Form
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

## \*\* 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)

▶ 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.



<u>A</u> F	or th	e 2019 calendar year, or tax year beginning and o	ending		
B c a	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	INDIAN LAW RESOURCE CENTER			
	Name Chang			52-11210'	79
	Initial		Room/suite	E Telephone number	
	Final returr	602 NORTH EWING		406-449-2	2006
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,169,156.
	Amer	HELENA, MI 59001		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: ROBERT T. COULTER		for subordinates	? Yes X No
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) ( ) \leq (insert no.) = 4947(a)(1) c$	or 527	- '	list. (see instructions)
		te: • WWW.INDIANLAW.ORG		H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 1978 N	State of legal domicile: DC
FC	1	Briefly describe the organization's mission or most significant activities: TO AI		TICOTOR AND	
e	1	FOR INDIGENOUS PEOPLES IN THE AMERICAS.		UUSIICE ANI	D LQUALIII
Jan	2	Check this box	ed of more	than 25% of its not ass	ets
veri	3	· 6		3	12
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u></u> 11
ა ა	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			10
itie	6	Total number of volunteers (estimate if necessary)			12
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_ <		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,289,722.	1,138,453.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,980.	23,357.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,123.	67.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,310,825.	1,161,877.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	47,125.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		736,750.	728,185.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) <b>95,87</b>		272,791.	158,339.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,009,541.	933,649.
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		301,284.	228,228.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		1,944,396.	2,210,750.
Assets Balanc	21			54,748.	41,642.
Net /	1	Net assets or fund balances. Subtract line 21 from line 20		1,889,648.	2,169,108.
Pa	art II			_,,.	_,,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	ROBERT T. COULTER, PRE	SIDENT/EXECUTIVE DIRECT	OR
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Da	te Check PTIN
Paid	PHILIP L. YASENAK, CPA	PHILIP L. YASENAK, C11	/09/20 self-employed P01248379
Preparer	Firm's name 🍺 WIPFLI LLP		Firm's EIN 🕨 39-0758449
Use Only	Firm's address 🖌 101 EAST FRONT S	TREET #301	
	MISSOULA, MT 598	02	Phone no. 406.728.1800
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
932001 01-2	D-20 LHA For Paperwork Reduction Act Notion	e, see the separate instructions.	Form <b>990</b> (2019)

CULTURES       AND       WAYS       OF       LIFE, TO       ACHIEVE       SUSTAINABLE       ECONG         Vization undertake any significant program services during the year which were not listed on the       00       990-E2?         Vibe these new services on Schedule O.       00       vibe these new services on Schedule O.       00       vibe these changes on Schedule O.         organization's program service accomplishments for each of its three largest program services, as measure (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to report the amount of grants and allocations to others, the to (%) and SO1(0/(4) organizations are required to Prevent \$\$	D ADVOCACY BAT RACISM PROTECT
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Form 990 (				RESOURCE	CENTER
Part IV	Checklist of	Required Sc	hedule	es	

			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			37
	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			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	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			v
•	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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>_</u>	
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 11	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
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	х	
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				
	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	Х	
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	Х	
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	
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			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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	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			
	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>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable [1a] 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
932004	01-20-20			(2019)
	4			. /

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Form	990 (2019) INDIAN LAW RESOURCE CENTER 52-1121	079	Р	<sub>age</sub> 5
Par	t 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 returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. –	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
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.			

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Form 990 (	2019)
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#### INDIAN LAW RESOURCE CENTER

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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 on Schedule O. See instructions.

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, 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 99	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	2	0		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Code )				
	This Section B requests mornation about policies not required by the internal Re-	venue	Coue.)			Yes	N
02	Did the organization have local chapters, branches, or affiliates?				10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
U	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
10					11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beior	e ming the	10mm?		Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	~	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				v	
_	in Schedule O how this was done				12c	X X	
13	Did the organization have a written whistleblower policy?				13		<u> </u>
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				<u>15a</u>	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•	ו			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section	501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other <i>(explain</i>	on Sc	hedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest p	policy, and	d finan	cial	
	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 boo	ks and	d records	▶			
	THE ORGANIZATION - 406-449-2006						
	602 NORTH EWING, HELENA, MT 59601						
						990	(00)

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.

See instructions for the order in which to list the persons above.

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

<b>(A)</b> Name and title	<b>(B)</b> Average hours per	box	not cl , unles	Pos heck i ss per	rson i	than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer D		Highest compensated shark.u		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT T. COULTER	40.00	x		x				114,148.	0.	2 730
PRESIDENT, EXECUTIVE DIR. (2) TERRI HENRY	0.10	Λ		<u> </u>				114,140.	0.	2,730.
CHAIR	0.10	х		x				0.	0.	0.
(3) MELANIE BENJAMIN	0.10	~		^				0.	0.	0.
TREASURER	0.10	х		x				0.	0.	0.
(4) LUCY SIMPSON	0.10	Δ		1					0.	0.
SECRETARY	0.10	х		x				0.	0.	0.
(5) DACHO ALEXANDER	0.10									
DIRECTOR	0.120	х						0.	0.	0.
(6) MICHELLE ALLEN	0.10									
DIRECTOR		х						0.	0.	0.
(7) MARY AL BALBER	0.10									
DIRECTOR		х						0.	0.	0.
(8) NORMA BIXBY	0.10									
DIRECTOR		Х						0.	0.	0.
(9) GAIASHKIBOS	0.10									
DIRECTOR		Х						0.	0.	0.
(10) DARWIN HILL	0.10									
DIRECTOR		Х						0.	0.	0.
(11) JUANITA CABRERA LOPEZ	0.10									
DIRECTOR		Х						0.	0.	0.
(12) WILL MICKLIN	0.10									-
DIRECTOR		Х						0.	0.	0.
(13) ARMSTRONG A WIGGINS	40.00					<u> </u>				
DIRECTOR OF DC OFFICE						X		117,369.	0.	16,561.
(14) LEONARDO A CRIPPA	40.00	l						100.000	_	10 555
SENIOR ATTORNEY						X		106,198.	0.	10,656.
							-			
	1					1	1	1		<b>990</b> (0010)

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Form 990 (2019)

Form 990 (2019) INDIAN L	AW RESOU	JRC	Έ	CE	INT	'ER			52-11	2107	9 Р	Page <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box offic	not c , unles	Pos heck i ss per	more rson i	1 than d is both pr/trus	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimate amount other	of
	(list any hours for related organizations below line)	hours for related as a company of the second		organizations (W-2/1099-MISC)		compensation from the organization and related organizations						
		-										
		-										
		-										
1h Subtatal		-						337,715.		0.	29,9	47
1b       Subtotal         c       Total from continuation sheets to Part V        d       Total (add lines 1b and 1c)	II, Section A							0.		0.	29,9	0.
2 Total number of individuals (including but in compensation from the organization							o re	eceived more than \$100,	000 of reportable		Yes	3 No
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> .			-	•	-		Ŭ			3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl 0,000? <i>If</i> "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and edule	oth dt <i>J f</i>	ner compensation from the for such individual	ne organization			x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>con</i>										5		x
Section B. Independent Contractors           1         Complete this table for your five highest complete the	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensation	from	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	rith c	or wi	thin	the organization's tax yet ( <b>B</b> )	ear.		(C)	
Name and busines	address	NC	ONE	3			_	Description of s	ervices		pensatio	'n
2 Total number of independent contractors (		ot lin	niteo	d to f			ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	ization 🕨				(	,				For	m <b>990</b> (	(2019)

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					RESOURCE CI	ENTER		52-1121	079 Page <b>9</b>
Pa	rt V	/111	Statement of Rev	/enue					
			Check if Schedule O c	ontains a respon	se or note to any lin		(5)	(2)	
						<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
					1.0				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		18.				
Gra				<u>1b</u>					
Αu Au			Fundraising events						
ilar İlar			Related organizations						
js,			Government grants (contril						
er ei		f	All other contributions, gifts, g		1 1 2 0 1 2 5				
Ę			similar amounts not included a		<u>1,138,435.</u>				
a tro		-	Noncash contributions included in li		122,119.	1 1 2 0 4 5 2			
<u>a Č</u>		h	Total. Add lines 1a-1f			1,138,453.			
					Business Code				
ice	2								
er v		b							
n S /en		C							
grar Rev		d			_				
Program Service Revenue		e			_				
а.			All other program service re						
		g	Total. Add lines 2a-2f						
	3		Investment income (includi			23,088.			23,088.
	4		other similar amounts) Income from investment of			25,000			25,000.
	4 5			-	-				
	5		Royalties	(i) Real	(ii) Personal				
	6	~	Gross rents	6a					
				6b					
				6c					
			Net rental income or (loss)		<b>▶</b>				
			Gross amount from sales of	(i) Securitie					
				7a 7,548	.,				
		b	Less: cost or other basis						
e		~		7ь 7,279	θ.				
venue		с	Gain or (loss)	7c 269					
Rev			Net gain or (loss)			269.			269.
er			Gross income from fundraisin	ſ					
Other			including \$	of					
			contributions reported on I						
			Part IV, line 18		8a				
		b	Less: direct expenses		8b				
			Net income or (loss) from f		s Þ				
	9	а	Gross income from gaming	g activities. See					
			Part IV, line 19		9a				
			Less: direct expenses		9b				
		с	Net income or (loss) from g	gaming activities	<b>▶</b>				
	10	а	Gross sales of inventory, le	ess returns					
			and allowances		10a				
			Less: cost of goods sold		10b				
		С	Net income or (loss) from s	sales of inventory					
s			VT 007		Business Code				
eou	11	а	MISCELLANEOUS		900099	67.	67.		
lant		b			_				
Miscellaneous Revenue		С			_				
Mis			All other revenue						
			Total. Add lines 11a-11d			67.	<u> </u>		
	12		Total revenue. See instruction	ns	<b>&gt;</b>	1,161,877.	67.	0.	23,357.
93200	9 01-	20-	20			_			Form <b>990</b> (2019)

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#### Form 990 (2019)

INDIAN LAW RESOURCE CENTER 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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,125.	7,125.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	40.000	40.000		
	individuals. See Part IV, lines 15 and 16	40,000.	40,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	117 120	02 564	10 015	10 751
_	trustees, and key employees	117,130.	93,564.	10,815.	12,751
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	478,371.	381,952.	44,267.	E0 1E0
7	Other salaries and wages	4/0,3/1.	301,952.	44,20/.	52,152
8	Pension plan accruals and contributions (include	3 600	2,937.	341.	111
0	section 401(k) and 403(b) employer contributions)	3,692. 79,336.	63,053.	7,357.	<u>414</u> 8,926
9 10	Other employee benefits	49,656.	39,497.	4,590.	5,569
1	Payroll taxes	Ŧ,050.	55,457.	<u> </u>	5,505
	Fees for services (nonemployees):				
a b	ΥΕ				
		25,933.	18,267.	5,156.	2,510
c d		23,555.	10,20,.	5,150.	2,510
e					
f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch O.)	15,755.	48.	10,564.	5,143
12	Advertising and promotion	10,700.		10,501.	5,145
12 13	Office expenses	16,390.	12,432.	2,488.	1,470
13 14	Information technology	20,000			1,1,0
15	Royalties				
16	Occupancy	41,513.	32,460.	5,649.	3,404
17	Travel	18,483.	17,794.	90.	599
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,244.	4,531.	1,401.	312
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	ONLINE SERVICES	13,092.	12,325.		767
b	MISCELLANEOUS EXPENSES	11,054.	10,008.	847.	199
с	EQUIPMENT	6,437.	5,045.	837.	555
d	DUES AND REGISTRATION	2,782.	1,695.	3.	1,084
е	All other expenses	656.	622.	16.	18
5	Total functional expenses. Add lines 1 through 24e	933,649.	743,355.	94,421.	95,873
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight if following SOP 98-2 (ASC 958-720)				

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33

Total liabilities and net assets/fund balances

1,944,396.

33

2,210,750.

Form **990** (2019)

INDIAN LAW RESOURCE CENTER

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

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			534,688.	1	340,687.
	2	Savings and temporary cash investments			180,132.	2	312,388.
	3	Pledges and grants receivable, net			132,040.	3	393,778.
	4	Accounts receivable, net		511.	4	2,716.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqualit	ons (as defined				
		under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		L		7	
Assets	8	Inventories for sale or use				8	
Å	9			3,192.	9	4,585.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>150,369.</u> 146,331.			
	b	Less: accumulated depreciation	5,675.	10c	4,038.		
	11	Investments - publicly traded securities			666,564.	11	730,964.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			421,594.	15	421,594.
	16	Total assets. Add lines 1 through 15 (must equa		1,944,396.	16	2,210,750.	
	17	Accounts payable and accrued expenses			53,084.	17	40,671.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	se perso	ns		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X			
		of Schedule D			1,664.	25	971.
	26	Total liabilities. Add lines 17 through 25			54,748.	26	41,642.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			464,710.	27	180,522.
Ba	28	Net assets with donor restrictions		L	1,424,938.	28	1,988,586.
pur		Organizations that do not follow FASB ASC 9	58, cheo	k here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.					
o N	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	luipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		L	1,889,648.	32	2,169,108.
	22	Total liabilities and not assots/fund balances			1 944 396.	22	2 210 750.

Form 990 (2019)
Part X Balance Sheet

_	1 990 (2019) INDIAN LAW RESOURCE CENTER	52-11	21079	Pag	<sub>ge</sub> 12
Pa	rt XI 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)	1	1,161		
2	Total expenses (must equal Part IX, column (A), line 25)	2	933	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	228	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,889		
5	Net unrealized gains (losses) on investments	5	51	, 23	<u>32.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,169	,1(	<u>)8.</u>
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	0.			
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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE	Α
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(Form 990 or 990-EZ)

## **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.

1	OMB No. 1545-0047
	2019
	Open to Public Inspection

Name of the	organization
-------------	--------------

Department of the Treasury Internal Revenue Service     Attach to Form 990 or Form 990-EZ.     C       Go to www.irs.gov/Form990 for instructions and the latest information.     C					Open to Public Inspection								
Nan	ne of t	the organizati	on						Employer	identification number			
					RESOURCE CENTER 52-1121079								
Pa	rt I	Reason	for Public (	Charity Status	tatus (All organizations must complete this part.) See instructions.								
The	organ	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	I)(A)(i).					
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).					
4		A medical res	search organiz	ation operated in con	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		city, and stat	e:										
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, sta	ite, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organizati	ion that norma	ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	oublic described in			
				omplete Part II.)		-							
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
					ulture (see instructions).								
		university:							-				
10		An organizati	ion that norma	ally receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from			
		activities rela	ted to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment			
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.			
		See section	509(a)(2). (Co	mplete Part III.)									
11		An organizati	ion organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).					
12					vely for the benefit of, to				rry out the	purposes of one or			
		more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in			
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.				
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting			
		organizatio	n. You must d	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving			
		control or r	nanagement c	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.								
с		] Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,			
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppo	rted organiz	zation(s)			
		that is not	functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
е			•		written determination fro			Туре I, Туре	II, Type III				
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportion	ng organiz	ation.						
f		er the number	• •	•									
<u> </u>		vide the follow i) Name of supp		n about the supporte		(iv) is the oro	anization listed	(u) Amount o	fmonoton	(vi) Amount of other			
	(	organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see in	-	support (see instructions)			
		organization	•		above (see instructions))	Yes	No						

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER Part II Support Schedule for Organizations Described in Sections 1

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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) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1330160.	1340362.	806,370.	1289722.	1138453.	5905067.
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	1330160.	1240262	906 270	1000700	1120452	E00E067
	Total. Add lines 1 through 3	1330100.	1340362.	806,370.	1289722.	1138453.	5905067.
5							
	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)						2856226.
6	····						3048841.
	Public support. Subtract line 5 from line 4.						2040041.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	1330160.	1340362.	806,370.	1289722.	1138453.	5905067.
	Gross income from interest,	10001001	10100021	000,070,00	1209/220	1100100	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,328.	13,861.	46,707.	19,980.	23,088.	117,964.
9				10,,0,0			
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,062.	8,907.	13,695.	1,123.	67.	35,854.
11	Total support. Add lines 7 through 10						6058885.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	50.32 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	34.71 %
	33 1/3% support test - 2019. If the o					ore, check this bo>	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2018. If the o	-					
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	•				-	
	more, and if the organization meets the						
	organization meets the "facts-and-circ			-			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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 bus- iness 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2019 (			column (f))		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19		15	i i	Sch	edule A (Form 990	) or 990-EZ) 2019

<sup>2019.05000</sup> INDIAN LAW RESOURCE CENTE 118512\_1

#### Schedule A (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER

#### 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.)

16

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

Yes No

# Schedule A (Form 990 or 990 EZ) 2019 INDIAN LAW RESOURCE CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctional		
2	Activities Test. Answer (a) and (b) below.	4010115)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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		
	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 <b>Part VI</b> ):			
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	v integrated	Type III supporting orga	nization (soo

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER

Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	Γ
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 INDIAN L	AW RESOURCE	CENTER	52-1121079 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c	e the explanations req , 5a, 6, 9a, 9b, 9c, 11a t IV, Section E, lines 10	uired by Part II, line 10; , 11b, and 11c; Part IV, c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
	· · ·			
932028 09-25-	19	20		Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## 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

2019

Employer identification number

52-1121079	)
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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> 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			

INDIAN LAW RESOURCE CENTER

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

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, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

**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.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page **2** 

Employer identification number

52-1121079

#### INDIAN LAW RESOURCE CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>550,000.</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
2		\$ <u>250,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>122,119.</u>	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
4_		\$ <u>50,000.</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
		\$	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

2019.05000 INDIAN LAW RESOURCE CENTE 118512\_1

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Employer identification number

52-1121079

INDIAN LAW RESOURCE CENTER

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
3	915 SHARES CAIBX		
		\$122,119.	12/27/19
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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#### 08291109 147695 118512

Page 4

ame of org	ganization		Employer identification num		
NDIAN	LAW RESOURCE CENTER		52-1121079		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entr charitable, etc., contributions of <b>\$1,000 or le</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y. For organizations ess for the year. (Enter this info. once.) \$		
a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
3454 11-06-1	19		Schedule B (Form 990, 990-EZ, or 990-PF) (;		

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SCHEDULE C	Political Campaign and Lobbying Activities		OMB No. 154	5-0047
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527				19
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form	990-EZ.	Open to F	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspect	ion
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	baign Activi	ties), then	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
<ul> <li>Section 501(c) (other</li> </ul>	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Parts	t I-B.		
<ul> <li>Section 527 organization</li> </ul>	ations: Complete Part I-A only.			
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	ivities), the	า	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not complet	e Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B	. Do not cor	nplete Part II-/	Α.
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Forn	n 990-EZ, P	art V, line 35c	: (Proxy
Tax) (see separate inst	uctions), then			
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizations: Complete Part III.			
Name of organization		Employer	identification	number
	INDIAN LAW RESOURCE CENTER		2 - 11210	79
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 52	27 organi	zation.	
1 Provide a description	on of the organization's direct and indirect political campaign activities in Part IV.			
2 Political campaign	activity expenditures	▶\$		
	political campaign activities			
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).			
1 Enter the amount o	f any excise tax incurred by the organization under section 4955	►\$		
2 Enter the amount o	f any excise tax incurred by organization managers under section 4955			
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No
4a Was a correction m			Yes	No
<b>b</b> If "Yes," describe ir				
Part I-C Comple	ete if the organization is exempt under section 501(c), except section	501(c)(3).		
1 Enter the amount d	rectly expended by the filing organization for section 527 exempt function activities	►\$		
	the filing organization's funds contributed to other organizations for section 527			
exempt function ac	tivities	▶\$		
3 Total exempt functi	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			

-			
	line 17b		
4	Did the filing organization file Form 1120-POL for this year?	Yes	No

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
	contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019	INDIAN	I LAW	RESOURCE CE	NTER	52-1	121079 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
	-		• • •	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share			. ,			
B Check ▶ if the filing organizat	ion checke	ed box A ar	nd "limited control" pro	ovisions apply.		
		ying Experence ans amou	nditures Ints paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ						
<ul> <li>b Total lobbying expenditures to influe</li> </ul>					11,722.	
c Total lobbying expenditures (add lin					11,722.	
d Other exempt purpose expenditures					731,633.	
e Total exempt purpose expenditures					743,355.	
f Lobbying nontaxable amount. Enter					136,503.	
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc	ess over \$500 000		
Over \$1,000,000 but not over \$1,50	<u> </u>		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
Over \$17,000,000		\$1.000.				
+ , ,						
g Grassroots nontaxable amount (ent	er 25% of	line 1f)			34,126.	
<b>h</b> Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zero	o on either	line 1h or			-	
reporting section 4911 tax for this y						Yes No
	4	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations th			01(h) election do not ate instructions for lir		of the five columns be	low.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount				175,954.	136,503.	312,457.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						468,686.
c Total lobbying expenditures				93.	11,722.	11,815.
<b>d</b> Grassroots nontaxable amount				43,989.	34,126.	78,115.
e Grassroots ceiling amount					·	
(150% of line 2d, column (e))						117,173.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

#### Schedule C (Form 990 or 990-EZ) 2019 INDIAN LAW RESOURCE CENTER

#### 52-1121079 Page 3

# 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
	e lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	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?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (l	o) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 ai	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

Department of the Treasury

### **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.

latest information



Interna	Revenue Service Go to www.irs.gov/Form9	90 for instructions and the latest information	n.	Inspection
Nam	e of the organization INDIAN LAW RESOURC	E CENTER		r identification number $52 - 1121079$
Pa				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·
		(a) Donor advised funds	(b) Funds an	d 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	writing that the assets held in donor advised fu	unds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	ərring	
_	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	ition or education)	storically impor	rtant land area
	Protection of natural habitat	Preservation of a ce	ertified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a		
	day of the tax year.			at the End of the Tax Year
a				
b				
с	Number of conservation easements on a certified historic str		. <u>2</u> c	
d	Number of conservation easements included in (c) acquired a			
2	listed in the National Register			a tha tay
3	Number of conservation easements modified, transferred, relyear	leased, extinguished, or terminated by the orga		J the tax
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
Ū	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-	►	5		5
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements dur	ing the year
	► \$			0
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes	the
_	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pa	t III Organizations Maintaining Collections of		Similar Ass	sets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put		rance of public	
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ice of public se	rvice,
	provide the following amounts relating to these items:		•	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .	
0		asuros, or other similar assets for financial gair		
2	If the organization received or held works of art, historical tre		i, provide	
~	the following amounts required to be reported under FASB A	-	► ¢	
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
D D	A33013 INCIUCU III I UIII 330, Fail A		🚩 Ψ	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019
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2019.05000 INDIAN LAW RESOURCE CENTE 118512\_1

Sche		LAW RESOURC					52-11			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, o	r Othei	r Similaı	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t make si	ignificant ι	use of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	change progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran				"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		C C							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributio	ns or other as	sets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						·····			
-			j					Amoun	t	
с	Beginning balance					1c		7 4110 0111		
	Additions during the year					· – –				
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.						····· ∟			1
Par		if the organization and	swered "Yes" on F	orm 990. Part	IV. line 1	10.				<u></u>
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	hack
1a	Beginning of year balance	568,144.	567,294		5,794.		64,294.			719.
h		107,771.	850	-	500.		2,500.			575.
	Contributions	97,724.		-			-,		,	
с А		,								
u										
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	773,639.	568,144	56'	7,294.	5	66,794.		564	294.
g	End of year balance		•		, 25		00,754.		501,	271.
2	Provide the estimated percentage of the curr	26.48		a)) neid as:						
a	· · · · · · · · · · · · · · · · · · ·									
b	Permanent endowment ► 73.52	%								
С		%								
•	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administer	red for th	ie organiza	ation	ſ	~	
	by:								Yes	No X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	-						3b		Ĺ
	t VI Land, Buildings, and Equipm		wment funds.							
Fai				o E 000	<b>D</b> 1 V					
	Complete if the organization answere						.			
	Description of property	(a) Cost or o		st or other	.,	ccumulate	ed	<b>(d)</b> Boo	k valu	е
		basis (investr	Dasi	s (other)	de	preciation				
	Land									
	Buildings			E 224		- ^ ^				21
	Leasehold improvements			5,331.		5,30				<u>31.</u>
d	Equipment		1	45,038.		141,03	51.		4,0	07.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X <u>, column (B), line</u>	<u>10c.)</u>	<u></u>				4,0	
							Schedule	D (Forn	n 990)	2019

Schedule D (Form 990) 2019 INDIAN LAW RESOURCE CENTE
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#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	1,325.
(2) LAND FOR GAR CREEK SEMINOLES OF OKLAHOMA	420,269.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	404 504
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	421,594.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	971.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

932053 10-02-19

	dule D (Form 990) 2019 INDIAN LAW RESOURCE CENTER		1121079 Page <b>4</b>						
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1	Total revenue, gains, and other support per audited financial statements			1	1,225,984.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	51,232.						
b	Donated services and use of facilities	. 2b	20,000.						
с	Recoveries of prior year grants	. 2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d			2e	71,232.				
3	Subtract line 2e from line 1			3	1,154,752.				
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	7,125.						
с				4c	7,125.				
U U	Add lines 4a and 4b	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,161,877.				
5			Expenses per F	-					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents With	Expenses per F	-	n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	-					
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Returi	n.				
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Returi	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With	Expenses per F	Returi	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With	Expenses per F	Returi	n. 946,524.				
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	Returi	n. 946,524. 20,000.				
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per F	1	n. 946,524.				
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1 2e	n. 946,524. 20,000.				
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       1	ents With 2a 2b 2c 2d	Expenses per F	1 2e	n. 946,524. 20,000.				
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	n. 946,524. 20,000.				
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           4a           4b	Expenses per F 20,000. 7,125.	1 2e	n. 946,524. 20,000. 926,524. 7,125.				
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F 20,000. 7,125.	1 2e 3	n. 946,524. 20,000. 926,524.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

ENDOWMENT EARNINGS ARE DESIGNATED FOR TWO USES: GENERAL SUPPORT AND

FUNDING OF INTERNSHIPS FOR LAW SCHOOL STUDENTS.

PART X, LINE 2:

THE CENTER WAS INCORPORATED ON APRIL 5, 1978 IN WASHINGTON D.C. PURSUANT

TO THE NON-PROFIT CORPORATION ACT AND IS EXEMPT FROM FEDERAL TAXATION

UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. IT IS A PUBLICLY

SUPPORTED NON-PROFIT ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(2) OF INTERNAL REVENUE CODE AND QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION FOR INDIVIDUAL DONORS. THE CENTER IS

31

#### ALSO EXEMPT FROM D.C. CORPORATE FRANCHISE TAX. THE CENTER CONDUCTS

932054 10-02-19

INDIAN PEOPLES WORLDWIDE. IT HAS OFFICES IN WASHINGTON D.C. AND HELENA,
MONTANA.
AS A MATTER OF LAW, INDIAN LAW RESOURCE CENTER, INC. IS SUBJECT TO
EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR THE PREVIOUS THREE
TAX YEARS. ALTHOUGH MANAGEMENT BELIEVES THAT THE AMOUNTS REFLECTED IN
THEIR TAX RETURNS SUBSTANTIALLY COMPLY WITH THE APPLICABLE FEDERAL AND
STATE TAX REGULATIONS, BOTH THE IRS AND THE VARIOUS STATE TAXING
AUTHORITIES CAN TAKE POSITIONS CONTRARY TO THEIR POSITION BASED ON IRS
INTERPRETATION OF THE LAW. A TAX POSITION THAT IS CHALLENGED BY A TAXING
AUTHORITY COULD RESULT IN AN ADJUSTMENT, WHICH WOULD BE RECORDED IN THE
YEAR ASSESSED ON THE STATEMENT OF ACTIVITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
EXPENSES NETTED ON FINANCIAL STATEMENTS 7,125.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
EXPENSES NETTED ON FINANCIAL STATEMENTS 7,125.
PART V, LINE 1B - CONTRIBUTIONS TO ENDOWMENT FUND:
THIS LINE INCLUDES \$600 OF CURRENT YEAR CONTRIBUTIONS AND \$107,171 OF

FUNDS THAT WERE ERRONEOUSLY EXCLUDED FROM THE BALANCE IN PRIOR YEARS.

932055 10-02-19

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

PROGRAMS OF PUBLIC EDUCATION AND LEGAL REPRESENTATION ON ISSUES CONCERNING

INDIAN LAW RESOURCE CENTER

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Department of the Treasury				Attach to Form 990.			Open to Public		
	Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.						Inspection		
Name of the organization					Employer	Employer identification number			
	DIAN LAW RES	OURCE CEN	TER			52-112	21079		
Pa			ctivities Out	side the United States. Compl	ete if the orgar	nization answ	ered "Yes	" on	
	Form 990, Part	•				· .			
1				ds to substantiate the amount of its gra the selection criteria used to award the			X Ye	es 🗌 No	
	the grantees engionity			the selection chiefla used to award the	grants of assis				
2	For grantmakers. De United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside	the	
3				an be duplicated if additional space is r					
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in ( gram service e specific typ (s) in the reg	e, e	(f) Total expenditures for and investments in the region	
			in the region		ADVISED ANI	ASSISTED			
					INDIGENOUS				
					USE INTERNA				
SOUT	TH AMERICA	0	1	PROGRAM SERVICES & GRANTS	PROCESSES A	AND FORUMS	,	45,449.	
3 2	Subtotal	0	1					45,449.	
	Total from continuatio	•						,,	
2	sheets to Part I		0					0.	
с	Totals (add lines 3a								
	and 3b)	. 0	1					45,449.	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

OMB No. 1545-0047

2019

932071 10-12-19

SCHEDULE F (Form 990) Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DEFENDING INDIGENOUS RIGHTS TO PROTECT THE AMAZON RAINFOREST IN				AIRFARE, LODGING, OTHER TRAVEL	
		SOUTH AMERICA	BRAZIL	37,377.	WIRE TRANSFER	2,623.	EXPENSES	COST
			recognized as charities by the f					
by the IRS, or for whic	ch the grantee or cou	insel has provided a sect	tion 501(c)(3) equivalency letter			►		<u> </u>
3 Enter total number of								0

Schedule F (Form 990) 2019

#### INDIAN LAW RESOURCE CENTER Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

52-1121079

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Schedule F Part V	Form 990) 2019 INDIAN LAW RESOURCE CENTER	52-1121079	Page 5
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide any additional	method); and Part III, column (c)	
PART I	I, LINE 2:		
RECIP	IENT ORGANIZATION IS REQUIRED TO PROVIDE AN ANNUAL	WRITTEN NARRATI	VE
REPOR	ABOUT THE USE OF THE GRANT FUNDS AND PROGRESS/AC	CCOMPLISHMENTS	
DURINO	G THE REPORTING PERIOD.		
PART :	I, LINE 3, COLUMN (E):		
REGIO	I: SOUTH AMERICA		
	PECIFIC TYPES OF SERVICES IN REGION: ADVISED AND A	ASSISTED	
(E) SI			
(E) SI	ENOUS LEADERS TO USE INTERNATIONAL PROCESSES AND F	FORUMS, SUCH AS	

EXPANSION OF AGRICULTURE AND OTHER UNSUSTAINABLE DEVELOPMENT IN THE

AMAZON REGION.

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		Compi	ete il the organization	Attach to For		t IV, III e 2 i Or 22.		Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	INDIAN LA	W RESOURC	E CENTER					Employer identification number 52-1121079
Part I General Inform	mation on Grants a	nd Assistance						
criteria used to aware	d the grants or assis	tance?	amount of the grants					
2 Describe in Part IV th			oring the use of grant zations and Domestic			nization answard "V	an Form 000 Dart	IV line 21 for any
			be duplicated if addition			anization answered f	es on form 990, Fan	iv, line 21, lor any
<b>1 (a)</b> Name and addres or govern	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CINNAMON PRODUCTIONS 19 WILD ROSE ROAD WESTPORT, CT 06880					SPONSORSHIP OF DOCUMENTARY FILM ON THE WESTERN SHOSHONE			
			I ganizations listed in the I table					

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

## Schedule I (Form 990) (2019) INDIAN LAW RESOURCE CENTER

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

#### GRANTEES AND RECIPIENTS OF ASSISTANCE REPORT ORALLY TO THE CENTER'S

#### EXECUTIVE DIRECTOR ANNUALLY IN DECEMBER.

52-1121079

SCHEDULE L		Tra	insactior	ıs V	Vith	Interested	Pe	ersons			0	MB No.	1545-00	)47	
(Form 990 or 990-EZ)			rganization and	swere	d "Yes	" on Form 990, Par	t IV,	line 25a, 25b, 2	6, 27,	28a,		20	10	<u>ר</u>	
						-EZ, Part V, line 38a 990 or Form 990-EZ		10b.			0	<b>ZU</b> pen T	o Puk		
Department of the Treasury Internal Revenue Service		io to v				nstructions and the		st information.				spect		ЛС	
Name of the organization											r ident		on nu	mber	
Part I Excess B			W RESOUR			<b>FER</b> ion 501(c)(4), and see	otion				.210	79			
						art IV, line 25a or 25b									
1			Relationship betv			ified					<i>.</i>	(d)	Corre	ected?	
(a) Name of disqualif	fied person	. ,	person and or	ganiza	ation	(4	c) De	scription of tran	sactic	n		· · · ·	es	No	
												_			
2 Enter the amount of			0	Ũ			Ũ	2		•					
section 4958 <b>3</b> Enter the amount of						anization				► ⇒ ► \$					
			erested Pers												
	•					, Part V, line 38a or F	Form	990, Part IV, lin	e 26; (	or if th	ie orga	nizatio	on		
(a) Name of	(b) Relation		, Part X, line 5, 6 (c) Purpose		2. Dan to or	(e) Original	(f	Balance due	(a	<b>)</b> In	(h) Approved		(i) V	(i) Written	
interested person	with organ		of loan		m the ization?	principal amount	``	Balarioe ade			bý board or committee?		agree	ement?	
				То	From						Yes	No	Yes	No	
											<u> </u>			<u> </u>	
											+				
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											1			+	
Total	••••••			·		▶ \$								1	
			efiting Inter												
	0		vered "Yes" on I		,				of			) Purp			
(a) Name of interes	ated person		(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		<b>(d)</b> Type assistan			•	assist		1	
										$\neg$					
		_													
						<u> </u>									

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

	(Form 990 or 990-EZ) 2019					
Part IV	Business Transact	ions Involvir	ng Inte	erested Persor	າຣ.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relation person		between ne organ		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
							Yes	No
ROBERT T. COULTER	ROBERT	IS	THE	ORGAN	0.	ROBERT DONA		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT T. COULTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROBERT IS THE ORGANIZATION'S EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: ROBERT DONATES THE OFFICE SPACE TO THE

ORGANIZATION. THE ORGANIZATION IS ONLY RESPONSIBLE FOR PAYING INSURANCE

ON THE OFFICE SPACE. ALL OTHER EXPENSES ARE PAID BY ROBERT. THE TOTAL

VALUE OF THE RENT AND RELATED EXPENSES DONATED BY ROBERT IS \$20,000.

932132 10-21-19

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

ſ 19 ZU **Open to Public** Inspection

Employer identification number

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	1	

INDIAN	LAW	RESOURCE	CENTER
		TUDDO OTIOL	00111011

	INDIAN LAW R	ESOURC	E CENTER			52-11	210	)79	
Par	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributic amounts reported o Form 990, Part VIII, lin	n	<b>(d)</b> Method of dete noncash contributi		•	3
1	Art - Works of art	Х	1		0.				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	915	122,11	.9.FM	J			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organiz							0	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	jement 29					
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 th	nrough 28,	that it		Yes	No
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	be used fo	or 🛛			
	exempt purposes for the entire holding period?					····· -	30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	•	•			,	31		_X_
32a	Does the organization hire or use third parties of contributions?		0		ash		32a		x
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is	checked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule M	(Form	1 990)	2019

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS DONATED.

Schedule M (Form 990) 2019

932142 09-27-19

43 2019.05000 INDIAN LAW RESOURCE CENTE 118512\_1 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number 52-1121079

OMB No. 1545-0047

Open to Public

19

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIAN LAW RESOURCE CENTER

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 CHALLENGING 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 2, NEW PROGRAM SERVICES:

IN 2019, WE FORMALIZED A NEW PROJECT TO ASSIST AND TRAIN INDIGENOUS

PEOPLES IN THE BRAZILIAN AMAZON TO USE INTERNATIONAL PROCESSES AND

FORUMS, SUCH AS HUMAN RIGHTS BODIES AND MECHANISMS, CLIMATE CHANGE

CONFERENCES, AND OTHER ADVOCACY ARENAS. WE ARE ADVISING AND HELPING

INDIGENOUS LEADERS AND REPRESENTATIVES CARRY OUT AN INTERNATIONAL

ADVOCACY CAMPAIGN AND STRATEGY THAT PUTS DIPLOMATIC, ECONOMIC, AND

OTHER FORMS OF PRESSURE ON THE GOVERNMENT OF BRAZIL TO STOP THE

EXPANSION OF AGRICULTURE AND OTHER UNSUSTAINABLE DEVELOPMENT IN THE

AMAZON AND THE WEAKENING OF INSTITUTIONS AND REGULATIONS THAT PROTECT

INDIGENOUS PEOPLES IN BRAZIL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GUATEMALA - PROVIDED LEGAL COUNSEL TO MAYA COMMUNITIES IN GUATEMALA TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
INDIAN LAW RESOURCE CENTER	52-1121079
HELP THEM SECURE LEGAL TITLE TO THEIR LANDS AND RESOURCES,	STOP MINING
FROM EXPANDING INTO THEIR TERRITORIES, AND PROTECT THEM FR	OM VIOLENCE
AND EVICTIONS DUE TO LAND USE AND OWNERSHIP CONFLICTS. IN	2019, WE
CONTINUED TO LITIGATE CASES IN THE INTER-AMERICAN COMMISSI	ON ON HUMAN
RIGHTS AND IN LEGAL ARENAS IN GUATEMALA, AND WE WON A DECI	SION IN
GUATEMALA'S DOMESTIC COURTS THAT FORCED GOVERNMENT AGENCIE	S TO ISSUE A
LAND TITLE TO THE AGUA CALIENTE LOTE 9 COMMUNITY.	
EXPENSES \$ 76,959. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
NATIVE RIGHTS AND TRIBAL SOVEREIGNTY IN THE UNITED STATES	- RAISED
AWARENESS TO ACHIEVE GREATER UNDERSTANDING AND RECOGNITION	AMONG A
VARIETY OF AUDIENCES - LAW MAKERS AND OTHER DECISION MAKER	S, THE
PUBLIC, THE LEGAL PROFESSION, INTERNATIONAL HUMAN RIGHTS A	CTORS, THE
ENVIRONMENTAL CONSERVATION COMMUNITY, AND TRIBAL LEADERS A	ND CITIZENS -
ABOUT THE LEGAL BASIS FOR TRIBAL SOVEREIGNTY AND THE EXIST	ING AND
THREATENED RESTRICTIONS ON TRIBAL SELF-DETERMINATION. THRO	UGH DATA
COLLECTION AND ANALYSIS, LEGAL RESEARCH, AND STRATEGIC EDU	CATIONAL AND
COMMUNICATIONS EFFORTS, WE BROUGHT ATTENTION TO AND STRENG	THENED THE
ARGUMENTS TRIBAL LEADERS AND ADVOCATES CAN USE TO PROPOSE	AND BUILD
SUPPORT FOR IMPROVING LAWS AND POLICIES AFFECTING INDIAN N	ATIONS AND
PEOPLES, INCLUDING DISCRIMINATORY LAWS AND PRACTICES THAT	CURRENTLY
PERPETUATE THE HIGH RATES OF VIOLENCE AGAINST NATIVE WOMEN	AND GIRLS.
EXPENSES \$ 48,384. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.

ALL OTHER PROGRAMS.

EXPENSES \$ 107,658. INCLUDING GRANTS OF \$ 7,125. REVENUE \$ 0.

45

FORM 990, PART VI, SECTION B, LINE 11B:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization INDIAN LAW RESOURCE CENTER	Employer identification number 52-1121079
THE EXECUTIVE DIRECTOR REVIEWS THE 990 TO ENSURE THE INFORM	MATION IS
ACCURATE. THE DRAFT IS THEN CIRCULATED TO THE BOARD OF DIR	ECTORS FOR THEIR
REVIEW 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.

THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES AND OFFICERS ARE NOT COMPENSATED WITH THE EXCEPTION OF THE PRESIDENT/EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

THE 990 IS AVAILABLE ON OUR WEBSITE, INDIANLAW.ORG, AND UPON REQUEST.

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

THE ORGANIZATIONS BYLAWS, IRS DETERMINATION LETTER, ARTICLES OF

INCORPORATION, AND CONFLICT OF INTEREST POLICY CAN BE MADE AVAILABLE UPON

46

REQUEST.

932212 09-06-19

Name of the organ	990 or 990-EZ) (2019) ization				Page Employer identification number
	INDIAN LAW	RESOURCE	CENTER		52-1121079
FORM 990,	PART XII, LINE	2C			
NO CHANGE	IN CURRENT YEAD	2			
NO CITANGE	IN CORRENT TEAD	Λ•			
932212 09-06-19			47	Sche	dule O (Form 990 or 990-EZ) (2019

08291109 147695 118512 2019.

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

1		Filo	2	601	arato	anr	olication	for	oach	roturn	
	~	гпе	a	sei	Jarate	apr	Jiication	TOL	eacn	return.	

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer	axpayer identification number (TIN)				
print	INDIAN LAW RESOURCE CENTER		52-1121079				
File by the	Number, street, and room or suite no. If a P.O. box, s		JZ-112	21079			
due date for filing your	602 NORTH EWING						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59601							
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)	09			
Form 990	)-PF	04	Form 5227	10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990	0-T (trust other than above)	06	Form 8870				
<ul> <li>If the</li> <li>If this</li> <li>box ▶</li> <li>1 I re</li> <li>the</li> <li>▶</li> <li>2 If t</li> </ul>	hone No. ► <u>406-449-2006</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► . equest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization tax year beginning he tax year entered in line 1 is for less than 12 months, cf Change in accounting period	Group Exe and atta NOVE1 anization's , an heck rease	mption Number (GEN) <u>ch a list with the names and TINs of</u> <u>MBER 16, 2020</u> , to file return for: d ending on: Initial return	If this is fo all membe	r the whole g ers the extens npt organizati 	roup, check this sion is for.	
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.	
b lft	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allow			owed as a credit.	3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa			h this form, if required, by			-	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2020)	