** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

AI	טו נוו	e 20 to calefidat year, or tax year beginning	enuing					
B (heck if pplicab	C Name of organization		D Employer identifi	cation number			
	Addre							
	Name Chang	Doing business as		52-1	121079			
	Initial returr Final	Number and street (or P.0. box if mail is not delivered to street address) 602 NORTH EWING	Room/suite					
	returr terminated			406-449-2006 G Gross receipts \$ 1,310,825.				
	ated □Amer			G Gross receipts \$				
	returr	HELENA, MI 39001		H(a) Is this a group return				
	Application pendi			for subordinates				
_		602 NORTH EWING, HELENA, MT 59601		H(b) Are all subordinates included? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
		te: WWW.INDIANLAW.ORG	1	H(c) Group exemption				
	orm o	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 19/8	M State of legal domicile: DC			
	1	Briefly describe the organization's mission or most significant activities: TO Al	DVANCE	JUSTICE AN	D EQUALITY			
Activities & Governance		FOR INDIGENOUS PEOPLES IN THE AMERICAS.						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.			
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11			
ο 0	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	10			
/itie	6	Total number of volunteers (estimate if necessary)			11			
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
<		Net unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		806,370.	1,289,722.			
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,818.	19,980.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,695.	1,123.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		873,883.	1,310,825.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		908,567.	736,750.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line 25) 101,50	03.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		360,001.	272,791.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,268,568.	1,009,541.			
	19	Revenue less expenses. Subtract line 18 from line 12		-394,685.	301,284.			
or				eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,676,194.	1,944,396.			
ASS	21	Total liabilities (Part X, line 26)		58,991.	54,748.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,617,203.	1,889,648.			
Pa	art II	Signature Block						
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is			
true	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	r has any knowledge.				
Sig	n	Signature of officer		Date				
Her	е	ROBERT T. COULTER, PRESIDENT/EXECUTIVE	DIRE	CTOR				
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid	l	MEGHAN BRONEC, CPA MEGHAN BRONEC, C	CPA (07/17/19 self-emplo				
Prep	arer	Firm's name WIPFLI LLP		Firm's EIN	39-0758449			
Use	Only	Firm's address ▶ PO BOX 1699						
		HELENA, MT 59624		Phone no. 40	6.442.5520			
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE INDIAN LAW RESOURCE CENTER PROVIDES LEGAL ASSISTANCE AND ADVOCACY
	WITHOUT CHARGE TO INDIGENOUS PEOPLES OF THE AMERICAS TO COMBAT RACISM
	AND OPPRESSION, TO PROTECT THEIR LANDS AND ENVIRONMENT, TO PROTECT
	THEIR CULTURES AND WAYS OF LIFE, TO ACHIEVE SUSTAINABLE ECONOMIC
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4 a	GENERAL PROGRAM - PROVIDED LEGAL AND ADVOCACY ASSISTANCE WITHOUT CHARGE
	TO INDIAN NATIONS AND INDIGENOUS COMMUNITIES THAT ARE WORKING TO
	PROTECT THEIR LANDS, ENVIRONMENTS, CULTURES, AND OTHER HUMAN RIGHTS.
	THIS INCLUDED ADVICE ON USING INTERNATIONAL HUMAN RIGHTS LAW AND
	MECHANISMS, ASSISTING WITH COMMUNICATIONS EFFORTS AND CAMPAIGNS TO
	BRING ATTENTION TO INDIGENOUS HUMAN RIGHTS VIOLATIONS, PROVIDING
	INFORMATION TO AND SERVING AS AN EXPERT RESOURCE FOR MEDIA, LAW SCHOOLS
	AND EDUCATIONAL PROGRAMS.
4b	(Code:) (Expenses \$) (Expenses \$) (Revenue \$)
	INDIGENOUS LAND RIGHTS AND TITLING - RESEARCHED AND ANALYZED LAND
	DEMARCATION, TITLING AND REGISTRY SYSTEMS OF SEVERAL COUNTRIES IN
	CENTRAL AND SOUTH AMERICA AS APPLIED TO INDIGENOUS PEOPLES AND
	COLLECTIVELY HELD LANDS AND RESOURCES. PROVIDED LEGAL COUNSEL, ADVICE,
	AND TRAINING TO INDIGENOUS COMMUNITIES, LEADERS, AND ADVOCATES TO HELP
	THEM IDENTIFY STRATEGIES TO OVERCOME THE PROBLEMS AND BARRIERS TO
	SECURING LEGAL RECOGNITION OF INDIGENOUS LANDS.
4c	(Code:) (Expenses \$ 105,987. including grants of \$) (Revenue \$)
	GUATEMALA - THE CENTER PROVIDES LEGAL COUNSEL TO MAYA COMMUNITIES IN
	GUATEMALA. IN 2018, WE CONTINUED TO LITIGATE A CASE IN THE
	INTER-AMERICAN COMMISSION ON HUMAN RIGHTS TO HELP THE COMMUNITIES
	SECURE LEGAL TITLE TO THEIR LANDS AND RESOURCES, STOP MINING FROM
	EXPANDING INTO THEIR HISTORIC TERRITORIES, AND PROTECT THEM FROM
	VIOLENCE AND EVICTIONS CAUSED BY THE LAND USE AND OWNERSHIP CONFLICTS.
	VIOLENCE IND EVICTIONS CHOSED BY THE BIND OUT THE OWNER, CONTENTS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 314,155. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 794,566.

Form 990 (2018) INDIAN LAW RESOURCE CENTER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ ,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	١.,	v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		21
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X

Form 990 (2018) INDIAN LAW RESOURCE CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		- 25
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		X
07	complete Schedule L, Part II	26		_ A
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		37	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes." complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
55		38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N/a
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
_				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		4.		
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2018) INDIAN LAW RESOURCE CENTER

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
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	2a 10						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			,,			
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or	ccount)?	4a		X			
b	If "Yes," enter the name of the foreign country:	(50.45)						
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		-		Х			
		tion?	<u>5a</u> 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		12			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30					
va	any contributions that were not tax deductible as charitable contributions?		6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- Ou					
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х			
		1 7	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa							
	to file Form 8282?		7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g					
h	, , , , , , , , , , , , , , , , , , , ,							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
a			9a		-			
b 10			9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
 a		11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		_~			
	excess parachute payment(s) during the year?		15		X			
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	46		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16					
	If "Yes," complete Form 4720, Schedule O.							

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 12										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
74	more members of the governing body?	7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
Б	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0									
	The governing body?	8a	Х								
a	Each committee with authority to act on behalf of the governing body?	8b	X								
b		OD	21								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21							
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104									
D		10b									
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
		114									
	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
C		12c	х								
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15		14	25								
13	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	Х								
	Other officers or key employees of the organization	15b	X								
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
.00	taxable entity during the year?	16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	onlv)	availat	ole							
-	for public inspection. Indicate how you made these available. Check all that apply.	-37									
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	THE ORGANIZATION - 406-449-2006										
	602 NORTH EWING, HELENA, MT 59601										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(8) MARY AL BALBER 0.00 DIRECTOR X (9) MICHELLE ALLEN 0.00 DIRECTOR X (10) NORMA BIXBY 0.00	Check this box if neither the organiza (A)	(B)		(C)					(D)	(E)	(F)
Product per Nours per No	Name and Title		(do		Pos	itior		one	Reportable	Reportable	Estimated
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TREASURER		0.00	^		^				0.	0.	0.
A		0.00	v		v				0	0	0
X		0.00	^		^				0.	0.	0.
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(8) MARY AL BALBER	(7) GAIASHKIBOS	0.00									
(8) MARY AL BALBER	DIRECTOR		Х						0.	0.	0.
O MICHELLE ALLEN	(8) MARY AL BALBER	0.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(9) MICHELLE ALLEN	0.00									
DIRECTOR X	DIRECTOR		X						0.	0.	0.
(11) WILL MICKLIN 0.00 DIRECTOR X (12) JUANITA CABRERA LOPEZ 0.00 DIRECTOR X (13) LEONARDO A CRIPPA 40.00 SENIOR ATTORNEY X (14) ARMSTRONG A WIGGINS 40.00	(10) NORMA BIXBY	0.00									
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832007 12-31-18 Form **990** (2018)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Estimat	ed
	hours per					than o		compensation	compensation		amount	
	week	offi	cer ar	nd a di	irecto	or/trus	tee)	from	from related		other	r
	(list any	ector						the	organizations		compensa	ation
	hours for	or dir	۵.			ted		organization	(W-2/1099-MISC)	from th	ne
	related	stee (ruste			bensa		(W-2/1099-MISC)			organiza	
	organizations below	al tru	onal t		loyee	luo e					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
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1b Sub-total					<u> </u>			338,423.	().	31,7	01.
c Total from continuation sheets to Part V							-	0.).		0.
d Total (add lines 1b and 1c)								338,423.	().	31,7	01.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable			
compensation from the organization												3
											Yes	No
3 Did the organization list any former officer	•		,	,		, ,		•	. ,			1,7
line 1a? If "Yes," complete Schedule J for s										. -	3	X
4 For any individual listed on line 1a, is the si								•	•			v
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con					,			· ·			5	Х
Section B. Independent Contractors	<u>ipietė Scrieduii</u>	2 J 1	or st	ICH Ļ	bers	OH					<u> </u>	1 22
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comper	 nsatic	on from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.			
(A) (B)										0 -	(C)	
Name and business	address	N	ONI	<u> </u>			\dashv	Description of s	ervices		mpensatio	<u> </u>
							T					
							\dashv					
2 Total number of independent contractors (i		ot lir	nited	d to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation >				()					000	(0010)

Total revenue Total revenue Pested or corrected by the content of the corrected by the			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
Total. Add lines 1a:1 1 a Federated campaigns 1a 2,510.1 b Membership dues 1b 1 2 510.1 b Membership dues 1b 2 510.1 d Related organizations 1d 3 3 3 3 3 3 3 3 3			Check ii Genedale o come	ans a response	or note to arry iii	(A)	(B)	(C)	(D)
1 a Federated campaigns 1 b 1 c 1						Total revenue			Revenuè excluded
1									sections
December				Т. Т	2 (10		revenue	revenue	512 - 514
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Business Code 2 a b	ira oui								
Business Code 2 a	s, (Am	С	Fundraising events	1c					
Business Code 2 a	ii k	d	Related organizations	1d					
Business Code 2 a b	s, (mil	е	Government grants (contribution	ons) 1e					
Business Code 2 a b	io Sign	f	All other contributions, gifts, grant	s, and					
Business Code 2 a b	out the		similar amounts not included abov	re 1f 1 ,	287,112.				
Business Code 2 a	ĒÖ	q							
Business Code 2 a	Son	_				1,289,722.			
2 a b d d d d d d d d d d d d d d d d d d			101411714411111111111111111111111111111		1				
Beautiful Content of		2 2			Business Code				
g Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c G ain or (loss) 2 , 513 . d Net gain or (loss) 2 , 513 . d Net gain or (loss) 5 a Gross amount from sales of the stanting events (not including \$	ice								
g Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c G ain or (loss) 2 , 513 . d Net gain or (loss) 2 , 513 . d Net gain or (loss) 5 a Gross amount from sales of the stanting events (not including \$	er, ne								
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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 90,847. 10,821. trustees, and key employees 113,817. 12,149. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 475,064. 379,188. 45,168. 50,708. 7 Pension plan accruals and contributions (include 25,575. 20,348. 2,474. 2,753. section 401(k) and 403(b) employer contributions) 72,255. 6,988. 7,780. 57,487. Other employee benefits 9 50,039. 39,812. 4,839. 5,388. 10 Payroll taxes 11 Fees for services (non-employees): Management 46. 1,343. 1,062. 235. Legal 37,983. 30,045. 6,643. 1,295. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 99,604. 78,788. 17,421. 3,395. column (A) amount, list line 11g expenses on Sch O.) 721. 721. Advertising and promotion 12 17,429. 12,010. 3,639. 1,780. 13 Office expenses Information technology 14 Royalties 15 40,475. 32,710. 4,352. 3,413. 16 Occupancy 34,585. 17,905. 7,997. 8,683. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,219. 6,384. 543. 292. 23 Other expenses. Itemize expenses not covered 24 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.) 13,537. 899. 750. 11,888. ONLINE SERVICES MISCELLANEOUS EXPENSES 7,233. 6,911. 283. 39. 6,633. 5,605. 521. 507. **EQUIPMENT** 3,675. d DUES AND REGISTRATION 2,555. 185. 935. 2,354. 300. 464. 1,590. e All other expenses 1,009,541. 794,566. 113,472. 101,503. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Part X | Balance Sheet

The Check if Schedule O contains a response or note to any line in this Part X	Pai	rt X	Balance Sheet					
Beginning of year			Check if Schedule O contains a response or note	to any	line in this Part X			X
2 Savings and temporary cash investments 97, 454. 2 180, 132.						(A) Beginning of year		
Per 2 Savings and temporary cash investments 37,454. 2 180,132. 3 Pledges and grants receivable, net 511. 4 511. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(R)(T)), persons described in section 4958(R)(T), persons described in section 4958(R)(T)), persons described in section 4958(R)(T), persons described in section 495		1	Cash - non-interest-bearing			335,217.	1	534,688.
3 Pledges and grants receivable, net 171,985. 3 132,040.		2				97,454.	2	
A Accounts receivable, net		3						
S Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete		4						
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	Se					1,617,203.		1,889,648.
		34			34			

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		.,31					
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	1,00	9,5	<u>41.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	301,284					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	1,617,203					
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	Jule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

INDIAN LAW RESOURCE CENTER Employer identification number 52-1121079

Pa	rt I	Reason for Public (Charity Status ϕ	All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu					I)(A)(i).	
2	Ħ	A school described in secti	•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	H			•			i)	
4	H	A hospital or a cooperative						the beenitel's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	•
		university:	rant conege of agrici	artare (500 morraotions).	Lintor tino i	iarrio, orty	, and state of the conege	, 01
40		· —	lly rossiyos: (1) more	than 22 1/20/ of its supp	oort from o	ontributio	no momborobin foco on	nd aross resoints from
10		An organization that normal						
		activities related to its exem		• •	` '		• • •	· ·
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	-					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			11 3
h		Type II. A supporting orga			ion with its	s sunnorte	ed organization(s) by hav	vina
		control or management of	· ·					-
		_			arrie persor	iis iiiai coi	ntroi or manage the supp	Jortea
		organization(s). You mus						1 20
С		Type III functionally inte	-					ed with,
	_	its supported organization						
d			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information		d organization(s).				
	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2015475.	1330160.	1340362.	806,370.	1289722.	6782089.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2015475.	1330160.	1340362.	806,370.	1289722.	6782089.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4376754.
	Public support. Subtract line 5 from line 4.						2405335.
	ction B. Total Support				ı	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2015475.	1330160.	1340362.	806,370.	1289722.	6782089.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0 000	14 200	12 061	46 505	10 000	104 512
	and income from similar sources	9,837.	14,328.	13,861.	46,707.	19,980.	104,713.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0 000	10 060	0 007	12 605	1 1 1 2 2	12 016
	assets (Explain in Part VI.)	8,029.	12,062.	8,907.	13,695.	1,123.	43,816. 6930618.
	Total support. Add lines 7 through 10		`			40	0930010.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	-						. □
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage		•••••		
14				olumn (f))		14	34.71 %
15	Public support percentage for 2017 Public support percentage from 2017					15	31.62 %
100	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
r	33 1/3% support test - 2017. If the o						
~	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ū					ŕ
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		•		•		
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	Blow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	. ,					,
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	•			•	. , . ,	
Se	ction C. Computation of Publi						,
15	Public support percentage for 2018 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
30		
3c		
4a		
та		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
<u> </u>		
9a		
9b		
อม		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	t, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	11		
Sect	ion L	D. All Type III Supporting Organizations			
				Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	3		
Sect		Tree organizations played in this regard. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2		ties Test. Answer (a) and (b) below.	<u> </u>	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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			
	reasoi	ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
		t of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	<u>g Organ</u>	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	I V I I I I I I I I I I I I I I I I I I	ion-Functionally integrated 509((a)(3) Supporting Orga	inizations (continued)	
Secti	ion D - Distribution	Current Year			
1	Amounts paid to su				
2					
	organizations, in ex				
3		enses paid to accomplish exempt purpose	es of supported organizations	3	
4	•	equire exempt-use assets			
5	•	amounts (prior IRS approval required)			
6		(describe in Part VI). See instructions.			
7		butions. Add lines 1 through 6.			
8		entive supported organizations to which the	ne organization is responsive		
		Part VI). See instructions.	.o organization to respondite		
9		nt for 2018 from Section C, line 6			
		ded by line 9 amount			
	Line o amount divid	area by mile e armount	(i)	(ii)	(iii)
Secti	ion E - Distribution	Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amou	nt for 2018 from Section C, line 6			
2	Underdistributions,	if any, for years prior to 2018 (reason-			
	able cause required	- explain in Part VI). See instructions.			
3	Excess distribution	s carryover, if any, to 2018			
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a th	rough e			
g	Applied to underdis	stributions of prior years			
h	Applied to 2018 dis	tributable amount			
i	Carryover from 201	3 not applied (see instructions)			
j	Remainder. Subtra	ct lines 3g, 3h, and 3i from 3f.			
4	Distributions for 20	18 from Section D,			
	line 7:	\$			
а	Applied to underdis	stributions of prior years			
b	Applied to 2018 dis	tributable amount			
С	Remainder. Subtrac	ct lines 4a and 4b from 4.			
5		stributions for years prior to 2018, if			
	any. Subtract lines	3g and 4a from line 2. For result greater			
		n Part VI. See instructions.			
6		stributions for 2018. Subtract lines 3h			
	•	For result greater than zero, explain in			
	Part VI. See instruc				
7		ns carryover to 2019. Add lines 3j			
-	and 4c.	,			
8	Breakdown of line	7:			
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
_					

Schedule A (Form 990 or 990-EZ) 2018

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.)
PART II SECTION A LINE 1
ADJUSTED AMOUNT REPORTED ON LINE 1 GIFT, GRANTS, CONTRIBUTIONS AND
MEMBERSHIP FEES RECEIVED FOR 2017 TO AGREE TO THE AMOUNTS REPORTED ON
THE AUDITED FINANCIAL REPORT FOR 2017.
PART II SECTION B LINE 8
ADJUSTED AMOUNT REPORTED ON LINE 8 INTEREST, DIVIDENDS, AND SIMILAR
AMOUNTS FOR 2017 TO AGREE TO THE AMOUNTS REPORTED ON THE AUDITED
FINANCIAL REPORT FOR 2017.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
C. S. MOTT FOUNDATION	575,000.	436,388.
CHRISTENSEN FOUNDATION	280,650.	142,038.
FORD FOUNDATION	1,600,000.	1,461,388.
LANNAN FOUNDATION	1,400,000.	1,261,388.
LIBRA FOUNDATION	320,000.	181,388.
OVERBROOK FOUNDATION	210,000.	71,388.
TIDES FOUNDATION	950,000.	811,388.
YOCHA DEHE WINTUN NATION	150,000.	11,388.
Total Excess Contributions to Schedule A, Part II, Line 5		4,376,754.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

INDIAN LAW RESOURCE CENTER 52-1121079 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

II, and III.

INDIAN LAW RESOURCE CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	* Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$81,003.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$38,290.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
5	88 SHARES AMGN, 1325 SHARES TESIX, 30 SHARES HD, 630.963 SHARES FMCAX					
		\$81,003.	12/13/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
6	211 SHARES HD					
		\$38,290.	04/26/18			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
			000 000 EZ 000 DE\ (0040\			

INDIAN LAW RESOURCE CENTER

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following the followin	ng line entry. For oi \$1.000 or less for th	rganizations ne year. (Enter this info. once.) \$		
	Use duplicate copies of Part III if additional	space is needed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Land the motion		
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held		
Part I						
		-				
		-				
		(e) Transf	ior of gift			
		(e) Italisi	er or girt			
	Transferee's name, address, ar	nd 7IP ± 4	R	elationship of transferor to transferee		
	manoroto o name, adarece, ar	10 211 1 1		stationing of a unionor of to a unionor of		
		-	-			
		_				
		_				
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held		
L						
		(e) Transf	er of gift			
L	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		
()))						
(a) No. from	(b) Purpose of gift	(c) Use of g	aift	(d) Description of how gift is held		
Part I	.,	.,				
						
H		(a) Transf	or of gift			
	(e) Transfer of gift					
	Transferee's name, address, ar	nd 7 IP + 4	Re	elationship of transferor to transferee		
Ī						
(a) No. from Part I	(h) Pours and sift	(a) Ha a a (a	:0	(d) Description of how eithin held		
Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held		
		(e) Transf	fer of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

 Section 501(c)(4), (5), or (6) organization 	ons: Complete Part III			
Name of organization	oris. Complete Part III.		Emp	loyer identification number
INDIAN I	LAW RESOURCE CENTE	ER	'	52-1121079
Part I-A Complete if the orga	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
 Provide a description of the organiza Political campaign activity expenditu Volunteer hours for political campaign 	ires	. •		.
Part I-B Complete if the orga	anization is exempt under	section 501(c)(3)).	
1 Enter the amount of any excise tax in 2 Enter the amount of any excise tax in 3 If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization of the filing organization activities 1 Enter the amount of the filing organization exempt function activities 3 Total exempt function expenditures. line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and emmade payments. For each organization contributions received that were pro-	ncurred by the organization under ncurred by organization managers a 4955 tax, did it file Form 4720 for anization is exempt under by the filing organization for sectionation's funds contributed to other add lines 1 and 2. Enter here and 1120-POL for this year? ployer identification number (EIN) ion listed, enter the amount paid file mptly and directly delivered to a section or section in the	section 4955 under section 4955 r this year? section 501(c), e on 527 exempt function r organizations for section 1120-POL, of all section 527 polit rom the filing organization organization organization organization the filing organization organizatio	except section 501(con activities	Yes No Yes No Yes No Yes No No Yes No No No No No No No He filing organization e amount of political
political action committee (PAC). If a	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2018						IZIU/9 Page 2					
Part II-A Complete if the org	anizatio	n is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction under					
section 501(h)).											
A Check 🕨 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, addres											
expenses, and shar											
B Check 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.							
		oying Expe eans amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expenditures to influ	uence pub	lic opinion (grass roots lobbying)								
b Total lobbying expenditures to influ	•	. "	, ,,		93.						
c Total lobbying expenditures (add li					93.						
d Other exempt purpose expenditure					1,009,448.						
e Total exempt purpose expenditure					1,009,541.						
f Lobbying nontaxable amount. Enter					175,954.						
If the amount on line 1e, column (a) o			bying nontaxable am								
Not over \$500,000			the amount on line 1e.								
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc	ess over \$500.000.							
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc								
	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											
g Grassroots nontaxable amount (en	43,989.										
h Subtract line 1g from line 1a. If zer	h Subtract line 1g from line 1a. If zero or less, enter -0-										
i Subtract line 1f from line 1c. If zero	0.										
j If there is an amount other than ze	ation file Form 4720										
reporting section 4911 tax for this						Yes No					
		4-Year Ave	eraging Period Under	Section 501(h)							
(Some organizations the			01(h) election do not l ate instructions for lir	•	of the five columns be	low.					
	Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period							
Calendar year (or fiscal year beginning in)	(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total					
2a Lobbying nontaxable amount					175,954.	175,954.					
b Lobbying ceiling amount (150% of line 2a, column(e))						263,931.					
(10070 01 1110 24, 00.41111 (0))						200,5020					
c Total lobbying expenditures					93.	93.					
d Grassroots nontaxable amount					43,989.	43,989.					
e Grassroots ceiling amount											
(150% of line 2d, column (e))						65,984.					
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 INDIAN LAW RESOURCE CENTER 52-11210 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 5 Did (c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 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). 2 Carryover from last year 2 Did (c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 2 Section 162(e) nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 rea	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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? It the organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	01(c)(5), for year? 01(c)(5), o," OR (k	or secondary of se	tion	N
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? J Total. Add lines 1 to through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agrie to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Esciton 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year b Carryover from last year c Total 4 If notices were sent and the amount on line 2 c 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 expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the pri till-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	or year? 01(c)(5), o," OR (b	1 2 3 , or sec	Yes	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INDIAN LAW RESOURCE CENTER

Employer identification number 52-1121079

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the
	organization anowored Tee Sitt Sitt Good, Fair IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	·	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
•	\ \$		(1.)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		•
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
Pai	conservation easements. rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Of	ther Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ	·	,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	· · · · · ·	
	relating to these items:	,	3
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		J /
а	Revenue included on Form 990, Part VIII, line 1		
ы Ь	Assats included in Form 900, Part V		

Par	t III Organizations Maintaining C	ollections of Ar			asures. o	r Other	Simila		ts (conti		age Z		
	Using the organization's acquisition, accession												
•	(check all that apply):	ori, aria otrior rocora	o, oncon	any or tho h	onowing trial	caro a org	gi iii loai ic	400 01 110	0011001101	11101110			
а	Public exhibition	d		I nan or excl	hange progra	ams							
b	Scholarly research	е											
c													
4													
5													
	to be sold to raise funds rather than to be ma							Г	Yes		No		
Par	t IV Escrow and Custodial Arran									<u> </u>			
	reported an amount on Form 990, Pai			Ü				,	,				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	or other ass	sets not i	ncluded						
	on Form 990, Part X?								Yes		No		
b	If "Yes," explain the arrangement in Part XIII												
									Amour	nt			
С	Beginning balance						1c						
	Additions during the year												
	Distributions during the year												
f	Ending balance						1f_	<u> </u>					
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	stodial acco	unt liabili	ty?	L	Yes	<u> </u>	No		
	If "Yes," explain the arrangement in Part XIII.												
Par	t V Endowment Funds. Complete i												
		(a) Current year	(b) P	rior year	(c) Two yea			years back					
	Beginning of year balance	567,294.		566,794.		4,294.		561,719		557,			
	Contributions	850.		500.		2,500.		2,575	•	3,	852.		
	Net investment earnings, gains, and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
,	and programs												
	Administrative expenses	568,144.		567,294.	561	6,794.		564,294		561,	719		
g	End of year balance Provide the estimated percentage of the curr		lino 1	,		0,754.		304,234	•		713.		
2 a	Board designated or quasi-endowment	15.14	% (IIII) =	j, coluitiit (a)) Held as.								
	Permanent endowment 84.87	%											
	Temporarily restricted endowment	% %											
·	The percentages on lines 2a, 2b, and 2c sho												
За	Are there endowment funds not in the posse	•	tion tha	t are held an	d administer	red for th	e organiz	ation					
	by:	3					3			Yes	No		
	(i) unrelated organizations								3a(i)	Х			
	res								3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b				
4	Describe in Part XIII the intended uses of the		wment f	unds.									
Par							· ·			· <u></u>			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.						
	Description of property	(a) Cost or o		(b) Cost			ccumulat		(d) Boo	k value	е		
		basis (investr	nent)	basis ((other)	de	oreciation	n					
	Land												
	Buildings		224										
	Leasehold improvements		331.				4,9				25.		
d	Equipment	145,	038.				L39,7	88.		5,2	<u> </u>		
е	Other												

Schedule D (Form 990) 2018

5,675.

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

	RESOURCE CEN	ITER	52-1121079 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		_	
(F)		_	
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV li	no 11 o Coo Form 000 Dort V line 1	10
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(b) Book value	(e) Mothed of Valuation: 00	et er er er year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1) DEPOSITS			1,325.
(2) LAND FOR GAR CREEK SEMINOR	LES OF OKLAH	OMA	420,269.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			401 504
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		► 421,594.
	5 000 B + 11/4 11	44 446 5 000 5 1)	(II) 05
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, III	ne 11e or 11f. See Form 990, Part X (b) Book value	K, line 25.
((b) Book value	
(1) Federal income taxes (2) CAPITAL LEASE		1,664.	
` '		1,004.	
(3)			
(4)			
(5)			
(6)			

1.	()
(1) Federal income taxes	
(2) CAPITAL LEASE	1,664.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,664.

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Ref	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,301,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-28,839.		
b			20,000.		
С					
d					
е	Add lines 2a through 2d			2e	-8,839.
3	Subtract line 2e from line 1			3	1,310,825.
4	Amounts included on Form 990, Part 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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.))		5	1,310,825.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	1,029,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	20,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	, , , , , , , , , , , , , , , , , , , ,				
е	Add lines 2a through 2d			2e	20,000.
3	Subtract line 2e from line 1			3	1,009,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5					
	THIS THUST COUGHT OFFI COC. T GITT. INTO TO	3.)		5	1,009,541.
Pa	rt XIII Supplemental Information.			•	
Pa l Provi	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	nd 2b; Part V, line 4;	•	
Pa l Provi	rt XIII Supplemental Information.	; Part IV, lines 1b a	nd 2b; Part V, line 4;	•	
Pa l Provi	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	nd 2b; Part V, line 4;	•	
Pa l Provi	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b a	nd 2b; Part V, line 4;	•	
Pa l Provi	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	nd 2b; Part V, line 4;	•	
Pai Provi lines PAI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	i; Part IV, lines 1b a	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pai Provi lines PAI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	i; Part IV, lines 1b a	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
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Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,
Pau Provi lines PAI ENI	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT V, LINE 4: DOWMENT EARNINGS ARE DESIGNATED FOR TWO	e; Part IV, lines 1b a any additional information	nd 2b; Part V, line 4; ation.	Part X	K, line 2; Part XI,

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

INDIAN LAW RESOURCE CENTER

Employer identification number 52-1121079

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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 X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(ii							
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(i)							
(ii							
(i)							
(ii							
(0)							
(ii							
(i) (ii							
(!) (i							
(ii							
(i)							
(ii							
(i)							
(ii							

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

INDIAN LAW RESOURCE CENTER

Employer identification number 52-1121079

Part I Excess Bene	fit Transac	tions (section 50)1(c)(3), secti	on 501(c)(4), and 50)1(c)	(29) organizations	s only)						
Complete if the o	organization an	swered "Yes" on F	orm 9	90, Pa	urt IV, line 25a or 25b	b, or	Form 990-EZ, Pa	art V, li	ne 40	b.				
1 (a) Name of disqualified p	erson (b)) Relationship betv			ified	(c) Description of transaction			tion			(d) Corrected		
(a) Name of disquamed p	.013011	person and organization				0, 0	- Cooription of train				Ye	s	No	
											_	_		
											+	+		
											+	+		
											+	_		
	-										+	+		
2 Enter the amount of tax is section 4958	,	· ·	Ü		l ualified persons dur	Ŭ	,		> \$					
3 Enter the amount of tax,									\$					
	.,													
Part II Loans to and	l/or From Ir	nterested Pers	ons.											
Complete if the o	organization an	swered "Yes" on F	orm 9	990-EZ,	Part V, line 38a or l	Forn	n 990, Part IV, line	e 26; c	or if the	e orgar	nizatio	n		
· · · · · · · · · · · · · · · · · · ·		90, Part X, line 5, 6				_				/b) Ann	royadl			
(a) Name of interested person	(b) Relationshi with organization		fror	an to or	(e) Original principal amount	(f) Balance due	(g) In default?		(h) App by boa	ird or	(i) W	ritten ment?	
interested person	Willi Organizani	on oan		zation?	principal amount					comm	ittee?			
			То	From		+		Yes	No	Yes	No	Yes	No	
						+								
	-					+							_	
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						+								
						+								
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						+								
Гotal	1				> \$									
Part III Grants or As	sistance Be	enefiting Intere	este	Per	sons.	<u> </u>								
Complete if the o	organization an	swered "Yes" on F	orm 9	90, Pa	rt IV, line 27.		T							
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type assistan				e) Purpose of assistance			
									\perp					
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							1		- 1					

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

Schedule L (Form 990 or 990-EZ) 2018

Complete if the organization answered (a) Name of interested person		(b) Relationship between intere person and the organization	ested (c) Amount of	(d) Description of transaction	(e) Sharing of organization's revenues?	
		person and the organization	transaction	transaction	Yes	No
ROBERT	T. COULTER	EXECUTIVE DIRECTO	OR 0	• RENT	103	X
Part V	Supplemental Information					
Pail V		• responses to questions on Schedule L	(see instructions).			
	Trovido additional imorniation for t		. (oce menachone).			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

INDIAN LAW RESOURCE CENTER

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number 52-1121079

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	 S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2,285	119,293.	STOCK MARKE	T V	ALUI	<u> </u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12 13	Securities - Miscellaneous Qualified conservation contribution -							
13								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions	•			
	for which the organization completed Form 82	-	•					
	•						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31					31		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		_			32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/I (Forn	n 990)	2018

Schedule N	// (Form 990) 2018 INDIAN LAW RESOURCE CENTER	52-1121079	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organizatination of both. Also compl	on ete

SCHEDULE 0

Internal Revenue Service

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

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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INDIAN LAW RESOURCE CENTER

Employer identification number 52-1121079

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT AND GENUINE SELF-GOVERNMENT, AND TO REALIZE THEIR OTHER
HUMAN RIGHTS.
THE CENTER SEEKS TO OVERCOME THE GRAVE PROBLEMS THAT THREATEN NATIVE
PEOPLES BY ADVANCING THE RULE OF LAW, BY ESTABLISHING NATIONAL AND
INTERNATIONAL LEGAL STANDARDS THAT PRESERVE THEIR HUMAN RIGHTS AND
DIGNITY, AND BY HALLENGING THE GOVERNMENTS OF THE WORLD TO ACCORD
JUSTICE AND EQUALITY BEFORE THE LAW TO ALL INDIGENOUS PEOPLES OF THE
AMERICAS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SAFE WOMEN, STRONG NATIONS PROJECT - RAISED AWARENESS ABOUT THE HIGH
RATES OF VIOLENCE AGAINST NATIVE WOMEN AND CHILDREN AND ADVOCATED FOR
LAWS, POLICIES, AND PRACTICES TO INCREASE SAFETY FOR NATIVE PEOPLE AND
COMMUNITIES. HELD BRIEFINGS AND TRAININGS, PROVIDED LEGAL AND TECHNICAL
ASSISTANCE, AND PRODUCED MATERIALS FOR TRIBAL LEADERS, WOMEN'S
ADVOCATES, LAW MAKERS, INTERNATIONAL HUMAN RIGHTS EXPERTS, AND THE
MEDIA.
MDB INVESTMENTS AND INDIGENOUS PEOPLES - THE CENTER ADVOCATES FOR
STRONGER POLICIES AND STANDARDS TO IMPROVE THE TRANSPARENCY AND
ACCOUNTABILITY OF PUBLIC FINANCIAL INSTITUTIONS AND PREVENT THE
FINANCING OF CULTURALLY AND ENVIRONMENTALLY HARMFUL DEVELOPMENT
PROJECTS. IN 2018, WE ADVOCATED FOR AND, EVENTUALLY, SUCCEEDED IN

GETTING THE INTER-AMERICAN DEVELOPMENT BANK TO BEGIN A PUBLIC REVIEW

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** INDIAN LAW RESOURCE CENTER 52-1121079 PROCESS TO UPDATE THEIR 14-YEAR OLD POLICIES. EXPENSES \$ 314,155. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR REVIEWS THE 990 TO ENSURE THE INFORMATION IS ACCURATE. THE DRAFT IS THEN CIRCULATED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL BEFORE THE 990 IS SIGNED AND FILED. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS ANNUALLY PREPARES AND SIGNS A CONFLICT OF INTEREST STATEMENT AFFIRMING THEIR COMPLIANCE WITH THE POLICY AND DISCLOSING ANY POTENTIAL, CURRENT OR PAST CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF INDIAN LAW'S EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS. CHANGES TO THE COMPENSATION MAY BE CONSIDERED AS PART OF THE EXECUTIVE DIRECTOR'S BIENNIAL PERFORMANCE REVIEW AND AN EXPLANATION OF ANY ADJUSTMENTS TO THE COMPENSATION ARE DOCUMENTED IN A MEMO TO THE ACCOUNTANT. THE EXECUTIVE DIRECTOR IS EXCLUDED FROM THE DISCUSSION OF HIS COMPENSATION. FORM 990, PART VI, SECTION C, LINE 18: THE CENTER'S AUDITED FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON THE CENTER'S WEBSITE, INDIANLAW.ORG.

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

THE CENTER'S AUDITED FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON THE CENTER'S WEBSITE, INDIANLAW.ORG. THE ORGANIZATIONS BYLAWS, IRS

Name of the organization INDIAN LAW RESOURCE CENTER	Employer identification number 52-1121079
DETERMINATION LETTER, ARTICLES OF INCORPORATION, AND CONFL	ICT OF INTEREST
POLICY CAN BE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART X, LINE 11	
RECLASSIFIED PRIOR YEAR AMOUNT LISTED ON LINE 12 TO LINE 1	1, TO REPORT
THE THE AMOUNT AND TYPE OF INVESTMENTS HELD IN THE APPROPR	IATE
CATEGORY.	
FORM 990, PART XII, LINE 2C:	
NO CHANGE IN CURRENT YEAR.	