DLN: 93493041008396

OMB No 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www.IRS.gov/form990}$

Open to Public Inspection

Rating American Rights Full by SANTER AMERICAN RIGHTS FUND	A Fo	rthe 2	2014 cal <mark>endar year, or tax year beginning 10-01-2014 , and ending 09-30-2015</mark>						
SAMPT AMERICAN RIGHTS FUND Doors jurined is not delivered to street address) North-American Street (or P O tox if mall is not delivered to street address) Room/suite 1.1 (response number 1.303 / 447-876.0			Native American Rights Fund Inc			D Emplo	yer id	lentification number	
	_		% NATIVE AMERICAN RIGHTS FUND			84-06	118	76	
Stummer Stu									
Application pending	•					E Telepho	ne nu	mber	
Page			1 FOC PROADWAY	_		(303)	447-	-8760	
F Name and address of principal officer 10 Hit C + 10 Ha W 12 No Boot A W 12 No	_		BOULDER, CO 80302			G Gross re	eceipts	s \$ 21,591,338	
JOHN ECHOHA WK 1508 BROADWAY BOULDER, CO 80302 H(b) Are all subordinates Yes No micloided? Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 If No, attach a list (see instructions) Tak-exempt status Fosic()(1) Solic() Iment no. 4947(a)(1) or 527 Iment no. 4947(a)(1) or 527 Iment no. 4947(a)(1) Iment no. 4947(a)(1) or 527 Iment no. 4947(a)(1) or 527 Iment no. 4947(a)(1) or 527 Iment no. 529 Iment n	,								
1 1506 BRO ADWAY BOULDER, CO 80302 H(b) Are all subordinates Yes No included? ITAN-exempt slatus F 501(x) S01(x) Mediter WWW NARF ORG H(c) Group exemption number F Ro included? H(c) Group exemption number F Ro included H(c) Ro included			JOHN ECHOHAWK				retui	rn for	
Tax-exempt stabus								F., F.,	
Website: ► WWW NARFORG			,				nates	s Yes No	
Part Summary	I Ta	x-exem	pt status		If"No,	" attach	a lis	t (see instructions)	
Page	J W	ebsite	: ► WWW NARF ORG	H(c)	Group	exempt	ion n	umber ►	
1 Briefly describe the organization's mission or most significant activities	K For	n of org	anization	L Yea	ar of form	nation 19	70	M State of legal domicile DC	
Number of voting members of the governing body (Part VI, line 1a) 3 3 13 3 3 3 3 3 3	Pa	rt I	Summary						
Number of voting members of the governing body (Part VI, line 1a) 3	a.		CONSTRUCT THE FOUNDATIONS NECESSARY TO EMPOWER TRIBES SO TI					LIVE ACCORDING TO	
Number of voting members of the governing body (Part VI, line 1a) 3	ဋ	-							
Number of voting members of the governing body (Part VI, line 1a) 3	Ě								
Number of voting members of the governing body (Part VI, line 1a) 3	\$05 \$05	2 0	Check this box 🔭 if the organization discontinued its operations or disposed of	net assets					
Nation N		3 1	Number of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$. \cdot .		3	13			
Nation N	ij	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	13		
Nation N	₹	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a) $oldsymbol{.}$			5	51		
	ď						6	+	
Revenue Reve		l				•	\vdash	+	
8		В	Net unrelated business taxable income from Form 990-1, line 34	$\dot{}$	Dries	· V	/b		
Program service revenue (Part VIII, line 2g)		 g	Contributions and grants (Part VIII line 1h)		РПОГ		349		
11	₽						-		
11	Şen						-		
12	ä	11					$\overline{}$		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,441,642 1,297,336 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 29,098 54,000 15 Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,704,661 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,290,040 3,270,752 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,098,690 10,013,022 19 Revenue less expenses Subtract line 18 from line 12 3,419,022 5,028,190 20 Total assets (Part X, line 16) 20 Total lassets (Part X, line 26)		12		6,679,6			15,041,212		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		13				1,441,6	542	1,297,336	
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,290,040 3,270,752 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,098,690 10,013,022 19 Revenue less expenses Subtract line 18 from line 12 -3,419,022 5,028,190 20 Total assets (Part X, line 16) 17,121,075 20,056,021 21 Total liabilities (Part X, line 26) 1,416,115 22 Net assets or fund balances Subtract line 21 from line 20 15,718,340 18,639,906	8	15		5,337,9	10	5,390,934			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,290,040 3,270,752 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,098,690 10,013,022 19 Revenue less expenses Subtract line 18 from line 12 -3,419,022 5,028,190 20 Total assets (Part X, line 16) 17,121,075 20,056,021 21 Total liabilities (Part X, line 26) 1,416,115 22 Net assets or fund balances Subtract line 21 from line 20 15,718,340 18,639,906	8	16a	Professional fundraising fees (Part IX, column (A), line 11e)			29,0	98	54,000	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 10,098,690 10,013,022 19 Revenue less expenses Subtract line 18 from line 12	蓋	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,704,661						
19 Revenue less expenses Subtract line 18 from line 12		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,290,0	040	3,270,752	
Beginning of Current Year 20 Total assets (Part X, line 16)							-	10,013,022	
		19	Revenue less expenses Subtract line 18 from line 12	+			-	5,028,190	
	ABC 64			Beg	_		nt	End of Year	
	ess Bak	20	Total assets (Part X, line 16)		1	17,121,0	75	20,056,021	
	F F								
					1	15,718,3	340	18,639,906	

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer MICHAEL KENNEDY CFO Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name Rita F Worster CPA Preparer's signature Rita F Worster CPA Firm's name F BKD LLP

Colorado Springs, CO 809039848

May the IRS discuss this return with the preparer shown above? (see instruction

Firm's address ► 111 South Tejon Suite 800

Total program service expenses ► 7,519,239

) (Revenue \$

including grants of \$

Other program services (Describe in Schedule O)

(Expenses \$

4e

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>	厂_
_			_	Yes	No
		8			
		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	с	Yes	
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	51			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2	ь	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3	b		
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)?	4	a		No
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)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	+		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		+		
	The rest, to line 50 of 55, and the organization me form 55000 from 1	5	с		
	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?	6	a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	.s 6	ь		
7	Organizations that may receive deductible contributions under section 170(c).	_			
	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?	7	_		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	<u> </u>		
	file Form 8282?	. 7	с		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	1S 7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9	-		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	+		
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 facilities				
11	Section 501(c)(12) organizations. Enter				
а	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?	12	a		
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.				
a	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	13	a		
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		T		
c	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	ь		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax 1a 13 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 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo 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 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Yes 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 12c 13 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure 17 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, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT, VT, VA, WA, WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 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

BOULDER, CO 80302 (303)447-8760

1506 BROADWAY

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
С	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,891,975	0	403,579

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AB Data Ltd, PO Box 170062 MILWAUKEE, WI 53217	Settlement Admın Ser	102,024
Global Strategic Partners LLC, 2002 Massachusetts Ave NW Suite 1 WASHINGTON, DC 20036	Policy Consulting	105,000

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

Part V	***	Statement o	f Revenue ule O contains a respoi	nse or note to any lin	ne in this Part VIII			
		CHECK II SCHEAL	are o contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a	30,736				
## #	b	Membership du	es 1 b					
2 TO 1	_	Fundraising eve						
, ₹	С							
<u>#</u> =	d	Related organiz	rations 1d					
ŝĒ.	e	Government grants	s (contributions) 1e	2,234,857				
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	4,281,111	i			
声		sımılar amounts no			ļ			
∄ ठ	g	Noncash contribution 1a-1f \$	ons included in lines	200,089				
	h	Total. Add lines	s 1 a - 1 f	🗼	6,546,704			
9 0				Business Code				
E E	2a	LEGAL FEES		900099	7,065,520	7,065,520		
. Ker	b	ELUAL I ELS		900099	7,063,320	7,065,520		
<u>ک</u> ے								
Š	C							
<i>₹</i>	d		_					
Ę	е							ļ
<u></u>	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	s 2a – 2f		7,065,520			
	3		ome (ıncludıng dıvıden					:
		and other simila	aramounts)	•	173,349			173,349
	4		tment of tax-exempt bond		0			
	5	Royalties			1,140			1,14
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	C	Rental income or (loss)	0	0				
	d	• •	me or (loss)		0			1
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	7,789,543					
	b	than inventory Less cost or other basis and sales expenses	6,550,126					
	c	Gain or (loss)	1,239,417					
	d	Net gain or (los	s)		1,239,417			1,239,417
ine I	8a	Gross income fi						
Other Revenue		\$ of contributions See Part IV , lin	reported on line 1c)					
<u>.</u>	_		a					
	b		penses b		0			
_	C		loss) from fundraising	events 🛌	0			
	Уa	See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct ex	penses b					
	c	Net income or (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo	wances .					
	h	Less cost of go	a boods sold b	_				
	b	_	loss) from sales of inv	entory 🌬	0			
-		Miscellaneous		Business Code				
-	11a	REIMBURSEME		900099	6,619	6,619		
	ь	HONORARIUM		900099	5,698	5,698		
		-		900099	430	430		-
	c c	NARF PUBLICA		300073	2,335	2,335		1
	d	All other revenu			2,333	2,333		-
	e 12	Total revenue	See Instructions .		15,082			
		iocai revenue.	Sectionarions :	🟲	15,041,212	7,080,602		1,413,906

Part IX Statement of Functional Expenses

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

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,297,336	1,297,336		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,265,942	808,583	260,342	197,017
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,192,804	2,701,667	221,975	269,162
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,708	126,109	35,298	14,301
9	Other employee benefits	475,489	396,874	5,991	72,624
10	Payroll taxes	280,991	205,638	29,383	45,970
11	Fees for services (non-employees)				_
а	Management	0			_
b	Legal	0			
c	Accounting	26,000		26,000	
d	Lobbying	16,569	16,569		
e	Professional fundraising services See Part IV, line 17	54,000			54,000
f	Investment management fees	58,036		58,036	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	819,149	785,399		33,750
12	Advertising and promotion	42,239			42,239
13	Office expenses	575,084	210,086	41,909	323,089
14	Information technology	157,147	86,368	16,301	54,478
15	Royalties	0			
16	Occupancy	301,039	271,212	18,717	11,110
17	Travel	624,819	479,626	63,636	81,557
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	31,999	14,110	149	17,740
20	Interest	5,068		5,068	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	55,101	41,378	4,342	9,381
23	Insurance	23,417	20,826	1,573	1,018
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIRECT MARKETING MAIL	475,811			475,811
b	LIBRARY	43,533	41,717	402	1,414
c	COSTS RELATED TO LEGAL CASES	15,741	15,741		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,013,022	7,519,239	789,122	1,704,661
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)	. , ==	. ,		. , -

art X	Balance Si	heet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,217,972		676,276
	2	Savings and temporary cash investments	2,568,736	2	4,449,027
	3	Pledges and grants receivable, net	1,558,305	3	1,188,771
	4	Accounts receivable, net	432,867	4	399,083
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			О	5	0
<u>se</u>	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
d ssets			0		0
्र च	7	Notes and loans receivable, net	0	-	0
_	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	136,038	9	133,414
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,302,201			
	Ь	Less accumulated depreciation 10b 1,038,075	265,431	10c	264,126
	11	Investments—publicly traded securities	5,462,835	11	12,843,324
	12	Investments—other securities See Part IV, line 11	5,413,635	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	47,500	14	77,500
	15	Other assets See Part IV, line 11	17,756		24,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,121,075		20,056,021
	17	Accounts payable and accrued expenses	1,019,009		1,042,828
	18	Grants payable	0	18	0
	19	Deferred revenue	15,979		21,493
	20	Tax-exempt bond liabilities	0		0
S.	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jak		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	82,551	23	63,680
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	285,196	25	288,114
	26	Total liabilities. Add lines 17 through 25	1,402,735		1,416,115
Ф У		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.	, ,		
Ĕ	27	Unrestricted net assets	13,208,792	27	15,577,129
<u>명</u>	28	Temporarily restricted net assets	1,527,132	28	2,077,273
<u> </u>	29	Permanently restricted net assets	982,416		985,504
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and	, 12		,
9	20	complete lines 30 through 34.		_	
ets St	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ų Ų	32	Retained earnings, endowment, accumulated income, or other funds	4E 740 040	32	19 630 000
ĕ	33	Total net assets or fund balances	15,718,340	33	18,639,906
	34	Total liabilities and net assets/fund balances	17,121,075		20,056,021

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,0	041,212
2	Total expenses (must equal Part IX, column (A), line 25)	2			013,022
3	Revenue less expenses Subtract line 2 from line 1			10,0	713,022
4	Not see to suffer disclosure of heavy many of very freeze and Doub V. June 22. column (A.).	3		5,0	28,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,7	718,340
5	Net unrealized gains (losses) on investments	5		-1 8	356,624
6	Donated services and use of facilities				
7	Investment expenses	6			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		- 2	250,000
	column (B))	10		18,6	39,906
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				- 1
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 84-0611876

Name: Native American Rights Fund Inc

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

Compensated Employees, and Inde	1	i		• .=-				l		
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (e nan o n is b	ne b	ox, ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) Moses K N Haia III Chairman	1 0	х						0	0	0
(1) Mark Macarro	1 0	х						0	0	0
Vice-Chairman (2) Tex G Hall	0 0	x						0	0	0
Board Member (3) Virginia Cross	0 0	, and						,	•	
Board Member	0 0	×						0	0	0
(4) Barbara Smith	1 0	х						0	0	0
Board Member Thru 5/2015 (5) Kurt Bluedog	0 0									
Board Member	0 0	Х						0	0	0
(6) Richard J Peterson	1 0	×						0	0	0
Board Member (7) Michael Smith	1 0	, , , , , , , , , , , , , , , , , , ,								
Board Member	0 0	×						0	0	0
(8) Julie Roberts-Hyslop Board Member	1 0	×						0	0	0
(9) Gary Hayes	10	x						0	0	0
Board Member (10) Stephen R Lewis	0 0									
Board Member	0 0	х						0	0	0
(11) Peter M Pino Board Member	1 0	х						0	0	0
(12) Larry Olinger	1 0	х						0	0	0
Board Member (13) Robert McGhee	10							_		
Board Member (14) Gerald Danforth	0 0	×						0	0	0
Former Chairman-thru 11/2014	0 0	x						0	0	0
(15) Natasha V Sıngh Former Vice-Chair Thru 11/2014	1 0	х						0	0	0
(16) John Echohawk	40 0			х				209,334	0	38,905
Executive Director (17) Michael Kennedy Charles Expected Officer	40 0			х				118,107	0	29,021
Chief Financial Officer (18) Ray Ramirez	0 0 40 0			х				89,525	0	16,716
Corporate Secretary (19) Morgan O'Brien	0 0 40 0			.,					_	
Development Director	0 0			Х				115,871	0	38,323
(20) Melody McCoy Litigation Mgmt Committee	0 0			х				174,310	0	45,604
(21) Kım Gottschalk Litigation Mgmt Committee	40 0			х				180,255	0	36,257
(22) Natalie Landreth	40 0			х				141,241	0	26,558
Litigation Mgmt Committee (23) Don Wharton	40 0					х		178,764	0	25,235
Attorney (24) Steven Moore	0 0 40 0							, ,		, -
	1	ı		i	1	l x	1	173,019	0	49,845

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persor and a	ion (d nan o n is b	ne bo	ox, u an of	inless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) Heather Kendall Attorney	40 0					х		174,293	0	31,621	
(1) Richard Guest	40 0					х		161,776	0	43,515	
(2) Susan Noe Attorney	40 0					х		175,480	0	21,979	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041008396

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

		ne organization			Employer identification number				
Native	Americ	can Rights Fund Inc					84-0611876		
Dai	rt I	Reason for Dubli	c Charity S	Status (All organiza	itions must co	mnlete this n		ns .	
		zation is not a private fo					•	7113.	
1	, ga								
2	<u>'</u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	<u></u>	A hospital or a cooper				tion 170(h)(1)	(A)(iii)		
4	,	A medical research or		=				i) Enterthe	
•	'	hospital's name, city,	-	stated in Conjunction v	vicii a nospitai c	iescribed in sec		ij. Enter the	
5	\sqcap	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in	
		section 170(b)(1)(A)	(iv). (Complete	e Part II)					
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in s e	ection 170(b)(1	.)(A)(v).		
7	<u>~</u>	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ental unit or from the g	general public	
	_	described in section 1							
8	<u> </u>	A community trust de							
9	J	An organization that n							
		receipts from activitie		•	=				
		its support from gross						n businesses	
	_	acquired by the organ		•			•		
10	<u> </u>	An organization organ	•	·	•	•			
11	ı	An organization organ							
		one or more publicly s the box in lines 11a th							
а	Γ	Type I. A supporting of	-			-		•	
		supported organization				ty of the directo	ors or trustees of the	supporting	
	_	organization You mus							
Ь	ı	Type II. A supporting management of the su	_	•		• • • • • • • • • • • • • • • • • • • •	•	, -	
		must complete Part I			same persons t	nac control of h	nanage the supported	organization(s) Tou	
c	Γ	Type III functionally	•		n operated in c	onnection with,	and functionally inte	grated with, its	
_	_	supported organization							
d	J	Type III non-function not functionally integr							
		(see instructions) Yo					ement and an attentiv	eness requirement	
e	Γ	Check this box if the o	organization re	ceived a written deter	mination from t	he IRS that it is	s a Type I, Type II, T	ype III functionally	
_		integrated, or Type II							
f		Enter the number of su							
g		Provide the following i	nformation abo	out the supported orga	inization(s)				
	(i)Nia	ame of supported	(ii) ETN	(iii) Typo of	(iv) Is the org	ranization	(v) A mount of	(vi) A mount of	
		organization	(ii) EIN	(iii) Type of organization	listed in your		(v) A mount of monetary support	(vi) A mount of other support (see	
							instructions)		
		1-9 above or IRC							
		section (see							
				ınstructions))	Yes	No			
					163	140			
Total									

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (d) 2013 (e) 2014 (c) 2012 (f) Total in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do not 4,958,526 16,104,389 10,173,190 4,784,849 6,546,704 42,567,658 include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 4,958,526 16,104,389 10,173,190 4,784,849 6,546,704 42,567,658 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 1,759,171 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 40,808,487 from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2014 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (f) Total beginning in) 🟲 4,958,526 16,104,389 10,173,190 4,784,849 6,546,704 42,567,658 Amounts from line 4 Gross income from interest, dividends, payments received on 71,125 66,899 119,853 229,914 174,489 662,280 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support Add lines 7 11 12 13 14 15 16 17

	through 10					43,229,938
12	Gross receipts from related activitie	s, etc (see instructi	ons)		12	12,128,335
13 	First five years. If the Form 990 is forganization, check this box and sto					
_ <u>s</u>	ection C. Computation of Pub	lic Support Perc	entage			
14	Public support percentage for 2014	(line 6, column (f) di	vided by line 11, colu	ımn (f))	14	94 399 %
15	Public support percentage for 2013	Schedule A, Part II,	line 14		15	94 620 %
	33 1/3% support test—2014. If the cand stop here. The organization qual 33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test—is 10% or more, and if the organization Part VI how the organization meet organization	Ifies as a publicly su organization did not o qualifies as a publicl - 2014. If the organization meets the "facts-	pported organization check a box on line 1 ly supported organiza ition did not check a -and-circumstances'	3 or 16a, and line 1 ation box on line 13, 16a test, check this bo	5 is 33 1/3% or , or 16b, and lin x and stop here	more, check this e 14 . Explain
b 18	10%-facts-and-circumstances test— 15 is 10% or more, and if the organi Explain in Part VI how the organizat supported organization Private foundation. If the organizations	zation meets the "facts- ion meets the "facts-	cts-and-cırcumstanc -and-cırcumstances'	es" test, check this test The organizat	box and stop h on qualifies as	nd line nere. a publicly ▶☐
					Cabadula A (E	000 000 F7\ 2014

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 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 (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, 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, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 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, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)				
S	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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2			
S	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			
S	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 tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3			
5	ection E. Type III Functionally-Integrated Supporting Organizations				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıct ions)		
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)				
2	Activities Test Answer (a) and (b) below.		Yes	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			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b			
3	-				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	h Did the organization eversise a substantial degree of direction over the policies, programs and activities of each				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493041008396

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) orga	inizations Complete Part III				
	ame of the organization tive American Rights Fund Inc			E	mployer ide	ntification number
					4-0611876	
Pai	rt I-A Complete if the or	ganization is exempt under	section 501(c) or is a se	ection 527	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	tivities in Part	IV	
2	Political expenditures				.	\$
3	Volunteer hours					
Par	rt I-B Complete if the or	ganization is exempt under	section 501(c)(3).		
1	•	e tax incurred by the organization u			F	 \$
2	·	e tax incurred by organization mana			►	\$
3		ection 4955 tax, did it file Form 47				☐ Yes ☐ No
4a	Was a correction made?					┌ Yes
ь	If "Yes," describe in Part IV					
Pai	rt I-C Complete if the or	ganization is exempt under	section 501(c), except s	section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function act	ıvıtıes 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to o	ther organization:	s for section 5	27 ►	¢
3	•	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL line 1	7b ►	*
4						\$ Yes No
5		nd employer identification number (I	=IN) of all section	527 political	organization	·
	organization made payments f amount of political contributior separate segregated fund or a	For each organization listed, enter the received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered f additional space	om the filing or to a separate	ganızatıon's political orga	funds Also enter the anization, such as a ation in Part IV
	(a) Name	(b) Address	(c) EIN	filing orga	nt paid from anization's ne, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI	ίΝ,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	24,416	
С	Total lobbying expenditures (add lines 1a and 1i	o)	24,416	
d	O ther exempt purpose expenditures	9,988,606		
e	Total exempt purpose expenditures (add lines 1c and 1d)		10,013,022	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	650,651	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	162,663	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, dıd the organization file Form 4720	reporting	□ Ves □ 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 columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total			
2a	Lobbying nontaxable amount	526,667	618,622	654,935	650,651	2,450,875			
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,676,313			
c	Total lobbying expenditures	47,600	46,681	16,396	24,416	135,093			
d	Grassroots nontaxable amount	131,667	154,656	163,734	162,663	612,720			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					919,080			
f	Grassroots lobbying expenditures	2,984	4,951	0		7,935			

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)
activ		Yes	No	Amo	unt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,			<u> </u>	
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	501(c)(5), c	or secti	on
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493041008396

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

e of the organization American Rights Fund Inc		Emp	ployer identification number
		84-	0611876
Organizations Maintaining Donor organization answered "Yes" to Form		Funds	or Accounts. Complete if the
	(a) Donor advised funds		(b) Funds and other accounts
otal number at end of year			
ggregate value of contributions to (during year)			
ggregate value of grants from (during year)			
ggregate value at end of year			
Old the organization inform all donors and donor a unds are the organization's property, subject to t		onor adv	rsed Yes No
Old the organization inform all grantees, donors, a ised only for charitable purposes and not for the b conferring impermissible private benefit?			
II Conservation Easements. Comple	te if the organization answered "Yes"	' to Forn	
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization habitat	Preservation of Preservation of	a certifie	d historic structure
asement on the last day of the tax year			1
			Held at the End of the Year
otal number of conservation easements		2a	
otal acreage restricted by conservation easeme		2b	
lumber of conservation easements on a certified	` ,	2c	
Number of conservation easements included in (constructure listed in the National Register		2d	
lumber of conservation easements modified, tran he tax year ▶	sferred, released, extinguished, or termina	ated by th	he organization during
lumber of states where property subject to conse	rvation easement is located 🛌		
Ooes the organization have a written policy regard inforcement of the conservation easements it hol		andling of	f violations, and Yes N o
Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation eas	ements	during the year
· —— Amount of expenses incurred in monitoring, inspe ►\$	cting, and enforcing conservation easeme	nts durın	g the year
Does each conservation easement reported on lining section 170(h)(4)(B)(II)?	e 2(d) above satisfy the requirements of s	ection 1	70(h)(4)(B)(ı) Yes N
n Part XIII, describe how the organization report valance sheet, and include, if applicable, the text he organization's accounting for conservation eas	of the footnote to the organization's financ		
Organizations Maintaining Collect	tions of Art, Historical Treasures	s, or Ot	her Similar Assets.
Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8.		
Complete if the organization answere fthe organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its revassets held for public exhibition, educatio	n, or rese	earch in furtherance of public
Complete if the organization answere fthe organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its revassets held for public exhibition, education ote to its financial statements that descrius 116 (ASC 958), to report in its revenuassets held for public exhibition, education	n, or rese bes these le statem	earch in furtherance of public e items nent and balance sheet
Complete if the organization answere f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide, in Part XIII, the text of the footn f the organization elected, as permitted under SF works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its revassets held for public exhibition, education ote to its financial statements that describes AS 116 (ASC 958), to report in its revenuassets held for public exhibition, education these items	n, or rese bes these le statem	earch in furtherance of public e items nent and balance sheet
Complete if the organization answere f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide, in Part XIII, the text of the footn f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide the following amounts relating to i) Revenue included in Form 990, Part VIII, line	AS 116 (ASC 958), not to report in its revassets held for public exhibition, education ote to its financial statements that describes AS 116 (ASC 958), to report in its revenuassets held for public exhibition, education these items	n, or rese bes these le statem	earch in furtherance of public e items nent and balance sheet earch in furtherance of public
Complete If the organization answere f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide, in Part XIII, the text of the footn f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide the following amounts relating to	AS 116 (ASC 958), not to report in its revaluation assets held for public exhibition, education ote to its financial statements that describes AS 116 (ASC 958), to report in its revenuassets held for public exhibition, education these items 1 Instorical treasures, or other similar assets	n, or rese bes these ue statem n, or rese	earch in furtherance of public e items nent and balance sheet earch in furtherance of public * \$
Complete if the organization answere f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide, in Part XIII, the text of the footn f the organization elected, as permitted under SF works of art, historical treasures, or other similar ervice, provide the following amounts relating to i) Revenue included in Form 990, Part VIII, line ii) Assets included in Form 990, Part X f the organization received or held works of art, h	AS 116 (ASC 958), not to report in its revaluation assets held for public exhibition, education ote to its financial statements that describes AS 116 (ASC 958), to report in its revenuassets held for public exhibition, education these items 1 Instorical treasures, or other similar assets	n, or rese bes these ue statem n, or rese	earch in furtherance of public e items nent and balance sheet earch in furtherance of public

Part	Organizations Maintaining Co	llections of Art, F	<u>listori</u>	<u>cal Trea</u>	isures, or C	<u>)the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	, check	any of the	following that	are a	sıgnıfıcant use	e of its	
а	Public exhibition	(d $ egthanking$	Loan or e	exchange prog	rams			
b	Scholarly research		e 🔽	Other A	SSIST IN RES	EAR	CH - CLIENT	CASES	
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explain	how the	y further th	he organizatioi	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit						ılar	_	_
-	assets to be sold to raise funds rather than	<u> </u>					!! to Forms (┌ Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					u Y	es to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					sets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing	able					
							An	nount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for e	scrow or c	ustodial accou	nt lıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	xplanatı	on has bee	en provided in	Part)	KIII		Γ
Pa	rt V Endowment Funds. Complete		-						
	•		(b) Prior y		c) Two years back			(e) Four	years back
1a	Beginning of year balance	2,509,548		375,818	4,359,71	+	1,768,590		2,404,013
b	Contributions	2,780,788		951,052	3,430,514	1	3,627,190		649,850
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities	2,227,559	2	017 222	2,594,41:		856,065		1 205 272
_	and programs	2,227,339	ی,	817,322	2,394,41.	1	830,003		1,285,273
f	Administrative expenses	2.062.777	2	E00 E49	5,195,818	<u> </u>	4 520 715		1 769 500
g	End of year balance	3,062,777		509,548		<u>'</u>	4,539,715		1,768,590
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g	, column (a	a)) held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ► 32 180 %								
C	Temporarily restricted endowment ► 67 The percentages in lines 2a, 2b, and 2c sho	820 %							
3a	Are there endowment funds not in the posse		on that	ara hald ar	ad administers	d for	the		
Ja	organization by	ssion of the organization	on that	are nera ar	ia administere	u ioi	cire .	Ye	s No
	(i) unrelated organizations						3a	(i)	No
	(ii) related organizations						3a(ii)	No
	If "Yes" to 3a(II), are the related organization	•				•	3	b	
4	Describe in Part XIII the intended uses of the				name and Was		Fa 000 Da	s and TAY	luna
Par	t VI Land, Buildings, and Equipmed 11a. See Form 990, Part X, line		e orgai	iizatioii a	nswered res	s 10	FOIII 990, Pa	art IV,	iiiie
	Description of property			a) Cost or otl sıs (ınvestme			(c) Accumulate depreciation	d (d)	Book value
1a	Land				5	8,937		+	58,937
	Buildings					0,000	80,0	000	0
	Leasehold improvements					, 0	23,0		
	Equipment				81	3,892	668,9	006	144,986
	Other					9,372			60,203
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part X, c	column (B), line 10(•			264,126
	, , , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	, () (Form	990) 2014

(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. (Column (b) must equal Form 990, Part X, col (B) line 12)	omplete if the organizati	on answered 'Ves' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	.omplete il tile organizati	on answered res to form 550, Fart IV, line 110.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of that of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization		
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990. Part X. col.(B) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org		to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	janızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Porm 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organization of Section 1 (a) Description of liability Federal income taxes	(b) Book value	to Form 990, Part IV, line 11e or 11f. See

Schedule D, Part X, Line 2

Schedule D, Part XI, Line 4b

Par		nue per Audited Financial Statements (d 'Yes' to Form 990, Part IV, line 12a.	with Revenue pe	er Re	eturn Complete if
1		port per audited financial statements		1	12,934,588
2	Amounts included on line 1 but not	on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on in	vestments	-1,856,624		
b	Donated services and use of facilit	es 2b			
c	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIII) .	2d			
e	Add lines 2a through 2d			2e	-1,856,624
3	Subtract line 2e from line 1		[3	14,791,212
4	Amounts included on Form 990, Pa	rt VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII) .	4b	250,000		
c	Add lines 4a and 4b			4c	250,000
5	Total revenue Add lines 3 and 4c.	This must equal Form 990, Part I, line 12)	[5	15,041,212
Par	Reconciliation of Expe	nses per Audited Financial Statements		per	Return. Complete
	ıf the organization answe	ed 'Yes' to Form 990, Part IV, line 12a.			
1	Total expenses and losses per aud	ted financial statements		1	10,013,022
2	A mounts included on line 1 but not	on Form 990, Part IX, line 25			
а	Donated services and use of facilit	es 2a			
b	Prior year adjustments				
C	Other losses	<u>2</u> c			
d	Other (Describe in Part XIII) .				
e	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$			3	10,013,022
4	Amounts included on Form 990, Pa	rt IX, line 25, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII) .	4b			
C	Add lines 4a and 4b			4c	
5		. (This must equal Form 990, Part I, line 18).		5	10,013,022
Par	Supplemental Inform	ation			
Part	V, line 4, Part X, line 2, Part XI, line mation	II, lines 3, 5, and 9, Part III, lines 1a and 4, Part S 2d and 4b, and Part XII, lines 2d and 4b Also co		rovid	le any additional
	Return Reference	Explanation			
	CO CA PUI DEG RES ITE OF INC RAI RES THI	ELECTED UNDER SFAS 116 PROVIDE FOOTNOT LLECTIONS OF WORKS OF ART, HISTORICAL TO PITALIZED IN AS MUCH AS THE ITEMS ARE PROCHASES OF COLLECTION ITEMS ARE REPORT CREASES IN UNRESTRICTED NET ASSETS, OR STRICTED NET ASSETS USED TO TRICTED TO THAT USE BY DONOR STIPULATED AND INSURANCE RECOVERIES RELATED TO CORRESSES IN THE APPROPRIATE NET ASSET CLARE BOOKS AND MAPS THESE COLLECTIONS ASSEARCH PURPOSES THEY ARE SUBJECT TO A DESTRICT OF THE APPROPRIATION ITEMS TO BE MISSED STRICT ON THE APPROPRIATE NET ASSET CLARE BOOKS AND MAPS THESE COLLECTION ITEMS TO BE MISSED STRICT ON THE APPROPRIATE NET ASSET OF THE APPROPRIATE OF THE STORE SUBJECT TO A DESTRICT OF THE APPROPRIATE OF THE STORE SUBJECT TO A DESTRICT OF THE APPROPRIATE OF THE STORE SUBJECT TO A DESTRICT OF THE APPROPRIATE OF THE STORE SUBJECT TO A DESTRICT OF THE APPROPRIATE OF THE STORE SUBJECT TO A DESTRICT OF THE APPROPRIATE	REASURES, AND SI ESERVED AND CAF ED IN THE YEAR O IN TEMPORARILY O O PURCHASE THE : ION CONTRIBUTION TATEMENTS PROC OLLECTION ITEMS ASSES NARF'S CO RE HELD FOR EDUC POLICY THAT REQUE EUSED TO ACQUIR	MILA F AC F AC O R PE ITEM O NS (EEDS ARE LLEC ATI(JIRES E OT	AR ASSETS ARE NOT FOR CONTINUOUSLY QUISITION AS ERMANENTLY IS WERE OF COLLECTION IS FROM DISPOSAL TIONS CONSIST OF DNAL AND S PROCEEDS FROM HER COLLECTION
	CO EDI AN	LLECTIONS CONSIST OF RARE BOOKS AND MA JCATIONAL AND RESEARCH PURPOSES, WHIC DEDUCATING THE PUBLIC ABOUT INDIAN RIC	APS THESE COLLE H ARE USED IN TE GHTS, LAWS, AND I	CTIO CHNI SSUE	NS ARE HELD FOR CAL ASSISTANCE S
SCHE	DULE D. PART V. LINE 4 DES	SCRIBE THE INTENDED USES OF THE ORGANIZ	ZATION'S ENDOWM	FNT	FUNDS THE

ENDOWMENT ASSETS INCLUDE ONLY DONOR-RESTRICTED ENDOWMENT FUNDS HELD IN PERPETUITY OR FOR DONOR-SPECIFIED PERIODS RETURNS GENERATED BY THE

ENDOWMENT ASSETS ARE UNRESTRICTED IN ACCORDANCE WITH DONOR STIPULATIONS

Revenue recorded on books not on return Loss on Uncollectible Pledges Treated as a change in net

AND ARE USED TO SUPPORT PROGRAMS AND SUPPORTING OPERATIONS

RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

assets for tax purposes 250,000

UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE

Jenedale 2 (1 31111 33 3) 23 13		1 age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493041008396

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

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.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Native American Rights Fund Inc	:				84-0611876	
Part I Fundraising Active filers are not require			anızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
1 Indicate whether the organi	zation raised funds t	through ar	nv of the f	following activities Che	ck all that apply	
a Mail solicitations				Solicitation of non-		
b ✓ Internet and email solice	citations		f	Solicitation of gov	=	
c Phone solicitations			g	Special fundraising	-	
d 🔽 In-person solicitations			_			
2a Did the organization have a or key employees listed in f						Γ _{Yes} Γ No
b If "Yes," list the ten highes to be compensated at least			undraise	rs) pursuant to agreeme	ents under which the fui	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 BRICKMILL MARKETING SERVICES	DIRECT MAIL		No	761,494	24,000	737,494
2 SANKY COMMUNICATIONS INC	ONLINE FUNDRAISING		No		30,000	
3						
4						
5						
6						
7						
8						
9						
10						
otal			<u>▶</u>	761,494	54,000	737,494
3 List all states in which the cregistration or licensing	organization is regisi	tered or lie	censed to	o solicit contributions oi	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(4)
Revenue	1	Gross receipts				
ē,	2	Less Contributions				
<u></u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Noncash prizes				
eUse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	ies 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>공</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes% ┌ No	┌ Yes <u>%</u> ┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	cract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities		
а		the organization licensed to conduct				Fyes Fno
Ь	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain				

Sche	dule G (Form 990 or 990-EZ) 2014			Page 3
1	Does the organization conduct gaming a	ctivities with nonm	nembers?	Yes No
L 2	Is the organization a grantor, beneficiary	y or trustee of a trus	ist or a member of a partnership or other entity	
	formed to administer charitable gaming?	,		− _{Yes}
L3	Indicate the percentage of gaming activ	ities conducted in		
а	The organization's facility		13a	%
b	An outside facility		13b	%
4	Enter the name and address of the person	on who prepares the	e organization's gaming/special events books and records	
	Name 🟲			
	Address 🟲			
_				
.5a			om whom the organization receives gaming	
L				Yes No
b			the organization 🟲 \$ and the	
	amount of gaming revenue retained by th	_		
С	If "Yes," enter name and address of the	third party		
	Name 🟲			
	Address ►			
. 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer	– Employee	Independent contractor	
7	Mandatory distributions	, ,	. , , , , , , , , , , , , , , , , , , ,	
а	,	law to make charita	able distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b			distributed to other exempt organizations or spent	
	in the organization's own exempt activity		· · · · · · · · · · · · · · · · · · ·	
Pai	t IV Supplemental Information	n. Provide the ex	xplanations required by Part I, line 2b, columns (iii) a 7b, as applicable. Also provide any additional informa	
	Return Reference		Explanation	

Return Reference Explanation

SCHEDULE G, PART I

FUNDRAISING PAYMENTS FOR PRODUCTION EXPENSES (SUCH AS PRINTING AND POSTAGE)
TO BRICKMILL MARKETING SERVICES WERE MADE SEPARATELY FROM FUNDRAISING FEES
TOTAL PRODUCTION EXPENSES AMOUNTED TO \$475,811 FOR THE YEAR

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DLN: 93493041008396

OMB No 1545-0047

Schedule I (Form 990)

See Additional Data Table

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.

Open to Public

Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Native American Rights Fund Inc 84-0611876 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance grant orassistance or government assistance (book, FMV,

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

Enter total number of other organizations listed in the line 1 table

appraisal, other)

24

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
, ,	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ORGANIZATIONS ARE SUBCONTRACTORS RELATED TO THE FUNDING FROM THE DEPARTMENT OF JUSTICE, OFFICE OF JUSTICE PROGRAMS FOR TRIBAL CIVIL AND CRIMINAL LEGAL ASSISTANCE GRANTS MONITORING INCLUDES THOROUGH REVIEW OF PERFORMANCE AND EXPENDITURES SUBJECT TO STRICT TERMS, CONDITIONS, AND SPECIFICATIONS, INCLUDING QUARTERLY REPORTING AND AUDITING REQUIREMENTS AND PERIODIC SITE VISITS

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 84-0611876

Name: Native American Rights Fund Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA LEGAL SERVICES 1016 W 6TH AVE ANCHORAGE,AK 99501	92-0034754	501(C)(3)	37,503				
ANISHINABE LEGAL SERVICESPO BOX 157 CASS LAKE,MN 56633	41-0960032	501(C)(3)	46,428				
CALIFORNIA INDIAN LEGAL SERVICES609 S ESCONDIDO BLVD ESCONDIDO,CA 86515	94-1676390	501(C)(3)	63,242				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLORADO LEGAL SERVICES INC835 E 2ND AVE 300 DURANGO,CO 81301	84-0402702	501(C)(3)	11,479							
DAKOTA PLAINS LEGAL SERVICESPO BOX 727 MISSION,SD 57555	46-0310828	501(C)(3)	57,202							
DNA PEOPLE'S LEGAL SERVICESPO BOX 306 WINDOW ROCK, AZ 86515	86-0207220	501(C)(3)	171,311							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IDAHO LEGAL AID SERVICES INC310 N 5TH ST BOISE,ID 83702	82-0293641	501(C)(3)	43,083							
LEGAL AID OF NORTH CAROLINASYLVA OFFICE PO BOX 426 SYLVA,NC 28779	31-1784161	501(C)(3)	35,380							
LEGAL AID OF WYOMING 211 W 19TH ST STE 300 CHEYENNE,WY 82001	83-0222545	501(C)(3)	56,480							

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LEGAL ASSISTANCE OF NORTH DAKOTAPO BOX 1893 BISMARCK,ND 58502	45-0336235	501(C)(3)	38,366							
MICHIGAN INDIAN LEGAL SERVICES814 S GARFIELD AVE TRAVERSE CITY,MI 49686	38-2077208	501(C)(3)	36,232							
MISSISSIPPI CHOCTAW LEGAL DEFENSEPO BOX 6255 CHOCTAW,MS 39350	64-0345731	GOV'T ORG	60,867							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MONTANA LEGAL SERVICES616 HELENA AVE STE 100 HELENA,MT 59601	81-0298262	501(C)(3)	51,100							
NEBRASKA LEGAL SERVICES1904 FARNAM ST STE 500 OMAHA,NE 68102	47-0483506	501(C)(3)	36,414							
NEVADA LEGAL SERVICES 530 S 6TH ST LAS VEGAS,NV 89101	88-0176914	501(C)(3)	39,247							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW MEXICO LEGAL AIDPO BOX 25486 ALBUQUERQUE,NM 87125	85-0116950	501(C)(3)	59,444							
NORTHWEST JUSTICE PROJECT401 2ND AVE SOUTH SEATTLE, WA 98104	91-1687791	501(C)(3)	14,023							
OKLAHOMA INDIAN LEGAL SERVICES4200 PERIMETER CTR OKLAHOMA CITY,OK 73112	73-1142462	501(C)(3)	55,315							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OREGON LEGAL AID SERVICESNA PROGRAM 1827 NE 44TH AVE PORTLAND,OR 87213	83-0635480	501(C)(3)	43,173							
PINE TREE LEGAL ASSISTANCEPO BOX 547 PORTLAND,ME 04112	01-0279387	501(C)(3)	79,685							
SOUTHERN ARIZONA LEGAL AID2343 E BROADWAY BLVD TUCSON,AZ 85719	86-0143449	501(C)(3)	75,374							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEXAS RIOGRANDE LEGAL AID300 S TEXAS BLVD WESLACO,TX 78596	74-1675230	501(C)(3)	49,324							
UTAH LEGAL SERVICES205 NORTH 400 WEST SALT LAKE CITY,UT 84103	87-0298910	501(C)(3)	80,517							
WISCONSIN JUDICAREINDIAN LAW OFFICEPO BOX 6100 WAUSAU,WI 54402	39-1170880	501(C)(3)	56,147							

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DLN: 93493041008396

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Compensation Information

Open to Public Inspection

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

84-0611876

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	□ Travel for companions □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		v	
	directors, trustees, officers, including the CEO/Executive Director, regarding the Items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
ь	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of	(F) Compensation in	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation			columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2014

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
, ,	Benefit Received MOSES HAIA III, CHAIRMAN OF THE BOARD, HAD MAJOR BACK SURGERY APPROXIMATELY THREE MONTHS PRIOR TO AN
	EXECUTIVE COMMITTEE MEETING AND WAS PERMITTED TO FLY FIRST-CLASS FOR COMFORT PURPOSES TO ATTEND THAT MEETING THIS BENEFIT WAS NON-TAXABLE

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 84-0611876

Name: Native American Rights Fund Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
John Echohawk, Executive Director	(I) 206,28		3,048	13,769 0	25,136 0	248,239 0	0
Morgan O'Brien, Development Director	(I) 114,36	0 0	1,509 0	7,175 0	31,148 0	154,194 0	0
Melody McCoy, Litigation Mgmt Committee	(I) 173,75 (II)	8 0	552 0	11,743 0	33,861 0	219,914 0	0 0
Kım Gottschalk, Litigation Mgmt Committee	(I) 177,20 (II)	7 0 0 0	3,048 0	11,990 0	24,267 0	216,512 0	0
Natalie Landreth, Litigation Mgmt Committee	(I) 141,00 (II)	0 0	240 0	7,990 0	18,568 0	167,799 0	0
Don Wharton, Attorney	(I) 175,67 (II)	4 0 0	3,090 0	11,503 0	13,732 0	203,999	0
Steven Moore, Attorney	(I) 171,43	5 0 0	1,584 0	11,750 0	38,095 0	222,864 0	0
Heather Kendall, Attorney	(I) 173,26	1 0 0	1,032	11,244 0	20,377 0	205,914 0	0
Richard Guest, Attorney	(I) 160,74 (II)	4 0 0	1,032	9,472 0	34,043 0	205,291 0	0
Susan Noe, Attorney	(I) 174,92 (II)	8 0	552 0	10,483 0	11,496 0	197,459 0	0

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OMB No 1545-0047

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SCHEDULE M (Form 990)

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

Noncash Contributions

Department of the Treasury ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Inspection** Name of the organization Native American Rights Fund Inc **Employer identification number** 84-0611876 Part I Types of Property

		(a) Check	(b) Number of contributions	(c) Noncash contribution	Method of d	-	
		ıf applıcable	or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	oution amou	nts
1	Art—Works of art			19			
	Art—Historical treasures						
_	Art—Fractional interests						
	Books and publications						
	Clothing and household						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	1	200,089	FMV		
10	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ► ()						
	O ther ►()						
	O ther ▶()						
	O ther ▶ ()						
29	Number of Forms 8283 received for which the organization comple				29		T
20-	During the year did the sees	tion re-	a hu contribution	arty reported in Deat Tillings	1 through 20 that	Yes	No
30a	During the year, did the organiza						
	it must hold for at least three ye				rea to be usea		
	for exempt purposes for the enti					30a	No_
b	If "Yes," describe the arrangem	ent in Part I	.1				
31	Does the organization have a gif					31	No_
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,		

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	Explanation			
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) (2014)

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DLN: 93493041008396

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization **Employer identification number** Native American Rights Fund Inc 84-0611876

990 Schedule O. Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY BOARD OF DIRECTORS, OFF ICERS, SUPERVISORS, AND OTHER PROFESSIONAL STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF IN TEREST DISCLOSURE STATEMENT ANNUALLY (BY JANUARY 15 OF EACH YEAR) DISCLOSURE AND DETERMIN ATION OF THE POTENTIAL CONFLECT OF INTEREST (PCI) AT THE BOARD OF DIRECTORS LEVEL ARE DISC LOSED TO THE BOARD CHAIR (IF THE BOARD CHAIR IS THE ONE WITH PCI, THEN TO THE VICE-CHAIR), WHICH IS THEN BROUGHT TO THE FULL BOARD FOR CONSIDERATION AND DETERMINATION BOARD MEMBER S WITH PCI SHALL BE ABSENT FROM THE BOARD'S DISCUSSION AND DECISION EMPLOYEES WITH PCI SH ALL GO TO THE EXECUTIVE DIRECTOR (ED) (IF ED HAS A PCI, THEN TO THE BOARD CHAIR) THE MATT ER WILL THEN GO TO CORPORATE OFFICERS FOR CONSIDERATION AND DETERMINATION
FORM 990, PART VI, SECTION B, LINE 15A & 15B	REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION AN EXTENSIVE SALARY SURVEY IS PERFOR MED FOR ALL POSITIONS IN THE SUMMER OF EVERY EVEN YEAR IN WHICH CURRENT SALARIES ARE COMPA RED TO MARKET SURVEY DATA OBTAINED FROM A VARIETY OF PROFESSIONAL SURVEY SOURCES THIS INF ORMATION IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND THEN DISCUSSED AND APPROVED DURING A REGULARLY SCHEDULED EXECUTIVE COMMITTEE MEETING MINUTES OF THE MEETING ARE TAKEN FOR SUBSTANTIATION OF THE DELIBERATION AND DECISION THI S PROCEDURE WAS LAST PERFORMED IN 2014
FORM 990, PART VI, SECTION C, LINE 18	EXPLAIN WHY 1023/1024, 990, OR 990-T IS NOT AVAILABLE TO THE PUBLIC FORM 1023 WAS FILED BE FORE JULY 15, 1987 AND A COPY WAS NOT AVAILABLE AT THAT TIME
FORM 990, PART VI, SECTION C, LINE 19	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 MANAGIN G DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE CONSIDERED
FORM 990, PART VIII, LINE 1(E)	GOVERNMENT GRANTS THE AMOUNT SHOWN AS GOVERNMENT GRANTS ON LINE 1(E) INCLUDES \$904,250 OF CONTRIBUTIONS REVENUE FROM APPROXIMATELY 25 TRIBAL GOVERNMENTS
Form 990, Part XI, Line 9	Other Changes in Net Assets or Fund Balance Loss on Uncollectible Pledges Treated as a change in net assets for tax purposes (250,000)