DLN: 93493060002277

Form **990**

Department of the Treasury

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

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

ntern	ai Rever	nue Servi	ce						
			lendar year, or tax year beginning C Name of organization	ng 10-01-2015 , and ending 09-30-20	16	D 5			
	eck if ap Idress cl	pplicable	Native American Rights Fund Inc				D Employer identification number		
	ame cha	_	% NATIVE AMERICAN RIGHTS FUND			84-0	61187	6	
	ıtıal retu	-	Doing business as						
Fi	nal ⁄termina	ated	Number and street (or P O box if n	nail is not delivered to street address) Room/su	uite	E Telep	hone num	nber	
	nended i		1506 BROADWAY			(303) 447-8	3760	
ПАр	plication	pending	City or town, state or province, cou BOULDER, CO 80302	ntry, and ZIP or foreign postal code		G Gross	receipts	\$ 14,271,224	
			F Name and address of princi	nal officer	U(a) 1		·		
			JOHN ECHOHAWK	paromeer		s this a grou ubordinates		n for	
			1506 BROADWAY BOULDER,CO 80302			No		165	
[Ta	x-exem	pt status		(insert no) 4947(a)(1) or 527		re all subor ncluded?	dinates	□Yes □ No	
		- 14/14		(misercino) 4547(a)(1) 01 527			h a lıst	(see instructions)	
, ,	ebsite	· · · · · · · · · · · · · · · · · · ·	VW NARF ORG		H(c) (Group exemp	otion nu	mber ▶	
∢ For	n of org	janızatıon	Corporation Trust Associa	ation	L Year	of formation	L970 M	State of legal domicile De	
Da	rt I	Sum	ımary						
Га			scribe the organization's mission	n or most significant activities					
	C	ONŚTRI	UCT THE FOUNDATIONS NEC	ESSARY TO EMPOWER TRIBES SO TI				E ACCORDING TO	
e e	-	HEIR NA	ATIVE TRADITIONS, ENFORCE	E THEIR TREATY RIGHTS, & PROTEC	I I HEIR	SOVEREIGI	NIY		
Ĕ									
E e									
Governance	2 C	heck th	nis box 🕨 🥅 if the organization d	iscontinued its operations or disposed	of more th	an 25% of i	ts net a	ssets	
	3 N	lumber	of voting members of the govern	ing body (Part VI, line 1a)			3	13	
Activities &			_	of the governing body (Part VI, line 1b)			4	13	
	5 T	otal nui	mber of individuals employed in (calendar year 2015 (Part V, line 2a)			5	46	
Ac	6 T	otal nui	mber of volunteers (estimate if n			6	16		
				art VIII, column (C), line 12			7a	0	
	b Ne	et unrela	ated business taxable income fro	om Form 990-T, line 34	<u> </u>		7b		
						Prior Year		Current Year	
<u>0</u> :	8		-	ine 1h)	•	6,546		9,646,191	
Ravenua	9			ıne 2g) n (A), lınes 3, 4, and 7d)		7,065		2,028,322	
Ŗ	10 11		•	In (A), filles 3, 4, and 7d /		1,412	,222	-20,401	
	12		revenue—add lines 8 through 11	ne	15,041		12,055,367		
		12)				,	<u> </u>		
	13		, ,	IX, column (A), lines 1-3)	-	1,297	,336	955,463	
	14 15		,	ee benefits (Part IX, column (A), lines	•				
8	13	5-10		de benenes (rare 177, estanti (177, mies		5,390	,934	5,594,649	
Expenses	16a	Profe	ssional fundraising fees (Part IX	, column (A), line 11e)		54,000 140,1			
ੜੋ	b		undraising expenses (Part IX, column (D						
	17			lines 11a-11d, 11f-24e)	•	3,270,752 3,9			
	18		•	ist equal Part IX, column (A), line 25)		10,013	·	10,685,328	
× 20	19	Rever	iue iess expenses Subtract illie	18 from line 12	1_	5,028		1,370,039	
Net Assets or Fund Balances					Beginni	ng of Curren	теаг	End of Year	
Bag	20		assets (Part X, line 16)			20,056		22,701,840	
<u> </u>	21		liabilities (Part X, line 26) .		•	1,416		1,488,588	
	22		ssets or fund balances Subtract	line 21 from line 20		18,639	,906	21,213,252	
	r t II r pena		nature Block perjury, I declare that I have ex	amined this return, including accompar	nying sche	dules and st	tatemen	its, and to the best of	
				mplete Declaration of preparer (other t	han officer) is based o	n all info	ormation of which	
огера	irer na	s any k	nowledge						
	I I _		** *			2017-02-27			
sign r -		Sign	ature of officer			Date			
Here	9		HAEL KENNEDY CFO						
		y	e or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN		
D~:-	4		Printy Type preparer's name David S Mason CPA	David S Mason CPA	Jale	Check if self-employed	P0013	7279	
Paid		<u>ا</u> م	Firm's name > BKD LLP			Firm's EIN	<u>. I</u>		
-re	pare	r h	Firm's address ▶ 111 South Tejon Suite	800		Phone no (71	9) 471-4	200	
	Onl	., l'	min's address F 111 South rejon saite			Thoric no (7.	2) 7/1 7	250	

Colorado Springs, CO 809039848

. ✓Yes No

		ge 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🔽
NARI CON RESC	Briefly describe the organization's mission STABLISHED BY NATIVE AMERICAN RIGHTS FUND'S (NARF) FIRST BOARD OF DIRECTORS, THE PRIORITIES THAT GUIDE IN ITS MISSION TO PRESERVE AND ENFORCE THE STATUS OF TRIBES AS SOVEREIGN, SELF-GOVERNING BODIES STIL TINUE TO LEAD NARF TODAY (1) THE PRESERVATION OF TRIBAL EXISTENCE, (2) THE PROTECTION OF TRIBAL NATURA PURCES, (3) THE PROMOTION OF HUMAN RIGHTS, (4) THE ACCOUNTABILITY OF GOVERNMENTS TO NATIVE AMERICANS (5) THE DEVELOPMENT OF INDIAN LAW AND EDUCATING THE PUBLIC ABOUT INDIAN RIGHTS, LAWS AND ISSUES	L
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	The Native American Rights Fund (NARF) is the oldest and largest nonprofit national Indian rights origination in the country devoting all its efforts to defending promoting the legal rights of indian people on issues essential to their tribal sovereight, their natural resources and their human rights NARF believes in employmenting individuals and communities whose rights, economic self-sufficiency and political participation have been systematically ended or undermined. At sovereight providers of the property of the property of the providers of	ed no y lable Is In
4b	(Code) (Expenses \$ 362,854 including grants of \$) (Revenue \$ 189) The National Indian Law Library (NILL) is the only law library in the United States devoted to Indian law. The library serves both NARF and members of the pull Since it was started as a NARF project in 1972, NILL has collected nearly 9,000 resource materials that relate to federal Indian and tribal law. The Librarys hold include the largest collection of tribal codes, ordinances and constitutions, legal pleadings from major Indian cases, and often hard to find reports and historical information. In addition to making its catalog and extensive collection available to the public, NILL provides free weekly Indian law updates via email and refer and research assistance. The professional library staff answers over 2,000 questions from the public each year. In addition, the Library has created and mainta huge web site that provides access to thousands of full-text sources to help the researcher. The Access to Tribal Law Project continues to be an invaluable reso for researchers and practitioners in tribal law. In 2016 fiscal year, we received updates to 92 Constitutions or Codes from 43 tribes. We have established good relationships with a number of tribes who regularly send us updates to their laws as changes are made and we are working to develop relationships with other have expressed interest. The Tribal Nation Pronunciation Guide is being developed for the NILL website. Appropriate pronunciations for all federally recognized and Alaska Native Villages have been published for over 250 tribes in 2016 on the Tribal Law Gateway. We believe this unique guide will be a valuable resource those who need to communicate with tribes and will allow people to address a tribe in a respectful manner.	ngs legal ence ns a urce who
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		_
4d	Other program services (Describe in Schedule O)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 8,112,634	

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10	Yes	
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 Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (contin	ued,
21	Did the organization report more than \$5,000 of grants or	othe

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

OHIII	onn 990 (2013)									
Par	t IV	Checklist of Required Schedules (continued)								
21	Didth	as organization report more than 45,000 of grants or other accustance to any democitic organization or								

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

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35a

35b

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37

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Yes

Form 990 (2015)

Yes

Yes

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

ther assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

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Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V		• •	v _{os}	. L
12	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	60		Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
		ne organization comply with backup withholding rules for reportable payments to vendors and rej	_			
С		ne organization comply with backup withholding rules for reportable payments to vendors and report		1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered s return	46			
h	•	east one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Yes	
,		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		•	-	
3a	Dıd th	ne organization have unrelated business gross income of \$1,000 or more during the year? \cdot .	.	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	[3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other				
		a financial account in a foreign country (such as a bank account, securities account, or other fir int)?	ıalıcıdı	4a		No
b		es," enter the name of the foreign country				
	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts			
	(FBAR					
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6-	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did t	he	5с 6 а		No
04		ization solicit any contributions that were not tax deductible as charitable contributions?		va		- N O
b		s," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
7		not tax deductible?		6 b		
7 a	_	nizations that may receive deductible contributions under section 170(c). He organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds and	7a	Yes	
a		ces provided to the payor?	• alla	, a	, 03	
b	If"Ye	es," did the organization notify the donor of the value of the goods or services provided?	[7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa orm 8282?	s required to	7c		No
d		es," indicate the number of Forms 8282 filed during the year		70		.,,,
		,				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		No
		organization received a contribution of qualified intellectual property, did the organization file Fo				
_	requir	red?		7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organized 1098-C?	ation file a	7h		
8	-	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings a	it any timo			
		g the year?		8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section	on 501(c)(7) organizations. Enter				
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les				
11	Section	on 501(c)(12) organizations. Enter				
а	Gross	s income from members or shareholders				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the				
	year	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the	e organization licensed to issue qualified health plans in more than one state? Note. See the inst	ructions for			
		onal information the organization must report on Schedule O		13a		
b		the amount of reserves the organization is required to maintain by the states				
r		the amount of reserves on hand				
		ne organization receive any payments for indoor tanning services during the tax year?		14a		No
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C		14b		
			I			

Part VI	Governance	, Management,	and	Disclosure
FOIL VE	gover manice	, management,	anu	Disciosui

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . .

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod	le.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12 c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶ AL,AK,AR,CA,CO,CT,FL,GA,	HI.ID	. IL . II,	N . TA
	KS, KY, LA, ME, MD, MA, MI, MN, NM, NY, NC, ND, OH, OK, OR, PA UT, VT, VA, WA, WV, WI	MS,M	IO , NH	,NJ,
.8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply $\overline{\checkmark}$ O wn website $\overline{\ }$ A nother's website $\overline{\ }$ Upon request $\overline{\ }$ O ther (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records ►NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302 (303) 447-8760

Part VII

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

art VII	Section A. Officers,	Directors, Trustees	, Key Employees,	, and Highest Comp	ensated Employees (contir	nued)
---------	----------------------	---------------------	------------------	--------------------	---------------------------	-------

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2,1035 (1130)	related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheetd Total (add lines 1b and 1c) .				•	• •	•		1,962,446	0	403,612
	· · · ·	• •	•							<u> </u>

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 21

(A)

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
- on line 1a? If "Yes," complete Schedule J for such individual
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- ındıvıdual 4
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person
- Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

Yes

3

No

Νo

orm 99	•	•						Page 9
Part V	/ + + +	Statement of Re						
		Check if Schedule O	o contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 80	1 a	Federated campaigr	ns 1a	36,239				
ants unt	ь	Membership dues .	1b					
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	c	Fundraising events	1c	143,588				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organization	ns 1d					
يَّ تَقَ	e	Government grants (cor	ntributions) 1e	4,464,441				
ons Sir	f f	All other contributions, g	lifts, grants, and 1f	5,001,923				
her just	١.	sımılar amounts not ınclı	uded above					
	g	Noncash contributions in 1a-1f \$	icluded in lines	243,599				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-	-1f	🗼	9,646,191			
				Business Code				
in a	2a	LEGAL FEES		900099	2,028,322	2,028,322		
₹ ×	ь							
ice 1	C							
Şe Ç	d							
E	e							
Program Service Revenue	f	All other program s	ervice revenue					
<u>σ</u>	g	Total. Add lines 2a-			2,028,322			
	3	Investment income and other similar an	•		389,743			389,743
	4	Income from investmen	•	F	0			
	5	Royalties		🔸	82			82
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income o	r(loss)		0			
	_	. - ·	ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,142,060					
	ь	Less cost or other basis and sales expenses	2,130,548					
	c	Gain or (loss)	11,512		11 512			11.513
ine	8a	Net gain or (loss) . Gross income from events (not including	fundraising		11,512			11,512
Other Revenue		\$ 143,588 of contributions rep See Part IV, line 18	3					
her	 	Logo direct com-	a h	6,675				
ŏ	b c	Less direct expens Net income or (loss		85,309 events ►	-78,634			-78,634
		Gross Income from See Part IV, line 19	gaming activities	,				
	b c	Less direct expens	es b	vities	0			
	10a	Gross sales of inver	ces .	•				
	 	Local coch of!	a sold b					
	l	Less cost of goods Net income or (loss		entory ▶	О			
		Miscellaneous Rev		Business Code				
	11a	REIMBURSEMENTS	S	900099	8,275	8,275		
	ь	HONORARIUMS		900099	5,600	5,600		
	С	NARF PUBLICATIO		900099	189	189		
	d	All other revenue			44,087	44,087		

58,151

2,086,473

12,055,367

Total revenue. See Instructions .

Part IX Statement of Functional Expenses

Section 501(c)(3)	and 501(c)(4)) organizations must co	mplete all columns	All other ora	anizations must com	plete column (A	١)

Check if Schedule O contains a response or note to any line in this Part IX $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. $\,$. $\,$

	ot include amounts reported on lines 6b,	_ (A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8t	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	955,463	955,463		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,310,657	833,701	280,117	196,839
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,324,947	2,823,891	229,450	271,606
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	181,485	146,122	20,157	15,206
9	Other employee benefits	487,863	393,133	24,492	70,238
10	Payroll taxes				
		289,697	206,022	36,244	47,431
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	0			
С	Accounting	26,775		26,775	
d	Lobbying	88,842	88,842		
е	Professional fundraising services See Part IV, line 17	140,178			140,178
f	Investment management fees	70,783		70,783	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,525,284	1,480,284		45,000
12	Advertising and promotion	16,270			16,270
13	Office expenses	569,837	214,686	55,586	299,565
14	Information technology	115,673	48,254	13,930	53,489
15	Royalties	0			
16	Occupancy	300,825	269,522	20,095	11,208
17	Travel	583,031	435,963	69,738	77,330
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	30,852	16,420	479	13,953
20	Interest	3,654		3,654	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	63,205	47,513	5,083	10,609
23	Insurance	28,388	22,315	2,523	3,550
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIRECT MARKETING MAIL	432,056			432,056
b	LIBRARY	58,048	48,988	1,951	7,109
c	COSTS RELATED TO LEGAL CASES	16,861	16,861		
d	BAD DEBT EXPENSE	64,654	64,654		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,685,328	8,112,634	861,057	1,711,637
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		-		

Form	990 (2	2015)					Page 11			
Par	t X	Balance Sheet								
		Check if Schedule O contains a response or note to any li	ne in this	S Part X			· · · · ·			
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			676,276	1	745,778			
	2	Savings and temporary cash investments			4,449,027	2	1,245,625			
	3	Pledges and grants receivable, net			1,188,771	3	3,862,952			
	4	Accounts receivable, net	nts receivable, net							
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplete		0	5	0			
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(B section), and 501(c)(9)	0	6	0			
SS	7	Notes and loans receivable, net			0	7	0			
⋖	8	Inventories for sale or use			0		0			
	9	Prepaid expenses and deferred charges			133,414	9	192,059			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,363,965	100,414		132,003			
	ь	Less accumulated depreciation	10b	1,101,280	264,126	10 c	262,685			
	11	Investments—publicly traded securities			12,843,324	11	15,862,551			
	12	Investments—other securities See Part IV, line 11 .			0	12	0			
	13	Investments—program-related See Part IV, line 11 .	0	13	0					
	14	Intangible assets	gible assets							
	15	Other assets See Part IV, line 11	r assets See Part IV, line 11							
	16	Total assets.Add lines 1 through 15 (must equal line 34)		20,056,021	16	22,701,840			
	17	Accounts payable and accrued expenses			1,042,828	17	924,678			
	18	Grants payable			0	18	0			
	19	Deferred revenue			21,493	19	22,202			
	20	Tax-exempt bond liabilities			0	20	0			
	21	Escrow or custodial account liability Complete Part IV	of Sched	ule D	0	21	190,971			
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d	,	'						
		persons Complete Part II of Schedule L			0	22	0			
Lia	23	Secured mortgages and notes payable to unrelated third	parties		63,680	23	43,395			
	24	Unsecured notes and loans payable to unrelated third pa	arties .		0	24	0			
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D			202 444		040 700			
					288,114	25	307,342			
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check he			1,416,115	26	1,488,588			
ance		lines 27 through 29, and lines 33 and 34.			4E E77 400		40 407 500			
3a l;	27	Unrestricted net assets			15,577,129	27	16,137,509			
D E	28	Temporarily restricted net assets			2,077,273	28	4,065,281			
Ë	29	Permanently restricted net assets			985,504	29	1,010,462			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.		'						
ete	30	Capital stock or trust principal, or current funds				30				
Ass	31	Paid-in or capital surplus, or land, building or equipment				31				
et /	32	Retained earnings, endowment, accumulated income, or				32				
Ž	33	Total net assets or fund balances			18,639,906	33	21,213,252			

34

Total liabilities and net assets/fund balances

22,701,840

20,056,021

34

Net unrealized gains (losses) on investments

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal P

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

•	•		•		•	•	•	•		
				_						
•	-	-	-	-	-	-	-	•	-	-
•	•	•	•	•		•	•	•	•	•
art	X, li	ine :	33,	colu	ımn	(A)) .			
			-				•			

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

12,055,367

10,685,328

1,370,039

18,639,906

1,203,307

21,213,252

No

Νo

Yes

Yes

Yes

Yes

Yes | Form **990** (2015)

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Software ID: Software Version:

EIN: 84-0611876

Name: Native American Rights Fund Inc

Compensated Employees, and Inde (A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization
Moses K N Haia III	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	and related organizations
	1 0								_	
Chairman	0 0	X						0	0	(
Tex G Hall	10	Γ.,								
Board Member	0 0	X						0	0	(
Virginia Cross	1 0									_
Board Member - Through 11/2015	0 0	×						0	0	· ·
Kurt Bluedog	1 0									_
Board Member	0 0	×						0	0	
Richard J Peterson	1 0									_
Board Member	0 0	×						0	0	(
Michael Smith	1 0									,
Board Member	0 0	×						0	0	
Julie Roberts-Hyslop	1 0									_
Board Member	0 0	X						0	0	(
Gary Hayes	1 0									_
Board Member	0 0	X						0	0	
Stephen R Lewis	1 0									
Board Member	0 0	X						0	0	(
Peter M Pino	1 0									_
Board Member	0 0	×						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

25,932

21,069

36,176

43,582

ol

124,337

92,336

121,974

176,870

Compensated Employees, and Inde					ı ı u	3166	э, г	cey Employe	es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do han erso cer tor/f	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
Laws Olyana	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former			and related organizations
Larry Olinger	1 0									
Board Member	0 0	X						0	0	0
Robert McGhee	1 0									
Vice - Chairman	0 0	X						0	0	
Anıta Mıtchell	1 0									
Board Member	0 0	×						0	0	O
Jefferson Keel	1 0									
Board Member	0.0	×						0	0	a
Mark Macarro	1 0									
Vice-Chairman-Through 11/2015	0 0	×						0	0	o
John Echohawk Executive Director	40 0			х				215,800	0	45,933
Michael Kennedy	40 0									

0 0

х

Х

Ray Ramırez

Morgan O'Brien

Melody McCoy

Chief Financial Officer

Corporate Secretary

Development Director

Litigation Mgmt Committee

33,865

38,499

22,351

176,485

175,940

181,811

Х

Χ

Form 990, Part VII - Compensation Compensated Employees, and Inde					(rus	stee	s, k	Key Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unles	sition nore t ss pe	(C) I (do I	not one on is and trust	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Kım Gottschalk Litigation Mgmt Committee	40 0			x				184,853	0	44,188
Natalie Landreth Litigation Mgmt Committee	40 0			x				147,204	o	19,881
Don Wharton Attorney	40 0					х		184,297	0	29,469
Steven Moore	40 0					x		180,539	0	42,667

0 0

Attorney

Attorney

Attorney

Attorney

Susan Noe

Heather Kendall

Richard Guest

etile	GRAPHIC	print -	DO NOT	PROCESS	AS	Filed	Data

hospital's name, city, and state

www.irs.gov/form990.

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493060002277

Employer identification number

84-0611876

SCHEDULE A (Form 990 or 990EZ)

Native American Rights Fund Inc

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2 3

Total

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

13,064,570

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

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

Section A	A. Publ	lic Support
-----------	---------	-------------

12

	ection A. Fublic Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	16,104,389	10,173,190	4,784,849	6,546,704	9,646,191	47,255,323
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	16,104,389	10,173,190	4,784,849	6,546,704	9,646,191	47,255,323
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,294,191
6	Public support. Subtract line 5 from line 4						44,961,132
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4	16,104,389	10,173,190	4,784,849	6,546,704	9,646,191	47,255,323
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,899	119,853	229,914	174,489	389,825	980,980
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7						48,236,303
	through 10						

because of comparation of rubble buppers referringe

Gross receipts from related activities, etc (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	93 210 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	94 399 %

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	94 399 %
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more	check this box
	and stop here. The organization qualifies as a publicly supported organization		►V

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 1/a, or 1/b, check this box and see instructions

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

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Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furthe excess of income from activity								
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	quired)							
6 Other distributions (describe in Part VI) See instru	ıctions							
	200.0110							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a .								
b c								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
A pplied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
		Calcadada A	(F 000 000 F7) (201 F					

DLN: 93493060002277

Employer identification number

84-0611876

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Native American Rights Fund Inc

Service

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	Political expellultures			•	\$			
3	Volunteer hours							
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	>	\$			
2	Enter the amount of any excise	\$						
3	If the organization incurred a s	☐ Yes ☐ No						
4 a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$			
4	Did the filing organization file F	form 1120-POL for this year?			Yes No			
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also amount of political contributions received that were promptly and directly delivered to a separate political organization, su separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			
2								
3								
4								
5								
6								
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- EZ.	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	•	Г	$\overline{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
				expenses, and share of excess lobbying expenditures)

		oying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
3	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
,	Total lobbying expenditures to influence a legis	slative body (direct lobbying)	94,800	
:	Total lobbying expenditures (add lines 1a and	94,800		
ı	Other exempt purpose expenditures	10,590,528		
:	Total exempt purpose expenditures (add lines	10,685,328		
	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	684,266	
	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		

	Grassroots nontaxable amount (enter 25% of line 1f	=)			171.067	
g	•	,			171,067	
h	Subtract line 1g from line 1a If zero or less, enter -0					
i	Subtract line 1f from line 1c If zero or less, enter -0	-				
j	If there is an amount other than zero on either line 11 reporting section 4911 tax for this year?	h or line 11, did the	organızatıon file I	Form 4720	•	
	,		Γ,	res ∏No		
	(Some organizations that made a sec columns below. See the Lobbying Expend	separate iństru	uctions for lin	es 2a throug		e five
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	618,622	654,935	650,651	684,266	2,608,474

Total lobbying expenditures 46,681 16,396 24,416 94,800 182,293

Grassroots nontaxable amount 154,656 163,734 162,663 171,067 652,120 Grassroots ceiling amount 978,180 (150% of line 2d, column (e)) 4,951 Grassroots lobbying expenditures

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		Moun	ıt
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	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 tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		l			
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n liet\	Doet I	τ Λ Ι.	inoc 1	
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	יף וואנ),	, rait I	ı-A,∥	ilies I	anu

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D Supplement

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

0MB No 1545-0047

DLN: 93493060002277

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Native American Rights Fund Inc 84-0611876 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a 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 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, 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)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

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

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a 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 XIII, 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
 - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- 2 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
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

 Cat No 52283D Schedule D (Form 990) 2015

50110	eddie D (Form 330) Zo13					rage Z
Par	t IIII Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures, or (Other Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other red	cords, check any c	of the following that	are a significant use	e of its
а	Public exhibition		d	an or exchange pro	grams	
b	✓ Scholarly research		e ✓ Ot	her ASSIST IN RE CASES	SEARCH - CLIENT	
c	Preservation for future generations					
4	Provide a description of the organization	's collections and ex	plain how they furt	her the organization	n's exempt purpose	ın
-	Part XIII		,			
5	During the year, did the organization soli assets to be sold to raise funds rather th	an to be maintained				s No
Par	Complete if the organization a Part X, line 21.		n Form 990, Par	t IV, line 9, or re	ported an amoun	t on Form 990,
1 a	Is the organization an agent, trustee, cusincluded on Form 990, Part X?	stodian or other inter	rmediary for contri	butions or other as:	sets not	s √ No
b	If "Yes," explain the arrangement in P	art XIII and complet	te the following tab	ole	Ame	ount
c	Beginning balance	are Alli and complet	te the following tab	10		
d	Additions during the year			10	1	
e	Distributions during the year			16	:	
f	Ending balance			1f		
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21, for escrov	v or custodial accou	int liability? 🔽 Yes	i
b	If "Yes," explain the arrangement in Part	:XIII Check here if	the explanation ha	s been provided in	Part XIII	🗹
Pa	ert V Endowment Funds. Comple					
	•	(a)Current year	(b) Prior year	b (c) Two years back		(e)Four years back
1a	Beginning of year balance	985,504	982,416		947,722	942,428
b	Contributions	24,958	3,008	12,294	22,400	5,294
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,010,462	985,424	982,416	970,122	947,722
2	Provide the estimated percentage of the	current year end bal	ance (line 1g, colu	ımn (a)) held as		
а	Board designated or quasi-endowment 🕨	0 %				
b	Permanent endowment ► 100 000 %					
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	0 % should equal 100%				
3а	Are there endowment funds not in the po- organization by	ssession of the orgai	nization that are h	eld and administere	d for the	Yes No
	(i) unrelated organizations					(i) No
h	(ii) related organizations If "Yes" on 3a(ii), are the related organiz				<u></u>	(ii) No
4	Describe in Part XIII the intended uses	·			· · · · <u>·</u>	
Par	rt VI Land, Buildings, and Equip	ment.				
	Complete if the organization a Description of property	answered 'Yes' to		IV, line 11a.See	Form 990, Part X Accumulated	, line 10.
	Description of property		(a) Cost or other (Investmen	basis Cost or other basis		(a)book value
1a	Land			58,9	937	58,937
	Buildings			80,0	000 80,00	0 0
	Leasehold improvements					
d	Equipment		.	875,6	557 712,30	02 163,355

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

40,393

262,685

308,978

349,371

.

(a) Des	90, Part X, line 12.			
(II	scription of security or categor ncluding name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity int	rerects			
3) O ther	eres (s			
otal. (Column (b) must equal	Form 990, Part X, col (B) line 12)	•		
Part VIII Investme	nts-Program Related.		0. David TV loan 44 a	
	t the organization answere Description of investment	d 'Yes' on Form 990	(b) Book value	ee Form 990, Part X, line 13.
				Cost or end-of-year market valu
Fatal (Calina (b) and and	(Farmy 000, Bart V, and (B) for a 12.)	•		
	Form 990, Part X, col (B) line 13) ets. Complete if the organizati		Form 990, Part IV, line	_ 11d See Form 990, Part X, line 15
	(a) Desc			(b) Book value
			_	
	ual Form 990, Part X, col (B) line	•	d 'Yes' on Form 990.	
Part X Other Liab See Form 9	ilities. Complete if the org 90, Part X, line 25.	ganization answered	d 'Yes' on Form 990,	
Part X Other Liab See Form 9	ilities. Complete if the org	•	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 L. (a) De	ilities. Complete if the org 90, Part X, line 25.	ganization answered	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 L. (a) Defended in the second of the secon	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 L. (a) Defended in the second of the secon	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 I. (a) Defrederal income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 I. (a) Defrederal income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X Other Liab See Form 9 L. (a) De Federal Income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X See Form 9 1. (a) Defended the see Form 9 Federal Income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X See Form 9 1. (a) Defended the see Form 9 Federal Income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X See Form 9 1. (a) Defended the see Form 9 Federal Income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X Other Liab See Form 9	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X See Form 9 1. (a) De Federal Income taxes	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	
Part X See Form 9 1. (a) De Federal Income taxes RETIREMENT OBLIGATION	ilities. Complete if the org 90, Part X, line 25. escription of liability	ganization answered (b) Book value	d 'Yes' on Form 990,	

Par		evenue per Audited Financial Stanication answered 'Yes' on Form 990,			per F	Return
1		er support per audited financial statements		<u> </u>	1	13,343,983
2		ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)		2a	1,203,307		
b	Donated services and use of f	acılıtıes	2b		1	
С	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)					
			2d	85,309		
е	Add lines 2a through 2d				2e	1,288,616
3	Subtract line 2e from line 1 .				3	12,055,367
4		0, Part VIII, line 12, but not on line 1		I		
a	•	uded on Form 990, Part VIII, line 7b .	4a			
b	,		4b			
С					4c	
5		d 4c. (This must equal Form 990, Part I, line xpenses per Audited Financial St			5	12,055,367
Par		nization answered 'Yes' on Form 990,			s pe	Return.
1		raudited financial statements			1	10,770,637
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b		1	
c	Otherlosses		2c		1	
d	Other (Describe in Part XIII)		. 2d	85,309	1	
e	Add lines 2a through 2d				2e	85,309
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	10,685,328
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII)		4b]	
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, l	ine 18)	5	10,685,328
Par	t XIII Supplemental Inf	ormation				
Par		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d an				ide any additional
	Return Reference	Explanation				
SCHI	EDULE D, PART III, LINE 1A	IF ELECTED UNDER SFAS 116 PROVID COLLECTIONS OF WORKS OF ART, HIS CAPITALIZED IN AS MUCH AS THE IT PURCHASES OF COLLECTION ITEMS A DECREASES IN UNRESTRICTED NET A RESTRICTED NET A SSETS IF THE ASS RESTRICTED TO THAT USE BY DONOR ITEMS ARE NOT REPORTED IN THE FILL OF AND INSURANCE RECOVERIES REI INCREASES IN THE APPROPRIATE NE RARE BOOKS AND MAPS THESE COLL RESEARCH PURPOSES THEY ARE SUB THE DISPOSITION OF COLLECTION ITEMS	STORI EMS A ARE RI SSET: ETS U R STIP NANC LATED T ASS ECTIC JECT	CAL TREASURES, AND RE PRESERVED AND CEPORTED IN THE YEARS, OR IN TEMPORARILY SED TO PURCHASE THULATION CONTRIBUTIAL STATEMENTS PROTO COLLECTION ITELET CLASSES NARF'S CONS ARE HELD FOR ED TO A POLICY THAT RE	SIMIL ARED OF A Y OR P E ITE TONS CEED MS AR COLLE UCAT QUIRI	AR ASSETS ARE NOT FOR CONTINUOUSLY CQUISITION AS PERMANENTLY MS WERE OF COLLECTION PS FROM DISPOSAL REPORTED AS CTIONS CONSIST OF IONAL AND ES PROCEEDS FROM

DLN: 93493060002277

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Native American Rights Fund Inc

84-0611876 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

- Form 990-EZ filers are not required to complete this part.
- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
 - ▼ Internet and email solicitations
- Phone solicitations

- **▼** Solicitation of non-government grants
 - ∇ Solicitation of government grants
 - ▼ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
	INNOVAIRRE STUDIOS INC	DIRECT MAIL		No	882,471	24,000	858,471
2	SANKY COMMUNICATIONS INC	ONLINE FUNDRAISING		No	150,011	116,178	33,833
3							
4							
5							
6							
7							
8							
9							
10							
Tota	ı	•	•	>	1,032,482	140,178	892,304

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	fundraising event contribution receipts greater than \$5,000		: on Form 990-EZ, line	s I and 6D. List even	ts with gross			
		(a)Event #1 Gala Dinner (event type)	(b)Event #2(event type)	(c)O ther events 0 (total number)	(d) Total events (add col (a) through col (c))			
Reversie	1 Gross receipts	150,263 143,588 6,675		0	143,588			
	4 Cash prizes	<u> </u>						
	5 Noncash prizes							
es es	6 Rent/facility costs	4,815			4,815			
Expenses	7 Food and beverages	27,688			27,688			
	8 Entertainment	6,300			6,300			
Direct	9 Other direct expenses	46,506			46,506			
ā	10 Direct expense summary Add lines	4 through 9 in column (d	1)		85,309			
	11 Net income summary Subtract line 1	10 from line 3, column (d	i)	.	-78,634			
Pal	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on			
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))			
Re	1 Gross revenue							
Expenses	2 Cash prizes							
	3 Noncash prizes							
Direct	4 Rent/facility costs							
<u> </u>	5 Other direct expenses							
				Yes				
	6 Volunteer labor	No	│ No	No	_			
	7 Direct expense summary Add lines 2 through 5 in column (d)							
	8 Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)					
9 a	Enter the state(s) in which the organization licensed to conduct	Yes						
b	If "No," explain							
L0a	Were any of the organization's gaming l	ıcenses revoked, suspe	nded or terminated during	the tax year?				
b If "Yes," explain								

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service

2015

DLN: 93493060002277 OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	
Native American Rights Fund Inc						84-0611876	
Part I General Informatio	n on Grants and	d Assistance					
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization.	ward the grants or as ation's procedures fo	sistance? or monitoring the use	of grant funds in the Un				√ Yes No
Part II Grants and Other Assistation that received more than s				piete ii the organization	answered tes on re	Jilli 990, Part IV, illie 2.	t, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga		=					24
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2015

SPECIFICATIONS, INCLUDING QUARTERLY REPORTING AND AUDITING REQUIREMENTS AND PERIODIC SITE VISITS

Additional Data

organization

Software ID: Software Version:

ıf applicable

EIN: 84-0611876

Name: Native American Rights Fund Inc

grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

or government			3	assistance	other)	
ALASKA LEGAL SERVICES 1016 W 6TH AVE ANCHORAGE,AK 99501	92-0034754	501(C)(3)	30,153			INDIAN LEGAL SERVICES
ANISHINABE LEGAL SERVICES PO BOX 157 CASS LAKE,MN 56633	41-0960032	501(C)(3)	31,301			INDIAN LEGAL SERVICE
CALIFORNIA INDIAN LEGAL SERVICES 609 S ESCONDIDO BLVD ESCONDIDO,CA 86515	94-1676390	501(C)(3)	47,540			INDIAN LEGAL SERVICES

cash

(book, FMV, appraisal,

non-cash assistance

(h) Purpose of grant

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) COLORADO LEGAL 84-0402702 501(C)(3) 14,306 INDIAN LEGAL SERVICES INC SERVICES 835 E 2ND AVE 300

DAKOTA PLAINS LEGAL SERVICES PO BOX 727 MISSION,SD 57555	46-0310828	501(C)(3)	94,103		INDIAN LEGAL SERVICES
DURANGO,CO 81301					

PO BOX 306

WINDOW ROCK, AZ 86515

CES DNA PEOPLE'S LEGAL 86-0207220 78,635 501(C)(3) INDIAN LEGAL SERVICES SERVICES

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 82-0293641 501(C)(3) 27,644 IDAHO LEGAL AID INDIAN LEGAL SERVICES INC SERVICES 310 N 5TH ST BOICE ID 02702

INDIAN LEGAL SERVICES

INDIAN LEGAL

SERVICES

26,170

23,427

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

BUISE, ID 83/02
LEGAL AID OF NORTH
CAROLINA
SYLVA OFFICE PO BOX 426

211 W 19TH ST STE 300

CHEYENNE, WY 82001

SYLVA,NC 28779

31-1784161

83-0222545

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) LEGAL ASSISTANCE OF 45-0336235 501(C)(3) 26,971 INDIAN LEGAL NORTH DAKOTA SERVICES PO BOX 1893 NIFGAL

BISMARCK,ND 58502					
MICHIGAN INDIAN LEGAL SERVICES 814 S GARFIELD AVE TRAVERSE CITY,MI 49686	38-2077208	501(C)(3)	66,794		INDIAN SERVICE

PO BOX 6255 CHOCTAW, MS 39350

CES MISSISSIPPI CHOCTAW 64-0345731 GOV'T ORG 20,209 INDIAN LEGAL LEGAL DEFENSE SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 81-0298262 501(C)(3) 52,931 INDIAN LEGAL MONTANA LEGAL SERVICES SERVICES 616 HELENA AVE STE 100

HELENA,MT 59601					
NEBRASKA LEGAL SERVICES 1904 FARNAM ST STE 500	47-0483506	501(C)(3)	31,992		

INDIAN LEGAL

SERVICES

1904 FARNAM ST STE 500 OMAHA,NE 68102					
NEVADA LEGAL SERVICES	88-0176914	501(C)(3)	40,330		INDIAN L

LEGAL SERVICES

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) NEW MEXICO LEGAL AID 85-0116950 13,762 INDIAN LEGAL 501(C)(3) PO BOX 25486 SERVICES ALBUQUERQUE, NM 87125 NORTHWEST JUSTICE 91-1687791 501(C)(3) 12.141 INDIAN LEGAL PRO JECT SERVICES

INDIANIEGAL

SERVICES

42,803

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PROJECT
401 2ND AVE SOUTH
SEATTLE, WA 98104
OKLAHOMA INDIAN LEGAL
SERVICES

4200 PERIMETER CTR OKLAHOMA CITY, OK

73112

73-1142462

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) OREGON LEGAL AID 83-0635480 501(C)(3) 57,240 INDIAN LEGAL SERVICESNA PROGRAM SERVICES 1827 NE 44TH AVE DODELAND OD 07313

SERVICES

PORTLAND, OR 8/213					
PINE TREE LEGAL ASSISTANCE PO BOX 547 PORTLAND,ME 04112	01-0279387	501(C)(3)	38,325		INDIAN LEGAL SERVICES
SOUTHERN ARIZONA	86-0143449	501(C)(3)	54,460		INDIAN LEGAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEGAL AID

2343 E BROADWAY BLVD TUCSON, AZ 85719

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance TEXAS RIOGRANDE LEGAL 74-1675230 501(C)(3) 35,624 INDIAN LEGAL AID SERVICES 300 S TEXAS BLVD WECLACO TV 70E06

WESLACU, IX 78596					
UTAH LEGAL SERVICES 205 NORTH 400 WEST SALT LAKE CITY,UT 84103	87-0298910	501(C)(3)	50,384		INDIAN LEGAL SERVICES
WISCONSIN	39-1170880	501(C)(3)	38,218		INDIAN LEGAL

WAUSAU, WI 54402

CES N LEGAL **JUDICARFINDIAN LAW** SERVICES OFFICE PO BOX 6100

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Schedule J (Form 990)

Compensation Information

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

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

DLN: 93493060002277 OMB No 1545-0047

2015

reasi	rtment of the ury nal Revenue Service	▶ Information about Schedule J (Fo		o) and its instructions is at <u>www.irs.gov/form990</u> .	pen t Insp		
Naı	me of the organi ive American Rights	zation		Employer identificat	ion nur	nber	
В-		iana Basandina Campanatian		84-0611876			
Pa	rt I Quest	ions Regarding Compensation	1			T	T
						Yes	No
1a		,		ny of the following to or for a person listed on Form ride any relevant information regarding these items			
	First-clas	ss or charter travel	Г	Housing allowance or residence for personal use	!		ļ
	Travel for	r companions		Payments for business use of personal residence		ļ	ļ
	Taxıdem	nıfıcatıon and gross-up payments		Health or social club dues or initiation fees	ļ	ļ	ļ
	Discretio	nary spending account		Personal services (e g , maid, chauffeur, chef)	!	ļ	ļ
b				ion follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		
2		· ·		sing or allowing expenses incurred by all			
	directors, trus	tees, officers, including the CEO/Exec	utive D	rrector, regarding the items checked in line 1a?	2		
3	organızatıon's	CEO/Executive Director Check all the	at apply	used to establish the compensation of the y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compens	ation committee	~	Written employment contract			
	Independ	lent compensation consultant	▽	Compensation survey or study			
	Form 990	of other organizations	✓	Approval by the board or compensation committee	ļ	ļ	
4	During the yea or a related org		Part VI	I, Section A, line $1a$ with respect to the filing organization	ו		
а	Receive a seve	erance payment or change-of-control p	aymen	t?	4a		Νo
b	Participate in,	or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
c	Participate in,	or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
), 501(c)(4), and 501(c)(29) organizat		-			
5		ted on Form 990, Part VII, Section A, contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization	on?			5a		Νo
b	Any related or	-			5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III					
6	•	ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organization	on?			6 a		Νo
b	Any related or	ganızatıon?			6b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III					
7		ited on Form 990, Part VII, Section A, described in lines 5 and 67 If "Yes," do		a, did the organization provide any non-fixed : in Part III	7		No
В				accured pursuant to a contract that was itions section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line	e 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations			1,10

section 53 4958-6(c)?

tuge Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Return Reference	Explanation					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Part III Supplemental Information						
Schedule J (Form 990) 2015	:hedule J (Form 990) 2015					

Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 84-0611876

Name: Native American Rights Fund Inc

Form 990, Schedule J,	Part :	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	l Highest Compens			
(A) Name and ⊤ıtle		(B) Breakdown or (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1John Echohawk	1,3	344 757	compensation	compensation				
Executive Director	(1)	211,757	0	4,043	13,645	32,288	261,733	(
	(11)	0	o	0	0	0	- 0	c
1Michael Kennedy	(1)	123,788	0	549	7,494	18,438	150,269	0
Chief Financial Officer	(11)	0	0	0	0	- -	-	C
2Morgan O'Brien Development Director	(1)	120,406	0	1,568	7,432	28,744	158,150	0
	(11)	0	0	0	0	-	-	C
3Melody McCoy Litigation Mgmt Committee	(1)	175,838	0	1,032	11,715	31,867	220,452	0
augation right Committee	(11)	0	0	0	0			0
4Kım Gottschalk	-					0	0	
4 Kim Gottschalk Litigation Mgmt Committee	(1)	181,805	0	3,048	11,865	32,323	229,041	(
	(11)	0	0	0	0	n	- -	C
5Natalie Landreth Litigation Mgmt Committee	(1)	146,964	0	240	8,493	11,388	167,085	G
	(11)	0	0	0	0		-	c
6 Don WhartonAttorney	(1)	181,516	0	2,781	11,475	17,994	213,766	o
	(11)	0	0	0	0	_ _	-	c
7Steven MooreAttorney	(1)	178,955	0	1,584	11,625	31,042	223,206	0
	(11)	0	0	0	0	- 0	-	c
8Heather KendallAttorney	(1)	174,901	0	1,584	11,087	22,778	210,350	0
	(11)	0	0	0	0	-	-	G
9 Rıchard GuestAttorney	(1)	174,908	0	1,032	10,046	28,453	214,439	0
	(11)	0	0	0	0			0
10Susan NoeAttorney	(1)	181,259	0	552	10,875	0 11,476	204,162	0
	(11)	0	0	0	0			0
						0	0	

SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

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

DLN: 93493060002277 OMB No 1545-0047

2015

Open to Public

Νo

Νo

Νo

lame of the organization ative American Rights Fund Inc				Employer identification number
adve American rights Fund me				84-0611876
Part I Types of Propert	Э			
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of determining noncash contribution amounts
1 Art—Works of art	. x	18	9,700	FMV
2 Art—Historical treasures .			,	
3 Art—Fractional interests .				
4 Books and publications .				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	Х	9	271,022	FMV
10 Securities—Closely held stoc	k .			
Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous .				
Qualified conservation contribution—Historic structures				
Qualified conservation contribution—Other				
L5 Real estate—Residential .				
L6 Real estate—Commercial .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxıdermy				
22 Historical artifacts	-			
23 Scientific specimens				
24 Archeological artifacts	•			
25 Other ► (X	9	5,600	FMV
ewelry)		4.0	2.700	
26 Other►(Gift Certificate)	X	19	2,700	Cost
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 receive for which the organization cor				29
				Yes No
30a During the year, did the orga	nızatıon receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that

Schedule M (Form 990) (2015)

Schedule M. Part II. Column B Number of Contributions The number shown on Column B represents the number of contributions

Ireceived

Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Native American Rights Fund Inc 84-0611876 990 Schedule O, Supplemental Information Return Reference Explanation FORM 990, PART VI, PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS PREPARED BY THIRD PARTY PREPARERS. THE CHIEF SECTION B, LINE 11B FINANCIAL OFFICER THOROUGHLY REVIEWS THE FORM 990 AND THE BOARD OF DIRECTORS ARE PROVIDED WITH COPIES OF THE FORM 990 PRIOR TO FILING WITH THE IRS

ER WILL THEN GO TO CORPORATE OFFICERS FOR CONSIDERATION AND DETERMINATION

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY BOARD OF DIRECTORS, OFF

ICERS, SUPERVISORS, AND OTHER PROFESSIONAL STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF IN TEREST DISCLOSURE STATEMENT ANNUALLY (BY JANUARY 15 OF EACH YEAR) DISCLOSURE AND DETERMIN ATION OF THE POTENTIAL CONFLECT OF INTEREST (PCI) AT THE BOARD OF DIRECTORS LEVEL ARE DISC LOSED TO THE BOARD CHAIR (IF THE BOARD CHAIR IS THE ONE WITH PCI, THEN TO THE VICE-CHAIR), WHICH IS THEN BROUGHT TO THE FULL BOARD FOR CONSIDERATION AND DETERMINATION BOARD MEMBER S WITH PCI SHALL BE ABSENT FROM THE BOARD'S DISCUSSION AND DECISION EMPLOYEES WITH PCI SH ALL GO TO THE EXECUTIVE DIRECTOR (ED) (IF ED HAS A PCI, THEN TO THE BOARD CHAIR) THE MATT

DLN: 93493060002277

OMB No 1545-0047

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FORM 990, PART VI,

SECTION B, LINE 12C

990 Schedule O, Supplemental Information

Return

Reference

FORM 990, PART	REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION AN EXTENSIVE SALARY SURVEY IS PERFORMED FOR
VI, SECTION B,	ALL POSITIONS IN THE SUMMER OF EVERY EVEN YEAR IN WHICH CURRENT SALARIES ARE COMPARED TO MARKET
LINE 15A & 15B	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 2016

Explanation

FORM 990, PART EXPLAIN WHY 1023/1024, 990, OR 990-T IS NOT AVAILABLE TO THE PUBLIC FORM 1023 WAS FILED BE VI. SECTION C. FORE JULY 15, 1987 AND A COPY WAS NOT AVAILABLE AT THAT TIME LINE 18

990 Schedule O, Supplemental Information

Return Reference Explanation

FORIVI 990, FART VI,	DESCRIBETION DOCUMENTS ARE INADEAN ALABLE TO THE PUBLIC PINANCIAL STATEMENTS ARE AVAILABLE ON
SECTION C, LINE 19	OUR WEBSITE AND UPON REQUEST REQUESTS (WITH A VALID BUSINESS PURPOSE) FOR THE MANAGING
	DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE CONSIDERED

DADTM

LINE 1(E)

FORM 990, PART VIII. GOVERNMENT GRANTS THE AMOUNT SHOWN AS GOVERNMENT GRANTS ON LINE 1(E) INCLUDES \$3,452,965 O

E CONTRIBUTIONS REVENUE FROM A PPROXIMATELY 30 TRIBAL GOVERNMENTS.

990 Schedule O, Supplemental Information

Return Reference Explanation

DESCRIPTION CONSULTANTS TOTAL FEES 1525284

FORM 990 PART IX LINE 11G