRIBAL GOVERNMENTS.

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OTHER CHANGES IN NET ASSETS
FORM 990, PART XI, LINE 5
UNREALIZED LOSS
(169,089)

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS ESTABLISHED BY NATIVE AMERICAN RIGHTS FUND'S (NARF) FIRST BOARD OF DIRECTORS, THE PRIORITIES THAT GUIDE NARF IN ITS MISSION TO PRESERVE AND ENFORCE THE STATUS OF TRIBES AS SOVEREIGN, SELF-GOVERNING BODIES STILL CONTINUE TO LEAD NARF TODAY: (1) THE PRESERVATION OF TRIBAL EXISTENCE; (2) THE PROTECTION OF TRIBAL NATURAL RESOURCES; (3) THE PROMOTION OF HUMAN RIGHTS; (4) THE ACCOUNTABILITY OF GOVERNMENTS TO NATIVE AMERICANS; AND (5) THE DEVELOPMENT OF INDIAN LAW AND EDUCATING THE PUBLIC ABOUT INDIAN RIGHTS, LAWS AND ISSUES.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ESTABLISHED IN 1970, THE NATIVE AMERICAN RIGHTS FUND (NARF) IS THE OLDEST AND LARGEST NONPROFIT NATIONAL INDIAN RIGHTS ORGANIZATION IN THE COUNTRY DEVOTING ALL ITS EFFORTS TO DEFENDING AND PROMOTING THE LEGAL RIGHTS OF INDIAN PEOPLE ON ISSUES ESSENTIAL TO THEIR TRIBAL SOVEREIGNTY, THEIR NATURAL RESOURCES AND THEIR HUMAN RIGHTS. NARF BELIEVES IN EMPOWERING INDIVIDUALS AND COMMUNITIES WHOSE RIGHTS, ECONOMIC SELF-SUFFICIENCY, AND POLITICAL

Page 2

Name of the organization

NATIVE AMERICAN RIGHTS FUND, INC.

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ATTACHMENT 2 (CONT'D)

PARTICIPATION HAVE BEEN SYSTEMATICALLY OR SYSTEMICALLY ERODED OR UNDERMINED.

AFTER YEARS OF PREPARING THE NECESSARY HISTORICAL, LEGAL,
GENEALOGICAL AND ANTHROPOLOGICAL EVIDENCE TO FULLY DOCUMENT ITS
PETITION FOR FEDERAL ACKNOWLEDGMENT, THE PAMUNKEY INDIAN TRIBE,
LOCATED ON THE PAMUNKEY INDIAN RESERVATION, VIRGINIA, FILED ITS
PETITION WITH THE OFFICE OF FEDERAL ACKNOWLEDGMENT. THE PAMUNKEY
INDIAN TRIBE IS THE ONLY TRIBE LOCATED IN VIRGINIA TO HAVE FILED A
FULLY DOCUMENTED PETITION. ESTABLISHED NO LATER THAN 1646, THE
TRIBE'S RESERVATION IS LOCATED NEXT TO THE PAMUNKEY RIVER, AND
ADJACENT TO KING WILLIAM COUNTY. THE RESERVATION COMPRISES OF
APPROXIMATELY 1,200 ACRES AND IS THE OLDEST INHABITED INDIAN
RESERVATION IN AMERICA. NARF HAS REPRESENTED THE TRIBE IN THIS

NARF REPRESENTS THE HUALAPAI INDIAN TRIBE OF ARIZONA IN PREPARING AND SUBMITTING FOUR APPLICATIONS FOR THE TRANSFER OF 8 PARCELS OF LAND OWNED IN FEE BY THE TRIBE INTO TRUST STATUS. THE TRIBE IS LOCATED ON THE SOUTH RIM OF THE GRAND CANYON IN ARIZONA, AND CLAIMS A BOUNDARY THAT RUNS TO THE CENTER OF THE COLORADO RIVER. IN ADDITION, NARF ASSISTED THE TRIBE WITH THE TRANSFER OF LANDS GIFTED TO THE TRIBE AT CHOLLA CANYON RANCH. BECAUSE THERE WERE TITLE CONCERNS, NARF PREPARED A TRUST WHICH THE TRIBE ADOPTED AND INTO WHICH THE LANDS WERE TRANSFERRED.

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ATTACHMENT 2 (CONT'D)

THE INDIGENOUS PEACEMAKING INITIATIVE'S (IPI) MISSION IS TO PROMOTE AND SUPPORT NATIVE PEOPLES IN RESTORING SUSTAINABLE PEACEMAKING PRACTICES. THIS PROJECT PROVIDES NARF WITH AN OPPORTUNITY TO SUPPORT TRADITIONAL PEACEMAKING AND COMMUNITY BUILDING PRACTICES AS AN EXTENSION OF INDIAN LAW AND SOVEREIGN RIGHTS. PEACEMAKING IS A COMMUNITY-DIRECTED PROCESS TO DEVELOP CONSENSUS ON A CONFLICT RESOLUTION PLAN THAT ADDRESSES THE CONCERNS OF ALL INTERESTED PARTIES. THE PEACEMAKING PROCESS USES TRADITIONAL RITUALS SUCH AS THE GROUP CIRCLE, AND CLAN STRUCTURES, TO INVOLVE THE PARTIES TO A CONFLICT, THEIR SUPPORTERS, ELDERS AND INTERESTED COMMUNITY MEMBERS. WITHIN THE CIRCLE, PEOPLE CAN SPEAK FROM THE HEART IN A SHARED SEARCH FOR UNDERSTANDING OF THE CONFLICT, AND TOGETHER IDENTIFY THE STEPS NECESSARY TO ASSIST IN HEALING ALL AFFECTED PARTIES AND PREVENT FUTURE OCCURRENCES AND CONFLICTS.

NARF HAS FOCUSED ITS INITIAL EFFORTS ON THE CREATION OF A
CLEARINGHOUSE, CONDUCTING NEEDS ASSESSMENT OF PEACEMAKER
RESOURCES, AND DEVELOPING A SUSTAINABLE BUSINESS MODEL FOR THE
PROGRAM. MOST RECENTLY, NARF IS IN THE PROCESS OF ANALYZING THE
RESULTS OF A NATIONAL SURVEY OF PEACEMAKING NEEDS IN INDIAN
COMMUNITIES. APPROXIMATELY 230 SURVEY FORMS WERE FILLED OUT AND
RETURNED. WE WILL USE THE SURVEY RESULTS TO HELP SHAPE A NATIONAL
CONFERENCE ON PEACEMAKING SET FOR SPRING 2012 IN OKLAHOMA CITY,

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ATTACHMENT 2 (CONT'D)

HOSTED BY THE CHICKASAW NATION.

DURING THE 19TH AND INTO THE 20TH CENTURY, PURSUANT TO FEDERAL POLICY, NATIVE AMERICAN CHILDREN WERE FORCIBLY ABDUCTED FROM THEIR HOMES TO ATTEND CHRISTIAN AND GOVERNMENT-RUN BOARDING SCHOOLS. THE PURPOSE WAS TO "CIVILIZE" THE INDIAN AND TO STAMP OUT NATIVE CULTURE. IT WAS A DELIBERATE POLICY OF ETHNOCIDE AND CULTURAL GENOCIDE. CUT OFF FROM THEIR FAMILIES AND CULTURE, THE CHILDREN WERE PUNISHED FOR SPEAKING THEIR NATIVE LANGUAGE, BANNED FROM CONDUCTING TRADITIONAL OR CULTURAL PRACTICES, SHORN OF TRADITIONAL CLOTHING AND IDENTITY OF THEIR NATIVE CULTURE, TAUGHT THAT THEIR CULTURE AND TRADITIONS WERE EVIL AND SINFUL, AND THAT THEY SHOULD BE ASHAMED OF BEING NATIVE AMERICAN. PLACED OFTEN FAR FROM HOME, THEY WERE FREQUENTLY NEGLECTED OR ABUSED PHYSICALLY, SEXUALLY AND PSYCHOLOGICALLY. GENERATIONS OF THESE CHILDREN BECAME THE LEGACY OF THE FEDERAL BOARDING SCHOOL POLICY. THEY WERE RETURNED TO THEIR COMMUNITIES, NOT AS THE CHRISTIANIZED FARMERS THAT THE BOARDING SCHOOL POLICY ENVISIONED, BUT AS DEEPLY SCARRED HUMAN BEINGS WITH NONE OF THE ACCULTURATED SKILLS - COMMUNITY, PARENTING, EXTENDED FAMILY, LANGUAGE, CULTURAL PRACTICES - GAINED BY THOSE WHO ARE RAISED IN THEIR CULTURAL CONTEXT.

THERE HAS BEEN SCANT RECOGNITION BY THE U.S. FEDERAL GOVERNMENT
THAT INITIATED AND CARRIED OUT THIS POLICY, AND NO ACCEPTANCE OF
RESPONSIBILITY FOR THE INDISPUTABLE FACT THAT ITS PURPOSE WAS

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ATTACHMENT 2 (CONT'D)

CULTURAL GENOCIDE. THERE ARE NO APPARENT REALISTIC LEGAL AVENUES

TO SEEK REDRESS OR HEALING FROM THE DEEP AND ENDURING WOUNDS

INFLICTED BOTH ON THE INDIVIDUALS AND COMMUNITIES OF TRIBAL

NATIONS. LAWSUITS BY INDIVIDUALS HAVE BEEN TURNED ASIDE, AND

UNLIKE OTHER COUNTRIES THAT IMPLEMENTED SIMILAR POLICIES - E.G.

CANADA, AUSTRALIA - THERE HAS BEEN NO OFFICIAL U.S. PROPOSAL FOR

HEALING OR RECONCILIATION.

NARF, WORKING WITH SEVERAL OTHER GROUPS, CONVENED A BOARDING
SCHOOL HEALING SYMPOSIUM IN MAY 2011 AT THE UNIVERSITY OF COLORADO
LAW SCHOOL. THE SYMPOSIUM BROUGHT TOGETHER INDIVIDUALS FROM
ACROSS THE U.S. AND CANADA THAT HAVE BEEN WORKING ON VARIOUS
ASPECTS OF THE ISSUES TO DISCUSS THE PRIORITIES AND STRATEGIES TO
ACHIEVE BOTH NATIONAL RECOGNITION OF AND APOLOGY FOR THE WRONGS
VISITED ON INDIVIDUALS AND COMMUNITIES OF U.S. TRIBES, AND
REPARATIONS TO PROVIDE THE FRAMEWORK FOR HEALING OF THESE HISTORIC
AND ENDURING WRONGS. THE SYMPOSIUM PARTICIPANTS AGREED THAT IT
WAS NECESSARY TO CONTINUE THE WORK ON THE ISSUE AND FORMED A
COALITION TO FORMULATE A SPECIFIC STRATEGY AND FRAMEWORK TO PURSUE
BROADER SUPPORT AND PARTICIPATION. THE COALITION HAS DEVELOPED A
PLAN TO ORGANIZE A NON-PROFIT CORPORATION THAT WILL CARRY OUT THE
WORK IDENTIFIED AT THE SYMPOSIUM.

NARF REPRESENTS FORTY-ONE PLAINTIFFS - THE NEZ PERCE TRIBE; THE MESCALERO APACHE TRIBE; THE TULE RIVER INDIAN TRIBE; THE HUALAPAI

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ATTACHMENT 2 (CONT'D)

TRIBE; THE KLAMATH TRIBES; THE YUROK TRIBE; THE CHEYENNE-ARAPAHO TRIBE; THE PAWNEE NATION OF OKLAHOMA; THE SAC AND FOX NATION; THE SANTEE SIOUX TRIBE OF NEBRASKA; THE TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA; ALEUT COMMUNITY OF ST. PAUL ISLAND; BAD RIVER BAND OF LAKE SUPERIOR CHIPPEWA INDIANS; BOIS FORTE BAND OF CHIPPEWA; CACHIL DEHE BAND OF WINTUN INDIANS OF COLUSA RANCHERIA; CONFEDERATED SALISH & KOOTENAI TRIBES; CONFEDERATED TRIBES OF SILETZ INDIANS; GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS; KAIBAB PAIUTE TRIBE; KENAITZE INDIAN TRIBE; KICKAPOO TRIBE IN KANSAS; LAC COURTE OREILLES BAND OF OJIBWE; LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA; LEECH LAKE BAND OF OJIBWE; MINNESOTA CHIPPEWA TRIBE; NATIVE VILLAGE OF ATKA; NOOCKSACK INDIAN TRIBE; PRAIRIE ISLAND INDIAN COMMUNITY; PUEBLO OF ZIA; OAWALANGIN TRIBE; RINCON LUISENO BAND OF INDIANS; SAMISH INDIAN NATION; SAN LUIS REY INDIAN WATER AUTHORITY; SAULT STE. MARIE TRIBE OF CHIPPEWA; SHOALWATER BAY TRIBE; SKOKOMISH TRIBE; SPIRIT LAKE DAKOTAH NATION; SPOKANE TRIBE; SUMMIT LAKE PAIUTE TRIBE; TULALIP TRIBES; AND, UTE MOUNTAIN UTE TRIBE - IN AN ACTION IN THE FEDERAL DISTRICT COURT FOR THE DISTRICT OF COLUMBIA SEEKING FULL AND COMPLETE ACCOUNTINGS OF THEIR TRUST FUNDS. SUCH ACCOUNTINGS NEVER HAVE BEEN PROVIDED BY THE FEDERAL GOVERNMENT WHICH IS THE TRUSTEE FOR THE FUNDS. NARF HAS BEGUN SETTLEMENT NEGOTIATIONS IN THIS CASE AND THE OTHER TRIBAL TRUST FUND MISMANAGEMENT CASES. IN 2011, THE GOVERNMENT PROVIDED THESE TRIBES WITH NEVER-BEFORE PROVIDED TRUST ACCOUNT DATA THAT THE

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ATTACHMENT 2 (CONT'D)

TRIBES ARE NOW REVIEWING AND ANALYZING.

THE KLAMATH TRIBES OF OREGON HOLD RESERVED INDIAN WATER RIGHTS IN
THE KLAMATH RIVER BASIN TO SUPPORT THEIR TREATY HUNTING, FISHING
AND GATHERING RIGHTS WITH A TIME IMMEMORIAL PRIORITY DATE, AS WELL
AS WATER RIGHTS NEEDED TO SATISFY THE AGRICULTURAL PURPOSES OF THE
KLAMATH RESERVATION. THEIR RESERVED WATER RIGHTS FOR THESE
PURPOSES ARE CURRENTLY BEING QUANTIFIED IN A STATE-WIDE WATER
ADJUDICATION. NARF REPRESENTS THE KLAMATH TRIBES IN ASSERTING AND
DEFENDING THEIR TREATY-BASED WATER RIGHTS IN THE ADJUDICATION, AND
IN PROSECUTING CONTESTS AGAINST MANY JUNIOR WATER RIGHTS CLAIMS
FILED BY NON-INDIAN WATER USERS.

FOLLOWING THE ALASKA SUPREME COURT'S MARCH 2011 DECISION UPHOLDING TRIBAL AUTHORITY TO INITIATE CHILDREN'S PROCEEDINGS, NARF HAS BEEN WORKING WITH THE ALASKA STATE ATTORNEY GENERAL'S OFFICE TO FORMALIZE POLICY AND PROTOCOL TO IMPLEMENT THE TANANA V. STATE DECISION. IN ADDITION TO POLICY REVISIONS THAT WILL BE INSERTED INTO THE STATE'S OFFICE OF CHILD SERVICES MANUAL, A COMMITTEE IS DEVELOPING A PROPOSED RULE THAT WOULD PROVIDE A PROCEDURE FOR TRIBES TO PETITION STATE COURTS TO HAVE TRIBAL COURT DECREES REGISTERED AND ENFORCED BY STATE LAW OFFICERS.

IN 2005, KATIE JOHN, REPRESENTED BY NARF, FILED A LAWSUIT IN THE U.S. DISTRICT COURT FOR THE DISTRICT OF ALASKA CHALLENGING THE

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ATTACHMENT 2 (CONT'D)

FEDERAL AGENCIES' SECRETARIES' FINAL RULE IMPLEMENTING THE PRIOR KATIE JOHN MANDATE AS BEING TOO RESTRICTIVE IN ITS SCOPE. KATIE JOHN'S COMPLAINT ALLEGES THAT THE FEDERAL AGENCIES SHOULD HAVE INCLUDED ALASKA NATIVE ALLOTMENTS AS PUBLIC LANDS AND FURTHER THAT THE FEDERAL GOVERNMENT'S INTEREST IN WATER EXTENDS UPSTREAM AND DOWNSTREAM FROM THE CONSERVATION UNITS ESTABLISHED UNDER THE ALASKA NATIONAL INTEREST LANDS CONSERVATION ACT. THE STATE OF ALASKA INTERVENED AND CHALLENGED THE REGULATIONS AS ILLEGALLY EXTENDING FEDERAL JURISDICTION TO STATE WATERS. IN 2009, THE COURT ENTERED AN ORDER UPHOLDING THE AGENCIES' FINAL RULE AS REASONABLE. WHILE REJECTING KATIE JOHN'S CLAIM THAT THE AGENCY HAD A DUTY TO IDENTIFY ALL OF ITS FEDERALLY RESERVED WATER RIGHTS IN UPSTREAM AND DOWNSTREAM WATERS, THE COURT STATED THAT THE AGENCY COULD DO SO AT SOME FUTURE TIME IF NECESSARY TO FULFILL THE PURPOSES OF THE RESERVE. THE CASE WAS APPEALED TO THE U.S. COURT OF APPEALS FOR THE NINTH CIRCUIT AND HAS BEEN FULLY BRIEFED. ARGUMENT TOOK PLACE ON JULY 25, 2011 AND NARF IS NOW WAITING FOR A DECISION BY THE COURT.

THE MASSIVE CHUITNA COAL PROJECT THREATENS TO DESTROY A VITAL SALMON HABITAT STREAM THAT THE TYONEK NATIVE VILLAGE UTILIZES FOR SUBSISTENCE FISHERIES. AFTER NARF AGREED TO ASSIST THE TRIBE IN PROTECTING ITS SUBSISTENCE FISHERIES RESOURCES, LEGAL RESEARCH ESTABLISHED THAT MUCH MORE WAS AT STAKE AS RECENT FIELD SURVEYS AND EXCAVATIONS FOUND NUMEROUS HOUSE PITS, CULTURAL FEATURES, AND

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ATTACHMENT 2 (CONT'D)

RELIGIOUS REMAINS IN THE PROJECT AREA. UNDER SUCH CIRCUMSTANCES THE NATIONAL HISTORIC PRESERVATION ACT (NHPA) REQUIRES THAT THE FEDERAL AGENCY TASKED WITH JURISDICTION IMMEDIATELY CONTACT THE IMPACTED TRIBE TO SEEK CONSULTATION REGARDING THE PROTECTION OF THE HISTORIC RESOURCES. UNDER EXISTING LAW TYONEK SHOULD BE GRANTED THE OPPORTUNITY TO IDENTIFY ITS CONCERNS ABOUT HISTORIC PROPERTIES, ADVISE ON THE IDENTIFICATION AND EVALUATION OF HISTORIC PROPERTIES, INCLUDING THOSE OF TRADITIONAL RELIGIOUS AND CULTURAL IMPORTANCE, ARTICULATE ITS VIEWS ON THE UNDERTAKING'S EFFECTS ON SUCH PROPERTIES, AND PARTICIPATE IN THE RESOLUTION OF ADVERSE EFFECTS. NEITHER THE FEDERAL AGENCY NOR ITS STATE COUNTER-PART HAVE CONTACTED THE TRIBE, AS REQUIRED BY LAW, TO INVITE IT TO PARTICIPATE IN ASSESSING WHETHER THESE HISTORIC CULTURAL FEATURES DESERVE PROTECTION AND LISTING UNDER THE NHPA. NARF'S REPRESENTATION OF THE TRIBE IS NOW FOCUSED ON ENSURING THAT ITS CULTURAL RESOURCES ARE PROTECTED ACCORDINGLY.

IN NATIVE VILLAGES OF EYAK, TATITLEK, CHENEGA, NANWALEK, AND PORT GRAHAM V. EVANS, NARF REPRESENTS FIVE CHUGACH VILLAGES THAT SUED THE SECRETARY OF COMMERCE TO ESTABLISH ABORIGINAL RIGHTS TO THEIR TRADITIONAL-USE AREAS ON THE OUTER CONTINENTAL SHELF OF ALASKA, IN COOK INLET AND THE GULF OF ALASKA. TRIAL ON WHETHER THESE TRIBES HOLD ABORIGINAL RIGHTS TO HUNT AND FISH IN FEDERAL WATERS WAS HELD IN 2008. IN 2009, THE FEDERAL COURT HELD THAT ALTHOUGH THE FIVE CHUGACH TRIBES HAD ESTABLISHED THAT THEY HAD A "TERRITORY" AND HAD

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ATTACHMENT 2 (CONT'D)

PROVEN THEY HAD USED THE WATERS IN QUESTION, THAT THE TRIBES COULD NOT HOLD ABORIGINAL RIGHTS AS A MATTER OF LAW. THE CHUGACH HAVE APPEALED TO THE NINTH CIRCUIT EN BANC PANEL WHICH HAS RETAINED JURISDICTION OVER THIS CASE AND BRIEFING WAS COMPLETED IN 2010.

ORAL ARGUMENT WAS HELD IN FRONT OF THE EN BANC PANEL IN SAN FRANCISCO ON SEPTEMBER 21, 2011 AND A DECISION IS NOW PENDING.

AS OCEAN TEMPERATURES RISE DUE TO CLIMATE CHANGE, MARINE MAMMALS AND FISH ARE MOVING NORTH. COMMERCIALLY VALUABLE FISH THAT HAVE TRADITIONALLY BEEN IN THE GULF OF ALASKA ARE SHIFTING TOWARD THE NORTHERN BERING SEA AND THE LARGE-SCALE FISHING FLEETS ARE PLANNING TO FOLLOW THEM AND EXPAND THEIR OPERATIONS INTO THIS HIGHLY SENSITIVE ECOSYSTEM. THIS FLEET EMPLOYS BOTTOM TRAWLING, A HIGHLY DESTRUCTIVE PRACTICE IN WHICH WEIGHTED NETS ARE DRAGGED INCHES ABOVE THE SEA FLOOR, REMOVING EVERYTHING IN THEIR PATH. NEVERTHELESS, THE NORTH PACIFIC FISHERY MANAGEMENT COUNCIL (NPFMC) CURRENTLY ALLOWS BOTTOM TRAWLING IN THE CENTRAL BERING SEA AND IT IS HAVING A PROFOUND EFFECT ON SENSITIVE HABITAT AND LOCAL YUP'IK COMMUNITIES. IN ADDITION, THE NPFMC HAS BEGUN A PROCESS TO CONSIDER WHETHER TO ALLOW THESE FLEETS TO EXPAND INTO THE NORTHERN BERING SEA, HOME TO THREATENED SPECIES LIKE THE WALRUS, ENDANGERED SPECIES SUCH AS THE STELLER SEA LION AND THE SPECTACLED EIDER, AND MANY ISOLATED YUP'IK AND INUPIAQ VILLAGES WHO HAVE BEEN THE STEWARDS OF THIS DIVERSE ECOSYSTEM FOR CENTURIES.

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ATTACHMENT 2 (CONT'D)

NARF REPRESENTS THE BERING SEA ELDERS GROUP, AN ALLIANCE OF
THIRTY-NINE YUP'IK AND INUPIAQ VILLAGES THAT SEEKS TO PROTECT THE
SENSITIVE ECOSYSTEM OF THE BERING SEA, THE SUBSISTENCE LIFESTYLE,
AND THE SUSTAINABLE COMMUNITIES THAT DEPEND ON IT. NARF HAS
DESIGNED A COMPREHENSIVE PLAN TO HELP THIS GROUP OF ALASKA NATIVE
VILLAGES IN THEIR EFFORTS TO PROTECT THE AREA AND BECOME MORE
ENGAGED IN ITS MANAGEMENT. OVER THE LAST YEAR, NARF HAS BEEN
WORKING WITH THE ELDERS GROUP ON BOTH ISSUES AND WE HAVE: (1)
RESEARCHED POTENTIAL ABORIGINAL RIGHTS THAT THE ELDERS GROUP AND
ITS CONSTITUENT TRIBES MAY POSSESS BASED ON THEIR LONG-TERM
EXCLUSIVE USE AND OCCUPANCY OF THE AREA, (2) PREPARED THE ELDERS
GROUP FOR NEGOTIATIONS WITH THE TRAWL FISHERMEN, AND (3) ASSISTED
THE ELDERS GROUP WITH ITS PARTICIPATION IN THE NPFMC PROCESS. OUR
NEGOTIATIONS WITH THE TRAWL INDUSTRY CONTINUE AND WE PLAN TO REACH
A DRAFT AGREEMENT BY APRIL 2012.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT, DE,

FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, TX, UT, VT, VA, WA, WV, WI,

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOM	<u>ME</u>		ATTACHMENT 5	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS AND INTEREST	60,73	7.		60,737.
TOTALS	60,73	<u>7.</u>		60,737.

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Name of the organization NATIVE AMERICAN RIGHTS FUND, INC. Employer identification number

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ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
STOCKS		1,447,041.	1,325,311.	FMV
MUTUAL FUNDS		558,465.	434,654.	FMV
GOVERNMENT BONDS		204,651.	0.	FMV
	TOTALS	2,210,157.	1,759,965.	

ATTACHMENT 7

## FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: KONICA MINOLTA

ORIGINAL AMOUNT:

20,558.

INTEREST RATE:

6.786000

DATE OF NOTE:

05/07/2007 05/01/2012

MATURITY DATE: REPAYMENT TERMS:

60 MONTHLY PAYMENTS OF \$405

SECURITY PROVIDED:

EOUIPMENT

PURPOSE OF LOAN:

CAPITAL LEASE- KONICA MINOLTA BIZHUB COPIER

BEGINNING BALANCE DUE .....

7,277. 2,772.

ENDING BALANCE DUE .....

LENDER: FRONTIER BUSINESS SYSTEMS 17,980. ORIGINAL AMOUNT:

INTEREST RATE:

8.049000 05/20/2009

DATE OF NOTE:

05/20/2014

MATURITY DATE: REPAYMENT TERMS:

60 MONTHLY PAYMENTS OF \$365

SECURITY PROVIDED:

EQUIPMENT

PURPOSE OF LOAN:

CAPITAL LEASE- BIZHUB 501 COPIER

BEGINNING BALANCE DUE ..... ENDING BALANCE DUE .....

13,867.

10,480.

Schedule O (Form 990 or 990-EZ) 2010

Page 2

Name of the organization

NATIVE AMERICAN RIGHTS FUND, INC.

Employer identification number

84-0611876 ATTACHMENT 7 (CONT'D)

LENDER: NEOPOST

ORIGINAL AMOUNT:

19,325.

INTEREST RATE:

16.490000

DATE OF NOTE:

04/01/2007

MATURITY DATE:

04/01/2012

REPAYMENT TERMS:

60 MONTHLY PAYMENTS OF \$474.99

SECURITY PROVIDED:

EQUIPMENT

PURPOSE OF LOAN:

CAPITAL LEASE- MAIL FEEDER

BEGINNING BALANCE DUE .....

7,895.

ENDING BALANCE DUE .....

3,149.

LENDER:

DIGITAL SOLUTIONS

ORIGINAL AMOUNT:

47,118.

INTEREST RATE:

12.126000

INTEREST RATE.

04/20/2009

DATE OF NOTE:
MATURITY DATE:

04/20/2014

REPAYMENT TERMS:

60 MONTHLY PAYMENTS OF \$1,051.12

SECURITY PROVIDED:

EQUIPMENT

PURPOSE OF LOAN:

CAPITAL LEASE- 4 SHARP COPIERS

BEGINNING BALANCE DUE .....

36,512.

ENDING BALANCE DUE .....

27,855.

Schedule O (Form 990 or 990-EZ) 2010 Page 2 Employer identification number Name of the organization 84-0611876 NATIVE AMERICAN RIGHTS FUND, INC. ATTACHMENT 7 (CONT'D) NOTE PAYABLE LENDER: ORIGINAL AMOUNT: 500,000. ORIGINAL ...
INTEREST RATE: 5.000000 MATURITY DATE: 11/30/2011 SECURITY PROVIDED: REAL PROPERTY LINE OF CREDIT PURPOSE OF LOAN: 500,000. BEGINNING BALANCE DUE ..... 550,000. ENDING BALANCE DUE ..... TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE <u>565,551.</u>

594,256.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust					Employer identification number		
NATIVE AMERICAN RIGHTS FUND, INC.					84-0611876		
	: Form 5227 filers need to complete onlyPa			· · · · · · · · · · · · · · · · · · ·			
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Y	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
					ļ.,		
				<del></del>	<del>-  </del>		
		.1	<u> </u>		<del></del>	T	
b	Enter the short-term gain or (loss), if any, fro	m Schedule D-1	, line 1b			1b	
2	Short-term capital gain or (loss) from Forms	4684, 6252, 678	31, and 8824			2	
3	Net short-term gain or (loss) from partnershi					3	
4	Short-term capital loss carryover Enter the a			•			,
_	Carryover Worksheet					4	( )
5	5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back						
Par					<u></u>	5	
ı aı	(a) Description of property	(b) Date acquired	(c) Date sold		(e) Cost or other	hacie	(f) Gain or (loss) for
	(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo , day, yr )	(d) Sales pnce	(see instructio		the entire year Subtract (e) from (d)
6a							
					ļ		
		}					
					<del> </del>		
		-l	l		<u> </u>		
b	Enter the long-term gain or (loss), if any, from	m Schedule D-1	line 6b			6b	52,971.
7	7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824						
8	Net long-term gain or (loss) from partnership	os, S corporation	s, and other es	tates or trusts		8	
	9 Capital gain distributions						
9							
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the a	-		•		٠,	,
42	Carryover Worksheet	Go thee web 44		ntor boro and an line		11	<u> </u>
12						12	52,971.
For 5	column (3) on the back	ions for Form 404	<u></u> 1	· · · · · · · · · · · · · · · · · · ·		12	D (Form 1041) 2010
FULL	aperwork neutron act notice, see the instruct	10113 IUI FUIIII <b>10</b> 4	1.		30	neuult	2 (FOIII 1941) 2010

Schedule D (Form 1041) 2010 Page 2 Summary of Parts I and II (1) Beneficianes' (2) Estate's Part III (3) Total or trust's Caution: Read the instructions before completing this part (see instr) Net short-term gain or (loss) 14 Net long-term gain or (loss): 52,971. **b** Unrecaptured section 1250 gain (see line 18 of the wrksht) c 28% rate gain \_\_\_\_\_\_. 15 Total net gain or (loss). Combine lines 13 and 14a . . . . . . . . ▶ 15 Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheets necessary **Capital Loss Limitation** Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss CarryoveWorksheeton page 7 of the instructions to figure your capital loss carryover Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero Caution: Skip this part and complete the worksheet on page 8 of the instructions if Either line 14b, col (2) or line 14c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) 17 Enter the smaller of line 14a or 15 in column (2) 18 18 Enter the estate's or trust's qualified dividends 19 from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 19 20 20 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-Subtract line 21 from line 20 If zero or less, enter -0-22 Subtract line 22 from line 17 If zero or less, enter -0-23 24 Enter the smaller of the amount on line 17 or \$2,300 24 Is the amount on line 23 equal to or more than the amount on line 24? 25 Yes. Skip lines 25 and 26, go to line 27 and check the "No" box No. Enter the amount from line 23 25 Subtract line 25 from line 24 . . . . . . . . . 26 26 Are the amounts on lines 22 and 26 the same? 27 27 Yes. Skip lines 27 thru 30, go to tine 31 No. Enter the smaller of line 17 or line 22 Enter the amount from line 26 (If line 26 is blank, enter -0-) 28 Subtract line 28 from line 27 29 Multiply line 29 by 15% (15) Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041) Add lines 30 and 31 32 32 Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041) 33

G. line 1a (or Form 990-T, line 36)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Page 2

NATIVE AMERICAN RIGHTS FUND, INC.  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year					
Part II Long-Term Capital Gains an		ts Held More Th	an One Year		
(a) Description of property (Example 100 sh 7% preferred of *Z* Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a SECURITIES	VAR	VAR	403,393.	350,422.	52,971.
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		_			
	7				
			•		
				····	
				<u> </u>	
		:			
	<u></u>		<u></u>		
6b Total. Combine the amounts in column	n (f) Enter here and	d on Schedule D, Iir	ne 6b		52,971.