efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 2018 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. Open to Public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number C Name of organization **B** Check if applicable: NATIVE AMERICAN RIGHTS FUNDS INC Address change 84-0611876 Name change % NATIVE AMERICAN RIGHTS FUND Doing business as Initial return return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Amended return 1506 BROADWAY (303) 447-8760 Application pending City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO $\,\,80302$ **G** Gross receipts \$ 27,211,460 Name and address of principal officer: H(a) Is this a group return for JOHN ECHOHAWK subordinates? 1506 BROADWAY **H(b)** Are all subordinates ☐Yes ☐ No BOULDER, CO 80302 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ **H(c)** Group exemption number ▶ Website: ► WWW.NARF.ORG L Year of formation: 1970 **M** State of legal domicile: K Form of organization: Corporation Association Other > Part I Summary 5 cm 1 Briefly describe the organization's mission or most significant activities: CONSTRUCT THE FOUNDATIONS NECESSARY TO EMPOWER TRIBES SO THEY CAN CONTINUE TO LIVE ACCORDING TO THEIR NATIVE TRADITIONS, ENFORCE THEIR TREATY RIGHTS AND PROTECT THEIR SOVEREIGNTY Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) $\,$. Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 1 5 6 Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 10,230,701 10,672,500 479,327 Program service revenue (Part VIII, line 2g) . 1,340,072 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,655,717 1,872,257 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 38,859 33,763 13,265,349 13,057,847 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,112,574 630,813 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-5,955,298 6,033,980 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 24,000 30,000 **b** Total fundraising expenses (Part IX, column (D), line 25) 2,812,050 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,728,553 6,043,860 12,738,653 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,820,425 Revenue less expenses. Subtract line 18 from line 12 . 444,924 319,194 d Balances **Beginning of Current End of Year** 45,461,445 45,835,918 Total assets (Part X, line 16) . . Total liabilities (Part X, line 26) 1,583,372 1,409,666 Net assets or fund balances. Subtract line 21 from line 20 . 43,878,073 44,426,252 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-18 Signature of officer Sign MICHAEL KENNEDY CFO Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if Adam R Smith CPA Adam R Smith CPA P00958966 **Paid** self-employed Firm's name BKD LLP Firm's EIN **Preparer** Firm's address > 111 South Tejon Suite 800 Phone no. (719) 471-4290 **Use Only** COLORADO SPRINGS, CO 809039848 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form**990**(2018) Cat. No. 11282Y

Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$ (Expenses \$ Total program service expenses 🕨 8,611,280 Form **990** (2018)

Forn	n 990 (2018)			Page 3
Pai	rt 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? <i>If "Yes," complete Schedule C, Part I</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		Νο
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?	6		No

If "Yes," complete Schedule D, Part I 💆 🔒 🔒

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 为 . . .

VIII, IX, or X as applicable.

If "Yes," complete Schedule D, Part X 🥦

٠,

16

17

Did the organization receive or hold a conservation easement, including easements to preserve open space,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐒 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

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 🐿

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐒 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐒

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🥦

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Nο

7

8

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Νo

Form 990 (2018)

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a Νo **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Nο

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was Νo 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Form 990 (2018)

35b

36

37

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . Yes 29 $\overline{ extsf{Did}}$ the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30

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

31 31

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

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

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

33

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 complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

34 35a

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

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

	990 (2018)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	Enter the number reported in Rev 2 of Form 1006 Enter O if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 97 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.	7		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form

Pari

VI Governance Management and Disclosure	
990 (2018)	Pag

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

Section A. Governing Body and Management Yes No 13 1a

1a Enter the number of voting members of the governing body at the end of the tax 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. Enter the number of voting members included in line 1a, above, who are

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2

Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4

Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6

Νo Νo Νo 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

Νo Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Nο The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes 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 $\dots \dots \dots \dots$ Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. .

Νo **10a** Did the organization have local chapters, branches, or affiliates? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . 13 Yes Did the organization have a written document retention and destruction policy? . . . Yes 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

Section C. Disclosure

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 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, IN, IA,

NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ,

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 🔽 Own website 🔲 Another's website 🔽 Upon request 🔲 Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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, C O 80302 (303) 447-8760

Form 990 (2018)

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

- 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

compensated employees; and former such pe Check this box if neither the organization n		organiz	ation	cor	npe	nsate	d ar	ny current officer,	director, or truste	e.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	mo unles	ore th	nan rsor cer a	not one n is and			(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
(1) JAMIE AZURE	1.0					_				
BOARD MEMBER	0.0	Х						0	0	0
(2) ROBERT MCGHEE	1.0									
CHAIRMAN	0.0	Х		Х				0	0	0
(3) TEX G HALL	1.0	.,						=	=	_
BOARD MEMBER Through 5/2	0.0	Х						0	0	0
(4) ANITA MITCHELL	1.0	.,								
BOARD MEMBER	0.0	Х						0	0	0
(5) KURT BLUEDOG	1.0			.,						
VICE-CHAIRMAN	0.0	Х		Х				0	0	0
(6) MICHAEL SMITH BOARD MEMBER	0.0	х						0	0	0
(7) KENNETH KAHN BOARD MEMBER	1.0	Х						0	0	0
(8) RHONDA PITKA BOARD MEMBER	1.0	Х						0	0	0
(9) CAMILLE KALAMA	1.0									
BOARD MEMBER	0.0	Х						0	0	0
(10) DEREK VALDO BOARD MEMBER	0.0	Х						0	0	0
(11) REBECCA MILES	1.0									
BOARD MEMBER	0.0	Х						0	0	0
(12) MARYANN JOHNSON	1.0									
BOARD MEMBER	0.0	Х						0	0	0
(13) LACEY HORN	1.0							_		_
BOARD MEMBER	0.0	Х						0	0	0
(14) ROBERT MIGUEL	1.0	.,								
BOARD MEMBER	0.0	Х						0	0	0
(15) JOHN ECHOHAWK	40.0			V				227.022	0	20, 200
EXECUTIVE DIRECTOR	0.0			Х				227,932	0	39,380
(16) MICHAEL KENNEDY	40.0			Х				125 202	0	//O OOF
CHIEF FINANCIAL OFFICER	0.0			_^				135,293		48,885
(17) MELODY MCCOY	40.0			Х				187,455	0	48,684
LITIGATION MGMT THROUGH 5/2	0.0			^				167,455	0	40,004
										Form 990 (2018)

FOUR DIRECTIONS,

\$100,000 of compensation from the organization \blacktriangleright 4

PO BOX 194 MISSION, SD 57555 Page **8**

(A) Name and Title	(B) Average hours per week (list any hours for	more pers	than on is	one bot	no bo ha	t chec x, unl n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other isation
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18) DAVID GOVER	40.0 0.Ω			Х				158,872	0		42,315
LITIGATION MGMT COMMITTEE (19) MATTHEW CAMPBELL											
	40.0 0.0			Х				136,433	0		29,315
LITIGATION MGMT COMMITTEE (20) NATALIE LANDRETH LITIGATION MGMT COMMITTEE	40.0 			х				163,329	0)	30,940
(21) DONALD RAGONA	40.0										
DEVELOPMENT DIRECTOR				Х				138,942	0)	58,493
(22) RONALD MACK	40.0			Х				0	0		0
CORPORATE SECRETARY	οο			^				Ü			0
(23) GARY HAYES	40.0			X				102,433	0		3,202
CORP SECRETARY THROUGH 1/31	0.0							102/100			3,202
(24) KIM GOTTSCHALK	40.0					Х		195,508	0		37,347
ATTORNEY (35) CTEVEN MOORE	0.0										
(25) STEVEN MOORE	40.0 0.0					Х		199,106	0		43,014
ATTORNEY (26) JOEL WILLIAMS											
	40.0 0.0	ļ				Х		161,211	0		28,881
ATTORNEY (27) BRETT SHELTON	40.0										
ATTORNEY	۵.۵					Х		183,733	0)	23,475
(28) SUSAN NOE	40.0										
ATTORNEY						Х		195,615	0)	24,032
Part VII Section A. Officers, Director	s Trustoes K	ov Em	nlo	(00)		nd Hi	iabe	est Compensate	d Employees (co	ontinued)	
Section A. Officers, Director	s, Trustees, R	Cy Lii	ipio	,	3, a	iiu iii	.g	est compensated	a Employees (co	munucuj	
1b Sub-Total					•	-					
c Total from continuation sheets to Part V	•					_		2,185,862	0		457,963
								<u> </u>	0		437,903
Total number of individuals (including b \$100,000 of reportable compensation f					bov	e) who	o re	ceived more than			
											N-
3 Did the organization list any former off	icer director or	tructo	o ko	.V	mnl	0.00	or h	ighest compensate	ed employee	Yes	No
on line 1a? If "Yes," complete Schedule.	•		• .	• •	p.		•		3		Νο
4 For any individual listed on line 1a, is t	ne sum of repor	table o	omp	ensa	atio	n and	oth	er compensation fr			140
organization and related organizations	•							•			
individual				_	_		_		4	Yes	
5 Did any person listed on line 1a receive	or accrue com	• • pensat	• ion fr	om	anv	unre	• late	d organization or i	ndividual for		
services rendered to the organization?								-	5		Νο
Section B. Independent Contract	ors										
1 Complete this table for your five highe	•										
compensation from the organization. Re	(A)	ion for	the	cale	enda	r year	en	ding with or within	(B)	, '	C)
	ousiness address								tion of services		nsation
STETSON ENGINEERS INC, 2171 E FRANCISCO BLVD SUITE K								ANALYZE GROU	IND WATER		126,114
SAN RAFAEL, CA 94901 ROBERT ALAN ROSENFIELD,								FACILITATOR		1	117,113
PO BOX 13 HOMER, AK 99603								, , old in or			,
RIDOLFI ENVIRNMENTAL,								ENVIR. STUDIE	S		110,000
500 UNION ST STE 1010 SEATTLE, WA 98101											

2 Total number of independent contractors (including but not limited to those listed above) who received more than

101,485

ELECTION POLL MONITO

	90 (2018)						Page S
Part \	Statement of Revenue Check if Schedule O contain		esnonse or note to	any line in this Pa	art VIII		
	check if Schedule 9 contains	3 4 10	isponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a	6,816				
	b Membership dues	1b					
s s	c Fundraising events	1c					
ant	d Related organizationse Government grants (contributions)	1d 1e	2,767,617				
Contributions, Giffs, Grants and Other Similar Amounts		10					
Contributic and Other	All other contributions, gifts, grants, and similar amounts not included above	1f	7,898,067				
	g Noncash contributions include in lines 1a-1f:\$		33,343				
Ф	h Total.Add lines 1a-1f		Business Code	10,672,500			
nue	2a Legal Fees	-	900099	479,327	479,327		
Rev	b						
Program Service Revenue	С	_ [
Serv	d	_					
am	e f All other program service reven	ue.					
rogr	g Total.Add lines 2a-2f	L	479,327				
Ω.	3 Investment income (including di	ividen	ds interest and				_
	other			1,578,			1,578,819
	49inciare from the estment of tax-				762		762
	5 Royalties (i) Re		(ii) Personal	-	702		702
	6a Gross rents		()				
	b Less: rental expenses			_			
	c Rental income or (loss)		0	0			
	d Net rental income or (loss) .			,	0		
	(i) Secu	rities	(ii) Other				
	7a Gross amount from sales of 14 assets other than inventory	1,447,0	51				
	b Less: cost or other basis and	I,153,6	13				
	sales expenses	293,4		_			
	C Gain or (loss) d Net gain or (loss)			293,	438		293,438
Ф	8a Gross income from fundraising events (not including \$ of contribution						
Other Revenue	reported on line 1c). See Part IV, line 18 b Less: direct expenses		a	0			
Rev	c Net income or (loss) from fund	• raisin	a events	0	0		
ē			<u> </u>				
oth Oth	9a Gross income from gaming act See Part IV, line 19	ivities	5.				
57706			а	0			
	b Less: direct expenses		b	0			
	c Net income or (loss) from gam	ing ad	ctivities 🛌	_	0		
	10a Gross sales of inventory, less returns and allowances						
			a 8,7				
	b Less: cost of goods sold		b	0 8	773 8,77	13	
	C Net income or (loss) from sales	s of in	ventory	3,	9,7.7		
	Miscellaneous Revenue		Business Cod	e			
	11a Reimbursements		900	099 22,	140 22,14	10	
	b Honorariums		900		580 1,58		
	C Other Misc Revenue		900	099	508 50	98	
	d All other revenue						
	e Total. Add lines 11a-11d .			24	228		
	12 Total revenue. See Instruction	s		13,057,		28	1,873,019

7b, 8b, 9b, and 10b of Part VIII.

States. See Part IV, line 22

See Part IV, lines 15 and 16

4 Benefits paid to or for members

key employees

7 Other salaries and wages

9 Other employee benefits .

a Management

11 Fees for services (non-employees):

f Investment management fees .

12 Advertising and promotion

Information technology

Office expenses .

Royalties .

Interest .

23 Insurance . .

a LIBRARY

19

Occupancy .

10 Payroll taxes . .

c Accounting . .

b Legal .

d Lobbying .

3 Grants and other assistance to governments,

(D)

Fundraisingexpenses

225,415

296.893

18.991

66,964

54,370

30,000

445

218,468

89,975

11,079

67,362

11,610

13,455

4,057

6.926

1,696,040

2,812,050

Form 990 (2018)

organizations, and individuals outside the United States.

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons

Pension plan accruals and contributions (include section

(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .

401(k) and 403(b) employer contributions)

.

e Professional fundraising services. See Part IV, line 17

Payments of travel or entertainment expenses for any

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

federal, state, or local public officials .

Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

line 24e expenses on Schedule O.)

b CLIENT CASES LITIGATION EXP

d BAD DEBT EXPENSE

e All other expenses

c MAILING, PRINTING & PRODUCTION

25 Total functional expenses. Add lines 1 through 24e 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).

Payments to affiliates . .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule

L(C)(4) Check if Schedule O contains a response or note to any line in this Part IX

(B) (C) Do not include amounts reported on lines 6b, (A)

Total expenses

630,813

0

0

n

0

1.314.497

3,687,268

202,022

503,969

326,224

0

2,330

31,275

9,625

30,000

242,829

784,788

1,380,591

190,755

306,652

27,771

4,033

60,937

37,427

58,506

7,763

3,330

2,228,519

12.738.653

445

Program service

expenses

630,813

823,124

3.014.367

163,994

336,604

231,856

9,625

784,788

1.075.075

57,661

278,652

521,916

16,161

41,188

30,530

51,354

7,763

532,479

3,330

8,611,280

Part IX	Statement of Functional Expenses	
Section 501	(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to individuals in the United

Management and

general expenses

265,958

376,008

19,037

100,401

39,998

2,330

31,275

242,829

87,048

43,119

16,921

77,006

4,033

6,294

2,840

226

1.315.323

For	n 99	0 (2018)					Page 11				
Pa	art X	Balance Sheet					_				
		Check if Schedule O contains a response or	note to	any line in this Part IX							
					(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing			1,509,818	1	1,474,567				
	2	Savings and temporary cash investments	2,826,806	2	1,711,438						
	3	Pledges and grants receivable, net	2,327,428	3	2,303,075						
	4	Accounts receivable, net	Accounts receivable, net								
	5	Loans and other receivables from current and									
		trustees, key employees, and highest compe Part II of Schedule L	nsated	employees. Complete	0	5	0				
	6	Loans and other receivables from other disqu									
		under section $4958(f)(1)$), persons described and contributing employers and sponsoring of		_							
		(9) voluntary employees' beneficiary organization	_	` '	0	6	0				
sts	7	Complete Part II of Schedule L Notes and loans receivable, net			0	7	0				
Assets	8	Inventories for sale or use			0	8	0				
¥	9	Prepaid expenses and deferred charges .			218,901	9	201,714				
	10a	Land, buildings, and equipment: cost or									
		other basis. Complete Part VI of Schedule D	10a	2,373,766							
	b	Less: accumulated depreciation	10b	1,199,517	1,110,016	10 c	1,174,249				
	11	Investments—publicly traded securities $oldsymbol{.}$			31,275,882	11	33,368,319				
	12	Investments—other securities. See Part IV, I	ine 11		5,769,041	12	5,300,745				
	13	Investments—program-related. See Part IV,	line 11		0	13	0				
	14	Intangible assets		0	14	0					
	15	Other assets. See Part IV, line 11	25,157	15	32,215						
	16	Total assets. Add lines 1 through 15 (must eq	ual lin	e 34)	45,461,445	16	45,835,918				
	17	Accounts payable and accrued expenses .			1,214,673	17	1,037,641				
	18	Grants payable			0	18	0				
	19	Deferred revenue			18,284	19	13,355				
	20	Tax-exempt bond liabilities			0	20	0				
S	21	Escrow or custodial account liability. Comple	te Par	t IV of Schedule D	27,354	21	34,002				
Liabilities	22	Loans and other payables to current and form									
0		trustees, key employees, highest compensat		ployees, and							
.00		disqualified mplete Part II of Schedule L			0	22	0				
_	23	Secured mortgages and notes payable to unr		· —	46,197	23	84,324				
	24	Unsecured notes and loans payable to unrela		· ·	0	24	0				
	25	Other liabilities (including federal income tax parties, and other liabilities not included on			276,864	25	240,344				
		Complete Part X of Schedule D									
	26	Total liabilities. Add lines 17 through 25 .			1,583,372	26	1,409,666				
95		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🔽 and							
nc	27	complete lines 27 through 29, and lines 33 and	i 34.		39,453,057	27	39,943,793				
Balances	27	Unrestricted net assets			3,397,513	27	3,447,512				
	28	Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·						
or Fund	29	Permanently restricted net assets		– –	1,027,503	29	1,034,947				
F		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📙							
	30	and complete lines 30 through 34. Capital stock or trust principal, or current fun	ds .			30					
Assets	31	Paid-in or capital surplus, or land, building or		nent fund		31					
ASS	32	Retained earnings, endowment, accumulated i		32							
Net /	33	Total net assets or fund balances			43,878,073	33	44,426,252				
Z	34	Total liabilities and het assets/fund balances			45,461,445	34	45,835,918				
							Form 990 (2018)				

3b

Form 990 (2018)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2018)	Page 13
Additional Data	Return to Form
Software ID:	
Software Version:	
Form 990, Special Condition Description:	
Special Condition Description	

efi	le Pu	blic Visua	al Rende	r Object	Id: 001 - Submiss	sion: 2015-(01-16	T	TN: 20-5478191
SCHEDULE A (Form 990 or 990EZ) Department of the Treasury				Complete if the	e organization is a sec 4947(a)(1) nonexe Attach to Form bout Schedule A (Forn	ort a section	2018 Open to Public Inspection		
Name of the organization NATIVE AMERICAN RIGHTS FUNDS INC Continue of the organization number Employer identification number							·		
	r t I organi				Status (All organiza ause it is: (For lines 1				ons.
1		A church,	convention	of churches, o	or association of churc	thes described	in section 170(l	b)(1)(A)(i).	
2		A school d	escribed in	n section 170(l)(1)(A)(ii). (Attach S	Schedule E.)			
3	П	A hospital	or a coope	erative hospital	service organization	described in se	ction 170(b)(1))(A)(iii).	
4				rganization ope , and state:	erated in conjunction v	with a hospital	described in sec	ction 170(b)(1)(A)(i	ii). Enter the
5		170(b)(1)	(A)(iv). (C	Complete Part I	•	,	, ,		described in section
6				_	t or governmental uni				
7 8		described	in section	170(b)(1)(A)(ves a substantial part ovi). (Complete Part II. tion 170(b)(1)(A)(vi)	.)	_	ntal unit or from the	general public
9			-				•	ributions momborsh	in foos, and gross
,		receipts fro	om activiti om gross i	es related to it nvestment inco	ves: (1) more than 33 sexempt functions—some and unrelated bus 1975. See section 509(ubject to certai siness taxable i	n exceptions, a ncome (less sec	nd (2) no more than	33 1/3% of its
10		An organiz	ation orga	nized and oper	ated exclusively to tes	t for public safe	ety. See section	1 509(a)(4).	
11		one or mor	re publicly	supported orga	ated exclusively for the anizations described in at describes the type o	n section 509(a)(1) or section	509(a)(2). See secti	on 509(a)(3). Check
а		supported	organizatio	on(s) the power	perated, supervised, o r to regularly appoint o art IV, Sections A and	or elect a major			
b		manageme	nt of the s					•	by having control or d organization(s). You
С				-	supporting organization		,	,	egrated with, its
d		Type III no	on-function nally integ	nally integrate rated. The org	d. A supporting organi anization generally mu ete Part IV, Sections A	ization operated ust satisfy a dis	d in connection tribution require	with its supported or	
e		Check this	box if the	organization re	eceived a written deter ally integrated suppor	rmination from	the IRS that it	is a Type I, Type II,	Type III functionally
f	Ente	r the numbe	r of suppor	rted organizatio	ons				
g			e following		out the supported orga	1	,		()
Nan	ne of s	(i) upported org	ganization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	Is the organiz	v) cation listed in ag document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
_									
Tota	ıl								
For I	Panerv	vork Reducti	ion Act Not	tice, see the In	structions for Form 99	00 or 990F7.	Cat. No. 1128	35F Schedule	A (Form 990 or 990-EZ) 2018

Part II

Calendar year

(f). .

line 4.

Calendar year

1 0.

Section A. Public Support

include any "unusual grants.")

(or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge..

Total. Add lines 1 through 3 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

Public support. Subtract line 5 from

securities loans, rents, royalties and income from similar sources

business activities, whether or not

the business is regularly carried 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support Add lines 7 through

Section B. Total Support

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated

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

6,546,704

6,546,704

6,546,704

174,489

Public support percentage for 2013 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

(a)2010

(a)2010

(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.)

9,646,191

9,646,191

9,646,191

389,825

(b)2011

(b)2011

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2018. 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

b 10%-facts-and-circumstances test—2013. 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 $\ldots\ldots\ldots\ldots\ldots\ldots$

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

(c)2012

27,802,097

27,802,097

27,802,097

670,421

(c)2012

(d)2013

(e)2018 10,230,701

10,230,701

10,230,701

1,272,714

9,237

(d)2013

10,672,500

(e)2018

14

15

Schedule A (Form 990 or 990-EZ) 2018

10,672,500

1,579,581

(f)Total

64,898,193

10,672,500 64,898,193

(f)Total

64,898,193

64,898,193

4,087,030

9,237

68,994,460

13,228,097

94.063 %

95.553 %

Schedule A (Form 990 or 990-EZ) 2018 Page 3 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.) Section A. Public Support Calendar year (a)2010 **(b)**2011 (c)2012 (d)2013 **(e)**2018 (f)Total (or fiscal year beginning in) 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 Gross receipts from activities that are not an unrelated trade or business under section 513. 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. . Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. . . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a)2010 **(b)**2011 (c)2012 (d)2013 **(e)**2018 (f)Total (or fiscal year beginning in) 9 Amounts from line 6. . . Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c, 11. and 12.). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2013 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2013 Schedule A, Part III, line 17 18 18

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶□ b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 33 1/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is

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

was described in section 509(a)(1) or (2).

organization's organizing document?

"Yes," complete Part II of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

whether the organization had excess business holdings).

"Yes," answer b below.

you checked 11a or 11b in Part I, answer (b) and (c) below.

complete

and (c) below.

made the determination.

Page 4

No

(Complete only if you checked

Part IV Supporting Orga

aı	niza	itic	on
а	box	on	lir

describe the designation. If historic and continuing relationship, explain.

e 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of

	_			
a	n	iza	itic	on
а	t	оох	on	lin

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,

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the

10a 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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,

supervised by or in connection with its supported organizations. 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

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Yes

1

2

За

3b

3c

4a

4b

4c

5a

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018		Р	age 5
Pai	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	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, governing body of a supported organization?			
_		11a		
ь	A family member of a person described in (a) above?	11b		
С	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.	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "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 remdirectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	nove lied		
_	· · · · · · · · · · · · · · · · · · ·	. 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 su benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	ch		
	organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Se	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tayear, (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?	ax	les	140
		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 to 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 v in the organization's investment policies and in directing the use of the organization's income or assets at all tim during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this			
	regard.			
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructio	ons):	
ŧ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions)	ntity (see		
2	Activities Test. Answer (a) and (b) below.		Yes	No
_			165	NO
·	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
ŀ	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more or organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for to organization's position that its supported organization(s) would have engaged in these activities but for the organization	he		
	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 ceach of the supported organizations? Provide details in Part VI.			
ŀ	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	of 3b		
		30	1	

	art V – Type III Non-Functionally Integrated 509(a)(3) Support	ing O	rganizations	raye			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
ā	Average monthly value of securities	1a					
t	Average monthly cash balances	1b					
c	: Fair market value of other non-exempt-use assets	1c					
c	Total (add lines 1a, 1b, and 1c)	1d					
•	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1		1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional instructions)	lly-inte	egrated Type III suppor	ting organization (see			

Schedule A (Form 990 or 990-EZ) (2018)

7 Excess distributions carryover to 2015. Add lines

a From 2010. **b** From 2011.

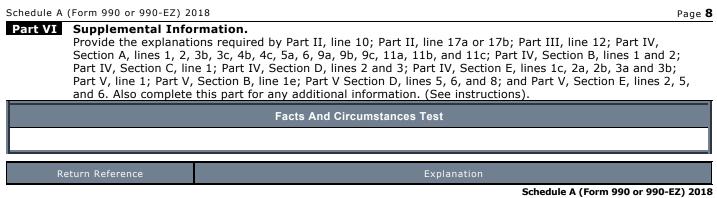
c From 2012.

d From 2013. e From 2018. Χ

Χ

Χ

3j and 4c. 8 Breakdown of line 7:



efile Public Visual Re	ender	ObjectId: 001 - Submiss	sion: 2015-01-16			TIN: 20-5478191
Schedule B		Scho	edule of Contributors	S		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ ii		ch to Form 990, 990-EZ, or 990-PF		ons is at	2018
Name of the organization	on		<u>www.irs.gov/form990</u> .		Employer ide	entification number
NATIVE AMERICAN R	IGHTS F	INDS INC			84-061187	6
Organization type (ch	eck one)					-
Filers of:	S	ction:				
Form 990 or 990-EZ						
	Γ	4947(a)(1) nonexempt ch	naritable trust not treated as a p	rivate foundation		
	Г	527 political organization				
Form 990-PF		501(c)(3) exempt private	foundation			
	Г	4947(a)(1) nonexempt ch	naritable trust treated as a privat	e foundation		
	Γ	501(c)(3) taxable private	foundation			
_			P-PF that received, during the year Parts I and II. See instructions for		_	
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₈ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
For Paperwork Reduction for Form 990, 990-EZ, or 9		, see the Instructions	Cat. No. 30613X	Schedul	e B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization
NATIVE AMERICAN RIGHTS FUNDS INC

Employer identification number 84-0611876

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp.	ace is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
RESTRICTED			Person
	<u>-</u>		Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	Total contributions	Person
-			
		 \$	Payroll
		_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$	Noncash
		_	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)

(e) Transfer of gift Relationship of transferor to transferee No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page 4
total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP 4 (f) Use of gift (g) Transfer of gift Relationship of transferor to transferee (g) Transfer of gift Transferee's name, address, and ZIP 4 (g) Transfer of gift Relationship of transferor to transferee (g) Transfer of gift Relationship of transferor to transferee (g) Transfer of gift Relationship of transferor to transferee (g) Transfer of gift Relationship of transferor to transferee				. ,
No.from Part I (b) Purpose of gift Transferee's name, address, and ZIP 4 (c) Use of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee	total mo line enti of \$1,00	ore than \$1,000 for the year from any or ry. For organizations completing Part II 0 or less for the year. (Enter this inform	ne contributor. Complete columns II, enter the total of <i>exclusively</i> reli mation once. See instructions.) ►	gious, charitable, etc., contributions
Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift (f) Use of gift (g) Transfer of gift Transferee's name, address, and ZIP 4 (h) Purpose of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee	(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I Transferee's name, address, and ZIP 4 No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of now gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee	-	Transferee's name, address, and Z	· · ·	ship of transferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift Relationship of transferor to transferee (a) Heapf sift (b) Description of how gift is held	(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP 4 Relationship of transferor to transferee No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee (e) Transfer of gift Relationship of transferor to transferee	No.iioiii i uit i			
No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of now gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) Purpose of gift (b) Purpose of gift (c) Use of gift (d) Description of now gift is held (e) Transfer of gift (d) Description of now gift is held		Transferee's name, address, and Z		ship of transferor to transferee
Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) (b) Durnoss of sift (c) Use of sift (d) Description of how sift is held		(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No.from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) Description of how gift is held		Transferee's name, address, and Z		ship of transferor to transferee
	(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee	-	Transferee's name, address, and Z	` <i>'</i>	ship of transferor to transferee
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				ula D (Farra 000 000 F7 - 11 000 DF) (0040)

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16 **Political Campaign and Lobbying Activities** TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE C

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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 www.irs.gov/form990.

Inspection If the organization answered "Yes" to 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.
- Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes" to 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.
- If the organization answered "Yes" to 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
 - Section 501(c)(4), (5), or (6) organizations: Complete Part III.

lame of the organization		

Employer identification number NATIVE AMERICAN RIGHTS FUNDS INC

	84-0611876	
art I-A	Complete if the organization is exempt under section 501(c) or is a section 527 organization.	
L Prov	ide a description of the organization's direct and indirect political campaign activities in Part IV.	

Political expenditures

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955

2

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3

Was a correction made?

If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities ...

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

(b)Address

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

	(

(a	1(1	٧a	m	e

(c) EIN

(d) Amount paid from

filing organization's

funds. If none, enter

-0-.

Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2018

organization. If none, enter -0-.

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots nontaxable amount

Lobbying ceiling amount

Over \$17,000,000

group totals

509

Page 2

Check $ightharpoonup \Gamma$ 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). **B** Check $\blacktriangleright \Box$ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

Total lobbying expenditures to influence public opinion (grass roots lobbying)

organization's totals 40,938

41,447 8,569,833

580,564

8,611,280

Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000

Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c. If zero or less, enter -0-.

b Total lobbying expenditures to influence a legislative body (direct lobbying)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

\$1,000,000.

20% of the amount on line 1e.

\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.

\$225,000 plus 5% of the excess over \$1,500,000.

703,271

26,628

175,818

reporting section 4911 tax for this year? Yes 🔽 No 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five

580,564

41,447

145,141

Schedule C (Form 990 or 990-EZ) 2018

2,573,856

3,860,784

186,050

643,465

965,198

145,141

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

605,755

23,175

151,439

Calendar year (or fiscal year (a)2011 **(b)**2012 (c)2013 (d)2018 (e) Total beginning in)

684,266

94,800

171,067

activity.

filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

(b)

Amount

(a)

Yes

Page 3

1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,				
	through the use of:		ı		
a	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c))(5), or	section	on
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_ :	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	3	
Par	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."				

Complete if the organization is exempt under section 501(c)(3) and has NOT

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).

2a Carryover from last year

Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

Return Reference

Part IV

Supplemental Information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

2b 2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

	me of the organization		Employer ide	ntification number		
NA I	TIVE AMERICAN RIGHTS FUNDS INC		84-0611876			
Pa		or Advised Funds or Other Similar red "Yes" to 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 year)					
	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? Yes						
	Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or donor advisor, or fo		☐ Yes ☐ No		
a		lete if the organization answered "Yes	" to Form 990, Pa	art IV, line 7.		
	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., red Protection of natural habitat Preservation of open space	reation or education) Preservation of	an historically imp f a certified historic			
	Complete lines 2a through 2d if the organizatio easement on the last day of the tax year.	n held a qualified conservation contribution		servation t the End of the Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easen	nents	2b			
С	Number of conservation easements on a certific	ed historic structure included in (a)	. 2c			
d	Number of conservation easements included in historic structure listed in the National Registe		2d			
	Number of conservation easements modified, tr		ated by the organiz	ation during the		
	Number of states where property subject to co	nservation easement is located 🕨				
	Does the organization have a written policy reg violations, and enforcement of the conservation		-	Yes No		
	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ea	sements during the	year		
	Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easeme	ents during the year			
	Does each conservation easement reported on (B)(i) and section $170(h)(4)(B)(ii)$?			Yes No		
	In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's finar	•	•		
ali		ections of Art, Historical Treasure	s, or Other Sim	ilar Assets.		
	·	red "Yes" to Form 990, Part IV, line 8.	wonue statement a	nd halance sheet		
а	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.					
b	If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exhibition, education				
((i) Revenue included in Form 990, Part VIII, line	1	🕨 \$			
(i	i)Assets included in Form 990, Part X		> \$			
	If the organization received or held works of art following amounts required to be reported und			provide the		
а	Revenue included in Form 990, Part VIII, line	1	\$			

Cat. No.

52283D

 \mathbf{e} Other .

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

3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and o	ther record	s, chec	ck a	ny of th	he followi	ng that	are a sign	ificant	use of	its	
а	Public exhibition			d		Loan o	or exchan	ae nroa	rams				
b	Scholarly research			e	~				SEARCH -	CLIE	NT		
c	Preservation for future generations						CASES						
4	Provide a description of the organization's content of the organization of the organiz	ollections	and explain	n how t	they	furthe	r the org	anizatio	n's exempt	purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									□ Y	es l	- No	
Pa	TEXT IV Escrow and Custodial Arrang Complete if the organization and Part X, line 21.			rm 99	0, 1	Part IV	/, line 9,	or rep	orted an			Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			-						_ Y	es	✓ No	
ь	If "Yes," explain the arrangement in Part XI	II and cor	mnlete the f	ollowir	na t	able:				Amour	nt		
c	Beginning balance							1c					
d	Additions during the year						<u> </u>	1d					_
e								1e					_
f	• ,	Sistributions during the year 1 1 1 1 1										_	
2a	Ending balance Did the organization include an amount on F	Form 000	Dart V line	21 f	or o	ccrow (L or custod		unt liability	/2 III v	·		_
Za	Did the organization include an amount on i	-01111 990,	rait A, iiii	2 21, 10	oi e	SCIOW	or custou	al accor	uni nabinty	/ : Y	es	No	
b	If "Yes," explain the arrangement in Part XI	II. Check	here if the	explar	natio	on has	been pro	/ided in	Part XIII				
Pa	rt V Endowment Funds. Complete	if the ord	ganization	answ	ere	d "Yes	s" to For	m 990.	Part IV.	line 1	0.		
			ent year	(b) Pr			(c)Two ye					our yea	ırs back
1a	Beginning of year balance	2	6,027,503	2	26,01	4,830	1	,010,462		985,50)4	9	982,416
b	Contributions		7,444		1	2,673	25	,004,368		24,95	58		3,008
c	Net investment earnings, gains, and losses												
a	Crants or scholarshins					ı							
	Grants or scholarships												
е	Other expenditures for facilities and programs												
f	Administrative expenses												
g	End of year balance	2	6,034,947	2	26,02	27,503	26	,014,830	1	,010,46	52		985,424
2	Provide the estimated percentage of the cur	rent year	end balance	e (line	1g,	columr	n (a)) hel	d as:					
а	Board designated or quasi-endowment	96.000	%										
b	Permanent endowment 4.000 %												
С	Temporarily restricted endowment												
	The percentages in lines 2a, 2b, and 2c sho												
3а	Are there endowment funds not in the posse organization by:	ssion of t	he organiza	tion th	at a	re held	l and adm	iinistere	d for the			Yes	No.
	(i) unrelated organizations									Г	3a(i)	165	No No
	(ii) related organizations			٠. ٠	. •					-	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organization			on Sc	hed	ule R?				-	3b		
										_			
4	Describe in Part XIII the intended uses of the		zation's end	owmer	nt fu	ınds.							
Pa	rt VI Land, Buildings, and Equipm		oc' to For	m 000	ם ר	art T\/	lino 11	2 500	Form 000) Dar	+ V 1iı	20 10	
	Complete if the organization ans Description of property (a) Cost or othe (investment)	er basis	(b) Cost or						epreciation	, rai		ok valu	
1-	Land					941,067							941,067
	Land					130,001			80,001				50,000
	Buildings					130,001			30,001				30,000
	Leasehold improvements					NE2 012			047.077				104 125
a	Equipment		1			952,012			847,877				104,135

79,047

1,174,249

271,639

Sche	dule D (Form 990) 2018					Page 4			
Pa		Revenue per Audited Financial St Inization answered 'Yes' to Form 990,			per I	Return			
1		r support per audited financial statements			1	13,044,003			
2	Amounts included on line 1 but	included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) o	on investments	2a	228,985					
b	Donated services and use of fa	ncilities	2b						
С	Recoveries of prior year grants	· · · · · · · · · · · · · · · · · · ·	2c						
d	Other (Describe in Part XIII.)		2d						
е	Add lines 2a through 2d				2e	228,985			
3	Subtract line 2e from line 1 .				3	12,815,018			
4	Amounts included on Form 990	nounts included on Form 990, Part VIII, line 12, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b . 4a							
а	Investment expenses not inclu								
b	Other (Describe in Part XIII.)		4b	,					
С	Add lines 4a and 4b				4c	242,829			
5	Total revenue. Add lines 3 and	4c. (This must equal Form 990, Part I, line	e 12.)		5	13,057,847			
		Expenses per Audited Financial S			s pe				
		nization answered 'Yes' to Form 990,				-			
1	Total expenses and losses per	audited financial statements			1	12,495,824			
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25:							
а	Donated services and use of fa	icilities	2a						
b	Prior year adjustments								
c	Other losses								
d	Other (Describe in Part XIII.)								
					1 -	Í			
е _	Add lines 2a through 2d				2e	10.105.001			
3	Subtract line 2e from line 1 .				3	12,495,824			
4	mounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a	242,829					
ь	Other (Describe in Part XIII.)		4b	1					
c	Add lines 4a and 4b				4c	242,829			
5	Total expenses. Add lines 3 and	d 4c. (This must equal Form 990, Part I, li	ne 18.)		5	12,738,653			
Pai	t XIII Supplemental In	formation							
		r Part II, lines 3, 5, and 9; Part III, lines							
	Return Reference		Exi	olanation					
SCH	EDULE D, PART III, LINE 1A	IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS:							
	23022 3,	COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS ARE NOT							
		CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY.							
		PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN TEMPORARILY OR PERMANENTLY							
RESTRICTED NET ASSETS IF THE ASSETS USED TO TO THAT USE BY DONOR STIPULATION. CONTRIBUT									
			THE FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSURANCE RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE						
		APPROPRIATE NET ASSET CLASSES. NARF'S COLLECTIONS CONSIST OF RARE BOOKS AND							
		IAPS. THESE COLLECTIONS ARE HELD FOR EDUCATIONAL AND RESEARCH PURPOSES. THEY RE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF							
				CQUIRE OTHER COLLECTION ITEMS. NO COLLECTION					
		ITEMS WERE SOLD OR REMOVED IN 2019 AND 2018.							
SCH	EDULE D, PART III, LINE 4	DESCRIPTION OF COLLECTIONS AND							
		COLLECTIONS CONSIST OF RARE BOOKS AND MAPS. THESE COLLECTIONS ARE HELD FOR EDUCATIONAL AND RESEARCH PURPOSES, WHICH ARE USED IN TECHNICAL ASSISTANCE							
		AND EDUCATIONAL AND RESEARCH FORFOSES, WHICH ARE USED IN TECHNICAL ASSISTANCE							
Sche	dule D, Part IV, Line 2b		THE CUSTODIAL ARRANGEMENT: NATIVE AMERICAN RIGHTS FUND IS ACTING AS						

a Investment expenses not included on Form 990, Part VIII, line 7b			242,8	29					
b Other (Describe in Part XIII.)									
					1				
c Add lines 4a and 4b				4c	242,829				
5 Total expenses. Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	18.)		5	12,738,653				
Part XIII Supplemental Information									
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.									
Return Reference		Exp	olanation						
SCHEDULE D, PART III, LINE 1A IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS: COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS ARE N CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUS PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF ACQUISITION AS DECREASES IN UNRESTRICTED NET ASSETS, OR IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS WERE RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSUR RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. NARF'S COLLECTIONS CONSIST OF RARE BOOKS AN MAPS. THESE COLLECTIONS ARE HELD FOR EDUCATIONAL AND RESEARCH PURPOSES. T ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THE DISPOSITION OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER COLLECTION ITEMS. NO COLLECT ITEMS WERE SOLD OR REMOVED IN 2019 AND 2018.									
SCHEDULE D, PART III, LINE 4	COLLECTIONS CONSIST OF RARE BOOK EDUCATIONAL AND RESEARCH PURPOS	OF COLLECTIONS AND HOW THEY FURTHER THE EXEMPT PURPOSE: CONSIST OF RARE BOOKS AND MAPS. THESE COLLECTIONS ARE HELD FOR AND RESEARCH PURPOSES, WHICH ARE USED IN TECHNICAL ASSISTANCE IG THE PUBLIC ABOUT INDIAN RIGHTS, LAWS, AND ISSUES.							
Schedule D, Part IV, Line 2b	DESCRIBE THE CUSTODIAL ARRANGEMENT: NATIVE AMERICAN RIGHTS FUND IS ACTING AS A FISCAL AGENT FOR A TRIBAL CONSORTIUM. UNSPENT FUNDS HELD ON BEHALF OF THE CONSORTIUM IS ACCOUNTED FOR AS A LIABILITY.								
SCHEDULE D, PART V, LINE 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS: THE ENDOWMENT ASSETS INCLUDE DONOR-RESTRICTED ENDOWMENT FUNDS HELD IN								

OPERATIONS.

PERPETUITY OR FOR DONOR-SPECIFIED PERIODS AND A BOARD-DESIGNATED ENDOWMENT,

TITLED FUTURE LEGAL ADVOCACY FUND, FOR FUTURE COSTS ASSOCIATED WITH REPRESENTATION OF TRIBES AND NATIVE ORGANIZATIONS WHO DO NOT HAVE THE RESOURCES TO PAY FOR THE COSTS OF PREPARING FOR PROTRACTED LITIGATION. RETURNS GENERATED BY THE ENDOWMENT ASSETS ARE UNRESTRICTED IN ACCORDANCE WITH DONOR STIPULATIONS AND ARE USED TO SUPPORT PROGRAMS AND SUPPORTING

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 **Supplemental Information Regarding SCHEDULE G** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization NATIVE AMERICAN RIGHTS FUNDS INC 84-0611876 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 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 e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 services? 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 INNOVAIRRE STUDIOS DIRECT MAIL 2 Executive Campus 2,410,537 30,000 2,380,537 Νo Suite 200 Cherry Hill, NJ 08002 2,410,537 30,000 2,380,537 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2018

Page 2 **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

	events with gross receipts g	Teater than \$570001			
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
d)		(event type)	(event type)	(total number)	col. (c))
Revenue					
Seve					
ч					
	1 Gross receipts				
	2 Less: Contributions				
	4 Cash prizes				
	5 Noncash prizes				
ses	6 Rent/facility costs				
oen Oen	7 Food and beverages				
Direct Expenses	8 Entertainment				
ect					
ā	9 Other direct expenses				
	10 Direct expense summary. Add lines 4	ł through 9 in column (c	d)		
	11 Net income summary. Subtract line 1		•	.	
Par	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganization answered ne 6a.	"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
ž	1 Gross revenue				
es					
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
ă	5 Other direct expenses				
	3 Strict arrest expenses i i i	i <u> </u>	1		
		Yes %	Yes %	Yes %	
	6 Volunteer labor	Yes	Yes	☐ Yes <u>%</u> _	
	6 Volunteer labor				
	6 Volunteer labor	No No	□ No		
		No 2 through 5 in column (c	No No	No	
0	7 Direct expense summary. Add lines 2	No 2 through 5 in column (cont line 7 from line 1, col	No d)	▶	
9 a	7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra Enter the state(s) in which the organiz	No 2 through 5 in column (cont line 7 from line 1, column ation conducts gaming a	No i)	▶	Yes No
9 a b	7 Direct expense summary. Add lines 2	No 2 through 5 in column (cont line 7 from line 1, column ation conducts gaming at gaming activities in ea	No umn (d)	No No	☐Yes ☐No
а	7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra Enter the state(s) in which the organiz Is the organization licensed to conduct If "No," explain:	No 2 through 5 in column (conct line 7 from line 1, column ation conducts gaming at gaming activities in ea	No i)	No No	
а	7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra Enter the state(s) in which the organiz Is the organization licensed to conduct If "No," explain:	No 2 through 5 in column (conct line 7 from line 1, column ation conducts gaming at gaming activities in ea	No umn (d)	No No	

Sche	dule G (Form 990 or 990-EZ) 2018				Page 3					
11	Does the organization conduct gamin	g activities with nonmembers?		☐Yes ☐ No						
12		ary or trustee of a trust or a member of a partnership or other entity ng?		Yes No						
13	Indicate the percentage of gaming ac	tivity conducted in:								
а	The organization's facility		13a		%					
b	An outside facility		13b		%					
14	Enter the name and address of the p	erson who prepares the organization's gaming/special events books a	nd rec	ords:						
	Name 🚩									
	Address									
15a	_	t with a third party from whom the organization receives gaming		□ves □No						
b	revenue?									
С	If "Yes," enter name and address of t	,								
	Name Name									
	Address									
16	Gaming manager information:									
	Name Name									
	Gaming manager compensation ▶ \$									
	Description of services provided									
	Director/officer	Employee Independent contractor								
	Director/officer	Independent contractor								
17	Mandatory distributions:									
a	•	ate law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license? .			☐Yes ☐No						
b	Enter the amount of distributions req	uired under state law distributed to other exempt organizations or spe	ent							
	in the organization's own exempt act									
Par		ion. Provide the explanations required by Part I, line 2b, co 5b, 15c, 16, and 17b, as applicable. Also complete this part instructions).			and					
	Return Reference	Explanation								
SCH		PAYMENTS FOR PRODUCTION EXPENSES (SUCH AS PRINTING INNOVAIRRE MARKETING SERVICES WERE MADE SEPARATELY TOTAL PRODUCTION EXPENSES AMOUNTED TO \$2,228,519 FO	FROM	FUNDRAISING	FEES.					
	dule G (Form 990 or 990-EZ) 2018									
AC	Iditional Data			Return to Form	m					

Software ID:

ObjectId: 001 - Submission: 2015-01-16 efile Public Visual Render Schedule I

Part I General Information on Grants and Assistance

Grants and Other Assistance to Organizations,

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

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

OMB No. 1545-0047

TIN: 20-5478191

Inspection

Treasury Internal Revenue Service

(Form 990)

Department of the

Name of the organization
NATIVE AMERICAN RIGHTS FUNDS INC

Employer identification number

84-0611876

Does the organization main the selection criteria used	to award the gran	its or assistance?				assistance, and	▼ Yes □
Describe in Part IV the orgPart III Grants and Other As	•		-		nization answered "Yes"	on Form 990. Part IV. line	21. for any recipient
		II can be duplicated if	additional space is need		I	on roim 550, raic 10, inic	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANISHINABE LEGAL SERVICES TRIBAL COURTS PROJECT 411 1ST STRE CASS LAKE,MN 56633	41-0960032	501 (C) (3)	22,779				INDIAN LEGAL SERVICES
(2) CALIFORNIA INDIAN LEGAL SERVICES 609 S ESCONDIDO BLVD ESCONDIDO, CA 86515	94-1676390	501 (C) (3)	62,755				INDIAN LEGAL SERVICES
(3) DAKOTA PLAINS LEGAL SERVICES PO BOX 727 MISSION,SD 57555	46-0310828	501 (C) (3)	53,652				INDIAN LEGAL SERVICES
(4) DNA PEOPLE'S LEGAL SERVICES PO BOX 306 WINDOW ROCK,AZ 86515	86-0207220	501 (C) (3)	53,151				INDIAN LEGAL SERVICES
(5) IDAHO LEGAL AID SERVICES INC 310 N 5TH STREET BOISE,ID 83702	82-0293641	501 (C) (3)	38,527				INDIAN LEGAL SERVICES
(6) LEGAL AID OF WYOMING 211 W 19TH STREET STE 300 CHEYENNE, WY 82001	83-0222545	501 (C) (3)	14,958				INDIAN LEGAL SERVICES
(7) LEGAL ASSISTANCE OF NORTH DAKOTA PO BOX 1893 BISMARCK,ND 58502	45-0336235	501 (C) (3)	15,942				INDIAN LEGAL SERVICES
(8) MICHIGAN INDIAN LEGAL SERVICES 814 S GARFIELD AVE STE A TRAVERSE CITY,MI 49686	38-2077208	501 (C) (3)	45,029				INDIAN LEGAL SERVICES
(9) MISSISSIPPI CHOCTAW LEGAL DEFENSE PO BOX 6255 CHOCTAW,MS 39350	64-0345731	Government	34,013				INDIAN LEGAL SERVICES
(10) MONTANA LEGAL SERVICES 616 HELENA AVE STE 100 HELENA,MT 59601	81-0298262	501 (C) (3)	13,257				INDIAN LEGAL SERVICES
(11) NEBRASKA LEGAL SERVICES 1904 FARNAM STREET STE 500 OMAHA,NE 68102	47-0483506	501 (C) (3)	6,249				INDIAN LEGAL SERVICES
(12) NEVADA LEGAL SERVICES 530 S 6TH ST LAS VEGAS,NV 89101	88-0176914	501 (C) (3)	40,418				INDIAN LEGAL SERVICES
(13) NEW MEXICO LEGAL AID PO BOX 25486 ADMIN OFFICE ALBUQUERQUE,NM 87125	85-0116950	501 (C) (3)	34,338				INDIAN LEGAL SERVICES
(14) OKLAHOMA INDIAN LEGAL SERVICES 4200 PERIMETER CENTER STE 222	73-1142462	501 (C) (3)	28,529				INDIAN LEGAL SERVICES

OKLAHOMA CITY,OK 73112							
(15) OREGON LEGAL AID SERVICESNA PROGRAM 1827 NE 44TH AVE STE 230 PORTLAND,OR 87213	83-0635480	501 (C) (3)	25,522				INDIAN LEGAL SERVICES
(16) PINE TREE LEGAL ASSISTANCE PO BOX 547 PORTLAND,ME 04112	01-0279387	501 (C) (3)	17,361				INDIAN LEGAL SERVICES
(17) SOUTHERN ARIZONA LEGAL AID 2343 E BROADWAY BLVD STE 200 TUCSON,AZ 85719	86-0143449	501 (C) (3)	11,248				INDIAN LEGAL SERVICES
(18) TEXAS RIOGRANDE LEGAL AID 300 S TEXAS BLVD WESLACO,TX 78596	74-1675230	501 (C) (3)	33,475				INDIAN LEGAL SERVICES
(19) UTAH LEGAL SERVICES 205 NORTH 400 WEST SALT LAKE CITY,UT 84103	87-0298910	501 (C) (3)	43,475				INDIAN LEGAL SERVICES
(20) WISCONSIN JUDICAREINDIAN LAW OFFICE PO BOX 6100 WAUSAU,WI 54402	39-1170880	501 (C) (3)	36,043				INDIAN LEGAL SERVICES
2 Enter total number of sect	. , . ,	•					2 0
3 Enter total number of other organizations listed in the line 1 table							

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

Cat. No. 50055

Schedule I (Form 990) 2018

Page 2

Schedule I (Form 990) 2018

(2) (3)

(4) (5)

Schedule I (Form 990) 2018

(1)

(6)

(7)

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

Part IV Explanation

Return Reference SCHEDULE I, PART I, LINE 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: THE ORGANIZATIONS ARE SUBCONTRACTORS RELATED TO THE FUNDING FROM

INCLUDES: THOROUGH REVIEW OF PERFORMANCE AND EXPENDITURES SUBJECT TO STRICT TERMS, CONDITIONS, AND SPECIFICATIONS.

efi	le Public Visu	ual Render ObjectId: 001 -	Subn	nission: 2015-01-16	TI	N: 20-	5478	191
Sch	edule J	Comp	ensa	tion Information	OM	IB No.	1545-	-0047
(For	m 990)	For certain Officers, Dir	ectors,	Trustees, Key Employees, and High	nest			
	Complete if the organic			sated Employees swered "Yes" to Form 990, Part IV,	line 23	20	18	3
			► Attac	h to Form 990.				
	ment of the Treasury I Revenue Service	► Information about Schedule J (Fo	orm 990) and its instructions is at <u>www.ir</u> s	<u>s.gov/form990</u> .	pen i Insp	ectio	
	me of the organiz				Employer identificat			
NAI	TVE AMERICAN RIGH	HIS FUNDS INC			84-0611876			
Pa	rt I Questi	ons Regarding Compensation	1					
							Yes	No
1a		opiate box(es) if the organization prov Section A, line 1a. Complete Part III t						
	_	or charter travel		Housing allowance or residence for	_			
		companions		Payments for business use of per	•			
	Tax idemn	ification and gross-up payments		Health or social club dues or initia	ation fees			
	Discretion	ary spending account		Personal services (e.g., maid, cha	uffeur, chef)			
b	If any of the bo	exes in line 1a are checked, did the or	ganizati	on follow a written policy regarding	payment or			
		or provision of all of the expenses d				1b		
2		ation require substantiation prior to r	eimburs	sing or allowing expenses incurred l	oy all			
	directors, trust	ees, officers, including the CEO/Exec	utive Di	rector, regarding the items checke	d in line 1a?	2		<u> </u>
3		if any, of the following the filing orga CEO/Executive Director. Check all tha		•				
	-	ed organization to establish compens		•				
	Compensa	tion committee		Written employment contract				
	Independe	ent compensation consultant	V	Compensation survey or study				
	Form 990	of other organizations	~	Approval by the board or compen	sation committee			
4	During the year or a related org	r, did any person listed in Form 990, Janization:	Part VII	, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control	paymen	t?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	ntal non	qualified retirement plan?		4b	Yes	<u> </u>
С	· · · · · · · · · · · · · · · · · · ·	or receive payment from, an equity-b of lines 4a-c, list the persons and pro		-	in Part III	4c		No
	ir resite uny	of wheel and e, was the persons and pre	ovide tii	e applicable amounts for each frem	m raic III.			
		, 501(c)(4), and 501(c)(29) organizat						
5		ted in Form 990, Part VII, Section A, contingent on the revenues of:	line 1a,	did the organization pay or accrue	any			
а	-	on?				5a		No
b	Any related org	ganization? e 5a or 5b, describe in Part III.				5b		No
6	For persons list	ted in Form 990, Part VII, Section A, contingent on the net earnings of:	line 1a,	did the organization pay or accrue	any			
а	The organization	on?				6a		Νo
b		ganization?				6b		Νo
_	•	e 6a or 6b, describe in Part III.			6			
7		ted in Form 990, Part VII, Section A, described in lines 5 and 6? If "Yes," o				7		No
8	•	unts reported in Form 990, Part VII, p		•				
	-	initial contract exception described in	_	. , , ,	"Yes," describe	8		N c
9		8, did the organization also follow the			ned in Regulations	8		No
9		58-6(c)?			_	9		
Ear I		rtion Act Notice see the Instructions				1/5	000	1 2019

1JOHN ECHOHAWKEXECUTIVE

2MICHAEL KENNEDYCHIEF FINANCIAL

3MELODY MCCOYLITIGATION MGMT

4DAVID GOVERLITIGATION MGMT

5MATTHEW CAMPBELLLITIGATION MGMT

6NATALIE LANDRETHLITIGATION MGMT

7DONALD RAGONADEVELOPMENT

8KIM GOTTSCHALKATTORNEY

9STEVEN MOOREATTORNEY

10JOEL WILLIAMSATTORNEY

11BRETT SHELTONATTORNEY

12SUSAN NOEATTORNEY

DIRECTOR

OFFICER

THROUGH 5/2

COMMITTEE

COMMITTEE

COMMITTEE

DIRECTOR

column(B) reported

as deferred in prior

Form 990

......

................

................

......

......

................

................

......

......

...............

................

......

Schedule J (Form 990) 2018

(B)(i)-(D)

267.312

184,178

0

236,139

0

201,187

165,748

194,269

0

197,435

232,855

0

242,120

0

190,092

0

207,208

219,647

......

......

................

......

......

................

................

......

................

......

................

benefits

24,879

23,117

0

35,952

0

32,598

0

21,105

0

21.189

0

31,670

24,731

0

30,750

0

19,624

0

12,582

12,408

0

......

......

......

......

................

......

......

......

......

......

......

Officers Directors Trustees Very Employees and Uisheet Companyated Employees Has duplicate copies if additional cases is accorded

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.								
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(iii)

Other reportable

compensation

.....

.....

......

.....

......

.....

.....

......

......

......

......

......

2.781

0

1.032

0

1.032

0

360

0

216

0

360

0

1.584

0

2.781

0

19,273

0

360

0

1.032

0

1.032

0

other deferred

compensation

14,501

0

25,768

0

12,732

0

9.717

0

8,210

0

9.751

0

26,823

12,616

0

12,264

0

9,257

0

10.893

0

11.624

0

......

.....

......

.....

......

......

......

......

......

......

......

......

or each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in th
structions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
ote. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts

(ii)

Bonus & incentive

compensation

......

......

......

......

......

......

......

......

......

......

......

......

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(i) Base compensation

......

.....

......

.....

......

.....

.....

225,151

134,261

0

186,423

0

158.512

0

136,217

0

162,969

0

137,358

0

192,727

0

179,833

0

160,851

0

182,701

0

194,583

0

......

.....

......

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(ii)

(i)

(ii)

(i)

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	
instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individua	ı.]
	_

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	
instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for the part of Form 990, Part VIII, Section (D) amounts for the part of Part O (D) and (D) amounts for the part of	ual.

or each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the
nstructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
lote. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individua

Officers, Directors, Trustees, key Employees, and Highest Compensated Employees. Ose duplicate copies if additional space is needed.	
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	
instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	

Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation SCHEDULE J. PART I. LINE 4B THE AMOUNT OF AWARD UNDER THE ORGANIZATIONS NONOUALIFIED PLAN IS DETERMINED BY INCORPORATING YEARS OF SERVICE, AGE

AND AVERAGE THREE-YEAR BASE SALARY. THE ONE-TIME CASH AWARD IS PAYABLE AT THE DATE OF RETIREMENT FOR ELIGIBLE EMPLOYEES. THE FOLLOWING EMPLOYEES ACCRUED DEFERRED RETIREMENT COMPENSATION UNDER THE PLAN: RETIREMENT FOR ELIGIBLE

EMPLOYEES. *JOHN ECHOHAWK - \$873 *MELODY MCCOY - \$873 *KIM GOTTSCHALK- \$873 *STEVEN MOORE - \$873 *MICHAEL KENNEDY -

Schedule J (Form 990) 2018



efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization NATIVE AMERICAN RIGHTS FUNDS INC 84-0611876 Part I Types of Property (a) (b) (c) (d) Method of determining Check if Number of contributions Noncash contribution applicable noncash contribution amounts or items contributed amounts reported on Form 990, Part VIII, line 1 g 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests . 4 Books and publications Clothing and household aoods **6** Cars and other vehicles . . Boats and planes Intellectual property . . . Securities—Publicly traded . Χ 17 183,343 FMV Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . . 50,000 APPRAISAL 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles Food inventory . . . 19 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (______) **26** Other ▶(______) Other ▶(_____) **28** Other ▶ (_____ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II. 31 Νo Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II.

describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Schedule M. Part II. Column B Number of Contributions The number shown on Column B represents the number of contributions received.

Schedule M (Form 990) (2018)

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Department of the Treasury Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service Inspection www.irs.gov/form990. **Employer identification number** Name of the organization NATIVE AMERICAN RIGHTS FUNDS INC 84-0611876 Return Explanation Reference FORM 990. PROCESS TO REVIEW THE FORM 990: THE FORM 990 IS PREPARED BY THIRD PARTY PREPARERS. THE CHIEF FINANCIAL PART VI. OFFICER THOROUGHLY REVIEWS THE FORM 990 AND THE BOARD OF DIRECTORS ARE PROVIDED WITH COPIES OF THE SECTION B. FORM 990 PRIOR TO FILING WITH THE IRS LINF 11B FORM 990. PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: BOARD OF DIRECTORS. OFFICERS. SUPERVISORS, AND OTHER PROFESSIONAL STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE PART VI. STATEMENT ANNUALLY (BY JANUARY 15 OF EACH YEAR). DISCLOSURE AND DETERMINATION OF THE POTENTIAL CONFLICT SECTION B. LINF 12C OF INTEREST (PCI) AT THE BOARD OF DIRECTORS LEVEL IS DISCLOSED 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 MEMBERS WITH PCI SHALL BE ABSENT FROM THE BOARD'S DISCUSSION AND DECISION. EMPLOYEES WITH PCI SHALL GO TO THE EXECUTIVE DIRECTOR (ED) (IF ED HAS A PCI. THEN TO THE BOARD CHAIR). THE MATTER WILL THEN GO TO CORPORATE OFFICERS FOR CONSIDERATION AND DETERMINATION. FORM 990. REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION: AN EXTENSIVE SALARY SURVEY IS USUALLY PART VI. PERFORMED FOR ALL POSITIONS IN THE SUMMER OF EVERY EVEN YEAR IN WHICH CURRENT SALARIES ARE COMPARED TO SECTION B. MARKET SURVEY DATA OBTAINED FROM A VARIETY OF PROFESSIONAL SURVEY SOURCES. THIS INFORMATION IS THEN **LINE 15A &** SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND THEN DISCUSSED AND 15B 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 2019.

EXPLAIN WHY 1023/1024, 990, OR 990-T IS NOT AVAILABLE TO THE PUBLIC: FORM 1023 WAS FILED BEFORE JULY 15, 1987

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: FINANCIAL STATEMENTS ARE AVAILABLE ON OUR

WEBSITE AND UPON REQUEST. REQUESTS (WITH A VALID BUSINESS PURPOSE) FOR THE MANAGING DOCUMENTS AND

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

GOVERNMENT GRANTS: THE AMOUNT SHOWN AS GOVERNMENT GRANTS ON LINE 1(E) INCLUDES \$2.107.300 OF

AND A COPY WAS NOT AVAILABLE AT THAT TIME.

CONFLICT OF INTEREST POLICY WILL BE CONSIDERED.

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

CONTRIBUTIONS REVENUE FROM APPROXIMATELY 30 TRIBAL GOVERNMENTS.

FORM 990.

PART VI. SECTION C.

> I INF 18 FORM 990.

PART VI.

I INF 19 FORM 990.

PART VIII.

LINE 1(E)

SECTION C.