Department of the Treasury

Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

A	or the 2	005 calendar year, or tax year beginning	and	ending	
_	Check if	Please C Name of organization			D Employer identification number
	policable;	use IRS			b Employer Identification (fullipe)
Γ	Address	label or INDIAN LAW RESOURCE	CENTER		52-1121079
$\vdash$	Name	type. Number and street (or P.O. box if mail is n	TVTEN	12	
F	change Initial return	See Specific 602 NORTH EWING	or delivered to street address)	Room/suite	E Telephone number $406-449-2006$
누	Final	Instruc-	-		
-	— return — Amende	HELENA, MT 59601			F Accounting method: Cash X Accrual Other (specify)
F	⊒retum ∏Applical	tion Section 501(c)(3) organizations and 4047(a)(	1) nonexempt charitable trusts	III	
_	pending	must attach a completed Schedule A (Form 9	90 or 990-EZ).		olicable to section 527 organizations.
G '	Moheito:	►WWW.INDIANLAW.ORG		H(a) Is this a group	
		tion type (check only one) ► X 501(c) ( 3 ) ◀ (inse	rt no.) 4947(a)(1) or 52	H(b) If "Yes," enter n H(c) Are all affiliates	· / - <del></del>
		re if the organization's gross receipts are norr		(If "No.* attach a	a list.)
		ion need not file a return with the IRS; but if the organiz		H(d) Is this a separat	te return filed by an or-
	sure to fil	e a complete return. Some states require a complete r	eturn.		on Number ► N/A
				I Group Exemption  M Check ►	if the organization is <b>not</b> required to attach
L	Gross red	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,781,702.		90, 990-EZ, or 990-PF).
	Milwood Control	Revenue, Expenses, and Changes in			30, 330 E2, 31 330 11 /.
Contract	1	Contributions, gifts, grants, and similar amounts received		arices	
	1	Direct public support		1,348,9	169
		Indirect public support			122
	C	Government contributions (grants)		<del></del>	
	d	Total (add lines 1a through 1c) (cash \$1, 3	80,691, noncash \$	<u></u>	) 1d 1,380,691.
	2	Program service revenue including government fees a	nd contracts (from Part VII line 03	١	2
	3	Membership dues and assessments			
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5 4,553.		
	6 a	Gross rents		i	
	b	Less: rental expenses			
	C	Net rental income or (loss) (subtract line 6b from line 6			6c
en.	7	Other investment income (describe DISTRI	BUTIONS FROM TR	UST	) 7 22,330.
ğ	8 a	Gross amount from sales of assets other	(A) Securities	(B) Other	22,330:
Revenue		than inventory		T-1	
<u> </u>	j	Less-cost or other basis and sales expenses			
	C	Gain or (loss) (attach schedule)			
	d	Net gain or (loss) (combine line 8c, columns (A) and (			8d -4,153.
	9	Special events and activities (attach schedule). If any a			
	a	Gross revenue (not including \$			
		reported on line 1a)	9a		
	d	Less: direct expenses other than fundraising expenses	96		
	C	Net income or (loss) from special events (subtract line	9b from line 9a)		90
	10 a	Gross sales of inventory, less returns and allowances	10a	I	
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (attach so	chedule) (subtract line 10b from lin	e 10a)	10c
	11	Other revenue (from Part VII, line 103)	,	*******************************	11
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc, and 11)	*************	12 1,403,421.
c)	13	Program services (from line 44, column (B))		***************************************	13 1,168,366.
Expenses	14	Management and general (from line 44, column (C))	***************************************		14 158,407.
tbe	15	Fundraising (from line 44, column (D))		**************************	15 142,302.
ω	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 1,469,075.
y,	18	Excess or (deficit) for the year (subtract line 17 from li	ne 12)	· •••••	18 -65,654.
Net Assets	19	Net assets or fund balances at beginning of year (from	line 73, column (A))		
¥	20	Other changes in net assets or fund balances (attach e	xpianation) SEE	STATEMENT	
5230		Net assets or fund balances at end of year (combine lin			21 1,094,014.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
(cash \$ 0 • noncash \$ 0 .	,				
If this amount includes foreign grants, check here	22				
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24		•		
25 Compensation of officers, directors, etc.	25	94,036.	69,228.	12,101.	12,707.
26 Other salaries and wages	26	628,214.	462,480.	80,844.	84,890.
27 Pension plan contributions	27	53,673.	40,056.	6,710.	6,907.
28 Other employee benefits	28	116,835.	87,194.	14,606.	15,035.
29 Payroll taxes	29	53,588.	39,993.	6,699.	6,896.
30 Professional fundraising fees	30		71.7		
31 Accounting fees	31	8,255.	6,398.	1,857.	
32 Legal fees	32	•	******		
33 Supplies	33	15,387.	12,026.	2,796.	565.
34 Telephone	34	15,765.	13,743.	1,878.	144.
35 Postage and shipping	35	7,474.	5,182.	923.	1,369.
36 Occupancy	36	40,037.	26,515.	13,522.	
37 Equipment rental and maintenance	37	6,478.	5,201.	1,277.	
38 Printing and publications	38	18,133.	15,682.	233.	2,218.
39 Travel	39	139,174.	127,857.	4,052.	7,265.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	8,027.	5,311.	2,716.	
43 Other expenses not covered above (itemize):					2
a	43a			·	
b	43b			·	
c	43c			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
d	43d	· ·			7071
8	43e			******	
	43f				*****
g SEE STATEMENT 3	43a	263,999.	251,500.	8,193.	4,306.
44 Total functional expenses. Add lines 22		1			2,7000
through 43. (Organizations completing					
columns (B)-(D), carry these totals to lines					*
13-15)	44	1,469,075.	1,168,366.	158,407.	142,302.
Joint Costs. Check ▶ ☐ if you are following			•		222,0021
Are any joint costs from a combined educational campa			orted in (B) Program service	nes? ▶□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co		1	ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$		/-	iv) the amount allocated to		N/A

Form 990 (2005)

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses
ΑIJ	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of	(Required for 501(c)(3)
	ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	and (4) orgs., and 4947(a)(1) trusts; but
	panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	optional for others.)
а	GENERAL PROGRAM - PROVIDE LEGAL ASSISTANCE WITHOUT CHARGE TO	
	INDIAN NATIONS AND TRIBES WHO ARE WOKING TO PROTECT THEIR	
	LAND, RESOURCES, HUMAN RIGHTS, ENVIRONMENT, AND CULTURAL	
	HERITAGE.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	214,549.
b	MOHAWK, ONONDAGA, AND SENECA NATION LAND CLAIMS -	
	REPRESENTING THREE INDIAN NATIONS IN EFFORTS TO RECOVER SOME	
	OF THEIR TRADITIONAL LANDS LOST IN FRAUDULENT DEALS	
	ENGINEERED BY THE STATE OF NEW YORK AFTER THE AMER. REVOL.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	259,608.
C	NICARAGUA, BELIZE AND HONDURAS - ASSISTING THE MISKITO AND	
	MAYAGNA (SUMO) INDIAN COMMUNITIES OF NICARAGUA, THE MOPAN AND	
	KE'KCHI MAYA IN BELIZE, AND INDIGENOUS GROUPS OF LA MOSQUITIA	
	REGION IN HONDURAS TO IMPLEMENT LAND RIGHTS DECISIONS	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	67,000.
d	HUMAN RIGHTS AND HUMAN RIGHTS STANDARDS - DEVELOPING	<u> </u>
	STRONG AND PRACTICAL HUMAN RIGHTS STANDARDS CONCERING	
	INDIGENOUS PEOPLES IN THE UNITED NATIONS, THE ORGANIZATION OF	
	AMERICAN STATES, AND OTHER INTERNATIONAL BODIES.	•
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	270,038.
е	Other program services (attach schedule) SEE STATEMENT 5	2.0,000
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	357,171.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,168,366.
		, = = = , = 0 0 0

		Balance Sneets (See the instructions				1	
Note		re required, attached schedules and amour uld be for end-of-year amounts only.	nts within	the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			61,598.	45	43,144. 166,003.
	46	Savings and temporary cash investments			369,966.	46	166,003.
			1	1 000			
		Accounts receivable		1,028.	1 000		1 000
	D	Less: allowance for doubtful accounts	47	7b	1,828.	47c	1,028.
	40 -	Distance manifestate					
		Pledges receivable		****			
						48c	100 171
	49 50	Grants receivable				49	492,171.
	อน	Receivables from officers, directors, truste	•				
ħ	C1 -	and key employees			· · · · · · · · · · · · · · · · · · ·	50	
Assets		Other notes and loans receivable					
æ	ນ 52	Less: allowance for doubtful accounts				51c	1
	52 53	Inventories for sale or use			8,553.	52	2 445
	54	Prepaid expenses and deferred charges			197,510.	53	2,445.
		Investments · securities	******************	COST L. FIVIV	197,310.	54	
	55 a	Investments · land, buildings, and	1				
		equipment: basis		28			
	h	Less: accumulated depreciation	55	<sub>56</sub>		EE.	
	56	Investments - other	SEE		0.	55c 56	9,734.
		Land, buildings, and equipment: basis		7a 101,019.		30	2/134.
				7b 86,486.	16,112.	57c	14,533.
	58	Other assets (describe	SEE	STATEMENT 7	421,594.		421,619.
	••		121/3511	30	121/010.		
	59	Total assets (must equal line 74). Add line	es 45 thro	ugh 58	1,077,161.	59	1,150,677.
	60	Accounts payable and accrued expenses			27,988.		56,663.
	61	Grants payable				61	
	62	Deferred revenue				62	
Liabilities	63	Loans from officers, directors, trustees, ar				63	
Ħ	64 a	1 Tax-exempt bond liabilities				64a	***************************************
Ľ.		Mortgages and other notes payable				64b	
		Other liabilities (describe				65-	
	66	Total liabilities. Add lines 60 through 65)			27,988.	66	56,663.
	Orga	anizations that follow SFAS 117, check he	ere 🕨 🖸	and complete lines			
s		67 through 69 and lines 73 and 74.					
ခွ	67	Unrestricted	• • • • • • • • • • • • • • • • • • • •		265,725.		189,832.
<u>a</u>	68	Temporarily restricted			779,070.		877,724.
ŭ	69	Permanently restricted			4,378.	69	26,458.
Ĕ	Orga	anizations that do not follow SFAS 117, c	heck her	e ▶ 📖 and			
7.		complete lines 70 through 74.					
ts (	70	Capital stock, trust principal, or current fu		· · · · ·		70	
Net Assets or Fund Balances	71	Paid in or capital surplus, or land, building				71	
řΑ	72	Retained earnings, endowment, accumula			***	72	
ž	73	Total net assets or fund balances (add lines 6	-	<u>-</u>	1 010 1		
	74	column (A) must equal line 19; column (B) must			1,049,173.	73	1,094,014.
	74	Total liabilities and net assets/fund bala	ances. Ad	d lines bo and 73	1,077,161.	74	1,150,677.

	instructions.)					
2	Total revenue, gains, and other support per audited financial statemen	nts			a 1,	135,840.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments	b	1 1,6	18.		
2						
3	Recoveries of prior year grants					
4	Other temperature SEE STATEMENT Q	b	1 666	99.		
	Add lines b1 through b4				ъ –	267,581.
Ç	Subtract line b from line a					403,421.
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b		1			
2	Other (specify):		2			
	Add lines d1 and d2	***************************************			đ	0.
е	Total revenue (Part I, line 12). Add lines c and d				ε 1,	403,421.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	incial Statements W	ith Expenses	per F	Return	
a	Total expenses and losses per audited financial statements				a 1,	469,075.
b	Amounts included on line a but not on Part I, line 17:		1			
1	Donated services and use of facilities					
2	, ,	<u>b</u>	2			
3	Losses reported on Part I, line 20	<u>b</u>	3			
4	Other (specify):	<u>b</u>	4			
	Add lines b1 through b4				b	0.
C	Subtract line <b>b</b> from line <b>a</b>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		c 1,	469,075.
d	Amounts included on Part I, line 17, but not on line a:	t	t			
1	Investment expenses not included on Part I, line 6b					
2	Other (specify): ROUNDING	d	2			
	Add lines d1 and d2				d	0.
e Interes	Total expenses (Part I, line 17). Add lines c and d			. 🕨		469,075.
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we				ticer, dire	ctor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position			ntributions to byee benefit & deferred insation plans	(E) Expense account and other allowances
	(A) Name and address				ntributions to byee benefit & deferred insation plans	(E) Expense account and other allowances
					ntributions to byee benefit & deferred insation plans	(E) Expense account and other allowances
- SĒ	E STATEMENT 9			(D) Cor emplo plans comper		
SE			(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
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SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
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SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		
SE	E STATEMENT 9		(C) Compensation (If not paid, enter -0)	(D) Cor emplo plans comper		

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Form 990 (2005)

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

Form 990 (2005)

Form 990 (2005)

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.  Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the Instructions.)  Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part VI Information Regarding Taxable Subsidiaries and Disregarded Entities (See the Instructions.)  (A) Name, address, and EIN of corporation, Percentage of Percent	Part VII Analysis of Income-						· · · · · · · · · · · · · · · · · · ·
and the property of the prope	•	Wise					(E)
### Information Regarding Taxable Subsidiaries and Disregarded Entities (See the Instructions.)    Part No.   Information Regarding Taxable Subsidiaries and Disregarded Entities (See the Instructions.)	Indicated.				Exclu-		, ,
Medicare/Medicaid payments  9 Fees and contracts from government agencies  9 Membership of uses and assessments  90 Interest on savings and temporary cash investments  90 Individends and interest from securities  91 Net rental income or (loss) from real estate:  92 debt-financed property  93 Net rental income or (loss) from personal property  94 Net rental income or (loss) from personal property  95 Net rental income or (loss) from personal property  96 Net rental income or (loss) from sales of assests  18	93 Program service revenue:	1		Amount		Amount	function income
Medicare/Medicald payments   Fees and contracts from government agencies   Stress of a subject of the payments   Stress of the payments   Stress of the payment   Stress of the payments   Stress of the payment   Stress o	3						- 1974 - 1874 - 1884 - 1874 -
Medicare/Medicald payments   Medicare/Medicald payments   Medicare/Medicald payments   Medicare/Medicald payments   Sees and contracts from government agencies   Sees and contracts on savings and temporary cash investments   Sees and contracts on savings and temporary cash investments   Sees and contracts on savings and temporary cash investments   Sees and contracts of the contract	b						
Medicare/Medicaid payments   g Fees and contracts from government agencies   g Fees and contracts from securities   g Fees and	C						
g Fees and contracts from government agencies y Membarship duse and assessments so interest an savings and temporary cash investments of Dividends and interest from securities y Net rental income or (loss) from real estate: a debt-financed property but not debt-financed property of Other investment income of Class) from personal property of Other investment income of Class from sales of assets other than inventory of Other investment income of Class) from sales of assets other than inventory of Other investment income of Class) from sales of inventory of Other investment income of Class) from sales of inventory of Other investment income of Class) from sales of inventory of the revenue:  18	d						
g Fees and contracts from government agencies y Membarship duse and assessments so interest an savings and temporary cash investments of Dividends and interest from securities y Net rental income or (loss) from real estate: a debt-financed property but not debt-financed property of Other investment income of Class) from personal property of Other investment income of Class from sales of assets other than inventory of Other investment income of Class) from sales of assets other than inventory of Other investment income of Class) from sales of inventory of Other investment income of Class) from sales of inventory of Other investment income of Class) from sales of inventory of the revenue:  18	e						
94 Membership dues and assessments 95 Interest on savings and temporary cash investments 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (goss) from real estate: 98 debt-financed property 99 Other investment income or (goss) from personal property 90 Other investment income or (goss) from sales of assests 97 Other investment income or (goss) from sales of assests 98 Net rental income or (goss) from sales of assests 99 Other revenue: 99 Other revenue: 90 Other revenue: 90 Other revenue: 91	Medicare/Medicaid payments						
95 Interest on savings and temporary cash investments 96 Dividends and interest from sacurities 97 Net rental income or Gosp from real estate: 98 a debt-financed property 99 Other investment income 10 Gash or Gosp) from sales of assets 90 Other investment income 10 Gash or Gosp) from sales of assets 91 Other investment income 10 Gash or Gosp) from sales of assets 92 Other investment income 10 Gash or Gosp) from sales of inventory 10 Net Income or Gosp) from sales of inventory 10 Net Income or Gosp) from sales of inventory 10 Net Income or Gosp) from sales of inventory 10 Net Income or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 11 Gross profit or Gosp) from sales of inventory 11 Gross profit or Gosp) from sales of inventory 12 Gross profit or Gosp) from sales of inventory 13 Other revenue: 14 Gross profit or Gosp) from sales of inventory 14 Gross profit or Gosp) from sales of inventory 15 Gross profit or Gosp) from sales of inventory 16 Gross profit or Gosp) from sales of inventory 17 Gross profit or Gosp) from sales of inventory 18 Gross profit or Gosp) from sales of inventory 19 Gross profit or Gosp) from sales of inventory 10 Other revenue: 10 Gross profit or Gosp) from sales of inventory 10 Other revenue: 11 Gross profit or Gosp) from sales of inventory 10 Other revenue: 12 Gross profit or Gosp) from sales of inventory 10 Other revenue: 12 Gross profit or Gosp) from sales of inventory 10 Other revenue: 12 Gross profit or Gosp) from sales of inventory 11 Gross profit or Gosp) from sales of inventory 12 Gross profit or Gosp) from sales of inventory 12 Gross profit or Gosp) from sales of inventory 12 Gross profi	g Fees and contracts from governme	nt agencies					
98 Dividends and interest from securities	94 Membership dues and assessment	s					
97 Net rental income or (loss) from real estate: a debt'financed property.  98 Net rental income or (ses) from personal property 99 Net rental income or (ses) from personal property 90 Gain or (loss) from sales of assets other than inventory 10 Net Income or (ses) from sales of assets other than inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income or (ses) from sales of inventory 10 Net Income (see) from sales of inv	95 Interest on savings and temporary cash	investments					
a debt-financed property  b not debt-financed property  90 Other investment income  118 22,330.  10 Ret income or (loss) from personal property  118 -4,153.  118 -4,153.  119 -4,153.  110 Net income or (loss) from special events  210 Cross profit or (loss) from special events  211	96 Dividends and interest from securiti	es			14	4,553.	
debt-financed property  in not debt-financed property  in not debt-financed property  in Net rental income or (loss) from personal property  in Net rental income or (loss) from personal property  in Net income or (loss) from seles of assets  cher than inventory  in Net income or (loss) from seles of assets  cher than inventory  in Net income or (loss) from seles of assets  cher than inventory  in Net income or (loss) from seles of assets  cher than inventory  in Net income or (loss) from seles of assets  cher than inventory  in Net income or (loss) from seles of inventory  in Net income or (loss) from seles of inventory  in Net creating the selection of the se	97 Net rental income or (loss) from real	estate:					
b not debt-financed property.  99 Net rental income or (loss) from personal property  99 Other investment income  18 22,330.  10 Net income or (loss) from sales of assets other than inventory  10 Clair or (loss) from sales of inventory  11 Net income or (loss) from sales of inventory  12 Gross profit or (loss) from sales of inventory  13 Other revenue:  14		'		1			
98 Net rental income or (loss) from personal property 90 Other investment income 18 22,330.  90 Gain or (loss) from sales of assasts other than inventory 18 -4,153.  91 Net income of (loss) from special events 92 Gross profit or (loss) from special events 93 Other revenue:  4							
99 Other investment income 18 22,330.  10 Sain or (loss) from sales of assets other than inventory 11 Net income or (loss) from special events 12 Gross profit or (loss) from special events 13 Other revenue:  14 -4,153.  15 Total (add line 104, columns (B), (D), and (E)) 16 Total (add line 104, columns (B), (D), and (E)) 17 Total (add line 104, columns (B), (D), and (E)) 18 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  18							
00 Gain or (loss) from sales of assets other than Inventory					18	22,330.	
of the frame inventory (loss) from special events (loss) from special events (loss) from special events (loss) from special events (loss) from sales of inventory (loss) from sales of in							
101 Net income or (loss) from special events 202 Gross profit or (loss) from sales of inventory 303 Other revenue:					18	-4,153.	
22 Gross profit or (loss) from sales of inventory 33 Other revenue:  a b c d Subtotal (add columns (B), (D), and (E)  55 Total (add line 104, columns (B), (D), and (E)  50 Total (add line 104, columns (B), (D), and (E)  51 Total (add line 104, columns (B), (D), and (E)  52 Total (add line 104, columns (B), (D), and (E)  52 Total (add line 104, columns (B), (D), and (E)  52 Total (add line 104, columns (B), (D), and (E)  55 Total (add line 104, columns (B), (D), and (E)  56 Total (add line 104, columns (B), (D), and (E)  57 Total (add line 104, columns (B), (D), and (E)  58 Total (B), and (B),			1.			•	
Other revenue:  a							
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Bush Subtotal (add columns (B), (D), and (E)	t.						<del></del>
ds Subtotal (add columns (B), (D), and (E)							
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Subtotal (add columns (B), (D), and (E)   0 . 22,730 .							
Note: Line 105 pts line 1d, Part I, should equal the amount on line 12, Part I.  Part XIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)  Line No.   Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part XII Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (A) Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/B  Part XII Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  Note: If "Yes" to [b], file Form 8870 and Form 4720 (See instructions)  Please  Personal Benefit Contracts (See the instructions)  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  Note: If "Yes" to [b], file Form 8870 and Form 4720 (See instructions)  Please  Personal  Personal Benefit Contracts (See the instructions)  (c) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	IM Subtotal (add columns (B) (D) and	(E))			0 -	22 - 730 -	0
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Part   Mile   Relationship of Activities to the Accomplishment of Exempt Purposes (See the Instructions.)	Note: Line 105 plus line 1d, Part I, shoul	d equal the amount or	n line 12.	Part I.			
Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).  Part X Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)  (B) (C) (D) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					mpt Puri	ooses (See the instruction	ons.)
exempt purposes (other than by providing funds for such purposes).    Part   X		······································					<u> </u>
Name, address, and EIN of corporation, partnership, or disregarded entity  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Sign Here  Preparer's  Signature  Prep						,	
Name, address, and EIN of corporation, partnership, or disregarded entity  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Sign Here  Preparer's  Signature  Prep							
Name, address, and EIN of corporation, partnership, or disregarded entity  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Sign Here  Preparer's  Signature  Prep		MATERIA DE LA RECOGNICACIÓN DESCRIBACIONES O LA CALLA COMPRESA DE CONTRACTOR DE CONTRA					
Name, address, and EIN of corporation, partnership, or disregarded entity  NAME AND AND AND AND AND AND GALUSHA  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Part X: Under penalties of penalties of penalties of penalties of penalties of officer and correct, and correct, and correct of other than officers based on all information of ynich preparer as any knowledge.  Preparer's signature						. "	
Name, address, and EIN of corporation, partnership, or disregarded entity  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/						1	
Name, address, and EIN of corporation, partnership, or disregarded entity  Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Sign Here  Preparer's  Signature  Prep	Part IX Information Regard	ing Taxable Sub	sidiarie	s and Disrega	rded En	tities (See the instruction	ns.)
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Under penalties of polyury, Idectare that I have exampled the indirectly is based on all information of which preparer has any knowledge and belief, it is true, correct, and contains the preparer (bett film officer) based on all information of which preparer has any knowledge.  Preparer's Signature Preparer's Signature Preparer's GALUSHA HIGGINS AND GALUSHA  Preparer's Signature Preparer's GALUSHA HIGGINS AND GALUSHA  EIN Preparer's self-employed, P.O. BOX 1699		(B)		(C)		(D)	(E)
N/A    %   %   %   %   %   %   %   %   %	name, address, and EIN of corporation, partnership, or disregarded entity		ľ	lature of activities		l otal income	
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Sign Under penalties or polymy, Lelectare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and original preparal (other than officers) based on all information of which preparer has any knowledge.  Preparer's Signature of officer Date Type or print name and title.  Preparer's signature of officer GALUSHA HIGGINS AND GALUSHA  EIN Preparer's self-employed, P.O. BOX 1699							
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Under penalties of polymy, declare that I have example of this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and conclude Department (other than office) based on all information of which preparer has any knowledge.  Preparer's Signature of officer Date Type or print name and title.  Preparer's signature of officer GALUSHA HIGGINS AND GALUSHA  EIN Preparer's self-employed, P.O. BOX 1699	N/A	%	***************************************				
Part X   Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   Yes   X    (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Yes   X    Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please   Under penalties of perjury, declare that I have examined this roture, ineluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and contains the preparation of preparation of preparation of preparation of the prep	AND THE PROPERTY OF THE PROPER						'
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(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please  Under penalties in policy, declare that I have examined this rebut including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compare. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge.  Please  Sign  Here  Preparer's  Signature of officer  Date  Date  Date  Check if self-employed  Firm's name (or yours if self-employed),  P.O. BOX 1699	Part X Information Regard		sociate	d with Person	nal Rene	fit Contracts (See the	instructions )
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).  Please Under penalties of policy, declare that I have exampled this return inetuding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct, and correct, and correct, and correct, and correct than of intermitted the preparer has any knowledge.  Sign Here  Preparer's  Signature  Preparer's  Signature  Preparer's  Firm's name (or yours if self-employed),  P.O. BOX 1699							[ ] [ ] [ ]
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Sign Here Signature of officer Date Type or print name and title.  Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), P.O. BOX 1699  EXECUTIVE DIRECTOR Type or print name and title.  Preparer's SSN or PTIN Self-employed Preparer's SSN or				companying schedules	s and statemen	its, and to the best of my knowled	ge and belief, it is true.
Preparer's Signature of Officer  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Firm's name (or yours if self-employed), P.O. BOX 1699  Type or print name and title.  Preparer's SSN or PTIN  Preparer's SSN or PTIN  Self-employed   Preparer's SSN or PTIN  Preparer's SSN or PTIN  Self-employed   Preparer's SSN or PTIN  Firm's name (or yours if self-employed), P.O. BOX 1699		reparer (other than of peris	based on all	information of which pr			
Preparer's SSN or PTIN Preparer's signature  Preparer's SSN or PTIN Signature  Firm's name (or yours if self-employed), P.O. BOX 1699  Preparer's SSN or PTIN Self-employed  Preparer's		I- LAGGERT		2/14/8/b			K
Preparer's   Signature   Signa		<del>-</del>	U.	- <u> </u>	· · · ·		Orenarar's SSM or DTIN
Preparer's Firm's name (or yours if self-employed), P.O. BOX 1699	Preparer's .	_			, Data		· · cpaici a dais ui PIIIS
Use Only yours if self-employed). P.O. BOX 1699	FAID	my Llabor		•	5/10/		
1	signature //	M HICCINE	NID C	ATTICUA	5/12/	TL₂ employed ►	
523163   address, and   HELENA, MT 59624-1699   Phone no. ► 406-442-5520	Preparer's Firm's name (or GALUS'H		AND G	ALUSHA	5/12/	TL₂ employed ►	

## **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

Employer identification number

INDIAN LAW RESOURCE CENTE	R		52 11210	79
Part I Compensation of the Five Highest Paid Emp	loyees Other Than	Officers, Direc	ctors, and T	rustees
(See page 1 of the instructions. List each one. If there are none, en			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(c) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	ATTORNEY			
602 N. EWING, HELENA, MT 59601	40.00	58,938.	19,677	,
		IR		
602 N. EWING, HELENA, MT 59601	40.00	63,570.	9,490	•
	POLICY SPECIA	1		
601 E STREET SE, WASHINGTON, DC 20003		45,493.	13,629	
<b></b>	DIRECTOR DC O	i .	21 566	
601 E STREET SE, WASHINGTON, DC 20003		91,258.	31,566	•
	ATTORNEY	F 404	0.504	
601 E STREET SE, WASHINGTON, DC 20003	30.00	55,484.	8,584	•
Total number of other employees paid	. 0			
over \$50,000 Part II-A Compensation of the Five Highest Paid Inde	<u>'                                    </u>	re for Professi	onal Servic	00
(See page 2 of the instructions. List each one (whether individuals	-		orial Servic	<b>c</b> 3
<u> </u>				
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of s	service	(c) Compensation
NONE				
				•
And the second of the second o				
· 			•	
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde	pendent Contracto	rs for Other S	ervices	
(List each contractor who performed services other than profession	=			
firms. If there are none, enter "None." See page 2 of the instruction	is.)			
(a) Name and address of each independent contractor paid more th	an \$50 000	(b) Type of	service	(c) Compensation
(a) Name and address of each independent contractor paid more to	an woo,ooo	(b) 13pc of	3014100	(a) compensation
	·			
NONE				
The state of the s				
		· ·		
Total number of other contractors receiving over				
\$50,000 for other services	0			

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Page 3

Par	TIV-A Support Schedule (C Note: You may use the	omplete only if you che worksheet in the insti	ecked a box on line 10 nuctions for converting	, 11, or 12.) Use cash from the accrual to the	method of accounting e cash method of acco	g. Untina
Calen	dar year (or fiscal year ning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	<del></del>
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,410,813.			1,368,463.	(e) Total 5,483,915.
16	Membership fees received	1,410,013.	JJJ, 14J.	1,740,000.	1,300,403.	3,403,913.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,594.	1,098.	24,599.	24,033.	51,324.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,698.	36,770.	3,826.	40,881.	94,175.
19	Net income from unrelated business					
	activities not included in line 18					1100
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	171111111111111111111111111111111111111				
23	Total of lines 15 through 22	1,425,105.			1,433,377.	5,629,414.
25	Line 23 minus line 17	1,423,511.			1,409,344.	5,578,090.
25	Enter 1% of line 23	14,251.	9,936.			111 560
•	Organizations described on lines 1 Prepare a list for your records to sho					111,562.
U	unit or publicly supported organizati				100000000000	
	Do not file this list with your return.		•	aco ano amount snown in		2,899,942.
C	Total support for section 509(a)(1) t					5,578,090.
d-	Add: Amounts from column (e) for li	ines:18				
		22	26b	2,899,94	2 • ≥ 26d	2,994,117.
е	Public support (line 26c minus line 2	,				2,583,973.
	Public support percentage (line 26					46.3236%
27	Organizations described on line 12					
	records to show the name of, and to such amounts for each year:	tal amounts received in ea N/A	ach year from, each "disq	ualified person." <b>Do not fi</b>	le this list with your retur	n. Enter the sum of
	(2004)		10	000)	(0004)	
b	For any amount included in line 17 to				The state of the s	n charutha name of
	and amount received for each year,		•		•	
	described in lines 5 through 11b, as					
	the larger amount described in (1) o		•	· -		
	(2004)	(2003)	(2	002)	(2001)	***************************************
ε	Add: Amounts from column (e) for li	ines: 15	,	16		
	17	20		21	<b>&gt;</b> 27c	N/A
đ	· · · · · · · · · · · · · · · · · · ·		d line 27b total			N/A
e .	Public support (line 27c total minus			1 1		N/A
q	Total support for section 509(a)(2) t Public support percentage (lin				9903000000	N/A %
-	Investment income percentage					N/A % N/A %
		(0)				

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A Form 900 x 900-F3 200

## Private School Questionnaire (See page 7 of the instructions.)

N/A

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	- <del>  31</del> -		
32	Does the organization maintain the following:	_ _		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
33	Does the organization discriminate by race in any way with respect to:	_		
3		33a		Townson.
b				
C	Employment of faculty or administrative staff?			
d				
e				
f	Use of facilities?			
g				
h				
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
34 a				ļ
b		34b	 	
0.0	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
36	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

	hedule A (Form 990 or 990-EZ) Fart VI-A Lobbying E	2005 INDIAN LAW Expenditures by Elec			n O of	lho instruction	. \	52	-1121079	Page
_	(To be complete	d ONLY by an eligible organiz	ation that filed Form 5763)						***************************************	
Chi	eck 🕨 a 🔛 if the organiza	tion belongs to an affiliated g	roup, Check	<mark>▶ biif</mark> y	ou che			ontrol"	provisions apply.	****
		mits on Lobbying E	-			a) Affiliated tot	group		(b) To be completed t electing organiza	
	(। अहं रहा	m "expenditures" means amou	ints paid or incurred.)	-		N/A			electing organiza	
36	Total lobbying expenditures to	n influence public opinion for	reeroate labbuina\		36	IN / E	7	į.		
37										686
38							*			
39						· n. · · ·				
40										
					70				1/100/	0,3.
	If the amount on line 40 is -									
				٠, ١						
				1 18						
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus 1	0% of the excess over \$1,000,0	00	41				221,	908.
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus 5	i% of the excess over \$1,500,00	o						
	Over \$17,000,000	\$1,000,000		J						
					42				55 <b>,</b>	477
43	Subtract line 42 from line 36.	Enter -0- if line 42 is more tha	an line 36		43	-				.,
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more that	an line 38		44					
_	Caution: If there is an amo	unt on either line 43 or line	e 44, you must file Form	4720.						
Ca	lendar year (or	· (a)			g 4-Ye	ar Averaging f	····		(e)	
	cal year beginning in)	2005	2004	2003			2002		Total	
45	Lobbying nontaxable									
	amount	221,908.	196,350.	208	,53	3. 3	356,	460	. 983,	251.
46	Lobbying ceiling amount									
_									1,474,	<u>877.</u>
-47	Total lobbying	606	2 072	<u> </u>	2.4		17	750	22	7.01
		000.	2,0/3.		, 24	0 4	1/,	139	23,	/04
40		55-477	49.088.	52	.13	٦	ΩQ	115	245	813
49		337177	13,000.		,	<u> </u>	, CO		243,	013.
	(150% of line 48(e))								368,	720.
50	Grassroots lobbying				**********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************		
F-13	expenditures									0.
_		1								
	•	· ·	•	, including any	attemp	t to	Yes	No	Amount	
			=					-		
a b	Paid staff or management (In	clude companyation in even	ene concerted on lines a three	ugh h		•				
C										
ď	Mailings to members, lenislat	tors, or the public	***************************************	• • • • • • • • • • • • • • • • • • • •		••••••				
e										
1										
g										
h	Rallies, demonstrations, sem	inars, conventions, speeches,				X				

0.

ran		yarding Transfers to and zations (See page 12 of the instru		i Helationships with Noncharit	able		
 51		irectly or indirectly engage in any of t		organization described in section			
		section 501(c)(3) organizations) or in					
		ganization to a noncharitable exempt		illical organizations?		Yes	No
u	•	•	· •		51a(i)	163	
				······································			X
6	Other transactions:	••••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a(ii)		Х
n		to with a popularitable everyt over	insting.		h/i)		v
							X
	(iii) Poimhurosmost arrangeme	ent, or other assets	***************************************		b(iii)		X
	(iv) hemibursement arrangeme	ents			b(iv)		X
	(vi) Parformance of continue or	momharchia ar fundraising caligitati			b(v) b(vi)		X
							X
				always show the fair market value of the		إ	Λ
		e is 'tes, complete the lollowing sch given by the reporting organization.					
		nent, show in column (d) the value of				N/A	
(a)		T	the goods, other assets, o	1		IV / A	
Line n		(c) Name of noncharitable exe	mpt organization	(d) Description of transfers, transactions, and s	haring ar	randen	nents
······································				***************************************			
	• • • • • • • • • • • • • • • • • • •						
	\	•		141-141/2-1442-1-1-1-1			
	***************************************						
		100-100-100-100-100-100-100-100-100-100					
······································							
					-		
				· · · · · · · · · · · · · · · · · · ·			
	Code (other than section 501(c If "Yes," complete the following	)(3)) or in section 527?schedule: N/A		panizations described in section 501(c) of the	Yes	X	] No
	(a Name of or	ganization	(b) Type of organization	(c) Description of relations	nip		
		-		- HTT-012 -			
							·
				· · · · · · · · · · · · · · · · · · ·			
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	-	P					
						y.a	
		· · · · · · · · · · · · · · · · · · ·		1204			
		**************************************					

						-	
FORM 990 GAIN (Lo	OSS) FROM	PUBLICLY	TRADED SE	CURITIES	>	STATEMENT	1
DESCRIPTION	s	GROSS ALES PRICE	COST OTHER B		KPENSE SALE	NET GAI OR (LOS	
WASHINGTON MUTUAL INV C	 L А	3,453.	3,	370.	0.		83.
WASHINGTON MUTUAL INV C		107,995.		080.	0.	, · · ·	
WASHINGTON MUTUAL INV C VARIOUS CERTIFICATE OF	L A	12,680.	10,	831.	0.	1,8	49.
DEPOSIT TRANSACTIONS		250,000.	250,	000.	0.	1	0.
TO FORM 990, PART I, LI	NE 8	374,128.	378,	281.	0.	-4,1	53.
FORM 990 OTHER C	HANGES IN	NET ASSET	S OR FUND	BALANCI	ES	STATEMENT	2
DESCRIPTION	·				٠	AMOUNT	
 UNREALIZED GAIN ON INVE					-	1,6	19.
DECREASE IN TEMPORARILY TO SFAS 117	AND PERM	IANENTLY RE	STRICTED	FUNDS DU	JE	<b>-</b> 257 <b>,</b> 7	79.
INC IN TEMP REST NET AS RECOGNITION POLICY	SETS DUE	TO REVISIO	N IN REVE	NUE		378,0	75.
INC IN PERM REST NET AS 2004 CONTRIBUTION	SETS DUE	TO MIS-CLA	SSIFICATI	ON OF		-11,4	20.
TOTAL TO FORM 990, PART	I, LINE	20			=	110,4	
FORM 990		OTHER EXI	PENSES			STATEMENT	3
	(A)		(B)	(C)		(D)	
			ROGRAM	MANAGEI	MENT		
DESCRIPTION	TOTAL	, SI	RVICES	AND GEI	NERAL	FUNDRAISI	NG
ADVERTISING	1,	748.	1,424.		224.	1	00.
CASUAL LABOR		420.	3,063.		751.		06
CONSULTING DUES AND	129,	501.	128,302.		851.	3	48
REGISTRATION	6,	350.	4,482.		103.	1,7	65
INSURANCE	4,	884.	3,928.		956.	•	
MISCELLANEOUS	15,	004.	12,821.	•	1,125.	1,0	58
OFFICE REPAIRS AND MAINTENANCE	2	767.	2,991.		776.		
MAINTENANCE ON-LINE SERVICES	•	174.	10,737.		437.		
STAFF TRAINING	•	571.	1,223.		1,248.	1	.00
SUBSCRIPTIONS AND	·		·		•		
BOOKS	5,	200.	4,871.			3	329

FORM 990

DEPOSITS

DESCRIPTION

LAND FOR TRADITIONAL SEMINOLE NATION

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

THOUSE DIM RECOOKED CEN	T 111(			72-1121	J / J	
TILITIES CONTRIBUTIONS	8,380. 71,000.	6,658 71,000				
COTAL TO FM 990, LN 43	263,999.	251,500	8,193.	4,306.		
FORM 990 STATEMENT OF	ORGANIZATION'S		XEMPT PURPOSE	STATEMENT	4	
EXPLANATION						
PROVIDES LEGAL ASSISTANCE NATIVE NATIONS THROUGHOUT TO PROTECT THEIR LAND, RE HERITAGE.	NORTH, CENTRA	AL, AND SOU	TH AMERICA WHO	ARE WORKING		
ORM 990 OTHER PROGRAM SERVICES				STATEMENT 5		
DESCRIPTION			GRANTS AND ALLOCATIONS	EXPENSES		
SEE ATTACHMENT FOLLOWING	357,171.					
TOTAL TO FORM 990, PART I		357,171.				
FORM 990	OTHER IN	VESTMENTS		STATEMENT	6	
DESCRIPTION		,	VALUATION METHOD	TNUOMA		
INVESTMENTS		-	COST	9,734.		
TOTAL TO FORM 990, PART I	OLUMN B		9,734.			
INVESTMENTS	V, LINE 56, CO		METHOD		AMOUNT 9,7:	

OTHER ASSETS

7

STATEMENT

AMOUNT

1,350.

420,269.

421,619.

FORM 990 OTHER REVENUE	E NOT INCLUDED ON	FORM 990	STAT	EMENT 8
DESCRIPTION			A	MOUNT
DECREASE IN TEMPORARILY AND PERI TO SFAS 117. INCREASE IN PERM REST NET ASSETS				-257,779.
CONTRIBUTION	S DUE TO MICHASS O	r 2004		-11,420.
TOTAL TO FORM 990, PART IV-A				-269,199.
	OF OFFICERS, DIRE	CTORS,	STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT T. COULTER 602 N.EWING STREET HELENA, MT 59601	PRESIDENT, EXE	CUTIVE DIR. 94,036.	24,267.	0.
JOHN D.B. LEWIS 99 HUDSON STREET NEW YORK, NY 10013	SECRETARY 0.00	0.	0.	0.
SUSAN M.MASTEN PO BOX 1027 KLAMATH, CA 95548	BOARD MEMBER 0.00	0.	0.	0.
G. JON ROUSH 2542 NW NORTHUP STREET PORTLAND, OR 97210-2841	BOARD MEMBER 0.00	0.	0.	0.
GAIASHKIBOS 3221 SOUTH 28TH STREET LINCOLN, NE 68502	CHAIRMAN OF TH	E BOARD	0.	0.
PETER JOHN 20 N.WACKER DRIVE, SUITE 2100 CHICAGO, IL 60606	TREASURER 0.00	0.	0.	0.
JEAN LAROSE 163 CROWN STREET, QUEENSTOWN GEORGETOWN, GUYANA	BOARD MEMBER 0.00	0.	0.	0.

INDIAN LAW RESOURCE CENTER			52-1	121079
WILLIE KASAYULIE PO BOX 29 AKIACHAK, AK 99551	BOARD MEMBER 0.00	0.	0.	0.
MARTIN AVERY 1808 EAST AZTEC AVENUE GALLUP, NM 87301	BOARD MEMBER 0.00	0.	0.	0.
LUANN JAMIESON 7182 MEADVILLE ROAD VIA BASOM, NY 14013	BOARD MEMBER 0.00	0.	0.	0.
MELANIE BENJAMIN 43408 OODENA DRIVE ONAMIA, MN 56359	BOARD MEMBER 0.00	0.	0.	0.
MICHELLE ALLEN ONE HAIGHT SAN FRANCISCO, CA 94102-5801	BOARD MEMBER 0.00	0.	0.	0.
NORMA BIXBY PO BOX 54 LAME DEER, MT 59043	BOARD MEMBER 0.00	0.	0.	0.
DR. HENRIETTA MANN 18 GLACIER COURT BOZEMAN, MT 59715	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART		94,036.	24,267.	0.

Description	Grants and Allocations	Program Service Expenses
Alaska and Yukon - assisting 42 Athabascan and Yup'ik tribes to develop a joint management project to protect the Yukon River watershed	·	56,656
Fort Belknap - helping the Gros Ventre and Assiniboine Tribes to stop pollution of their water and lands caused by gold mining adjacent to their reservation in Montana.		31,262
Western Shoshone - assist Mary and Carrie Dann, traditional Western Shoshone ranchers, to assert aboriginal title to Western Shoshone ancestral lands in Nevada. Won historic decision before Inter-American Commission on Human Rights.		52,491
Communications - beginning a new strategic communications initiative aimed at changing federal and international law to rid it of racist and colonial doctrines that still deprive Indian and Alaska Native tribes of basic constitutional rights. This is the very beginning of a multi-year project.		115,664
Multi-lateral Development Banks - Promote trasparency and indigenous participation in the drafting of policies on indigenous peoples at the World Bank and the Inter-American Development Bank (IDB). Promote a stronger institutional relationship between the United Nations Permanent Forum on Indigenous Peoples and the World Bank, and ensure that Mulilateral Development Bank policies conform with existing and emerging international legal standards for protecting the rights of indigenous peoples.	ıs	72,414
Board of Directors - twice yearly meetings of directors from North, Central and South America.		28,684
Total to Form 990, Statement 5 schedule		357,171

# ASSET DEPRECIATION SHORT REPORT ndian Law Resource Center Dec. 31, 2005

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 13100 - 13700 Include: All assets

Includes Section 179 Date Acq Description Meth/Life Salvage Value Cost Depr Basis Beg A/Depr End A/Depr Curr Depr ASSET A/C#: 13100 - FURNITURE/FIXTURES 31/01/78 6 desks SLP/ 7.00 898.00 ስ ስስ 898.00 898.00 0.00 898 00 31/01/78 8 swivel chairs SLP/ 7.00 605.00 0.00 605.00 605.00 0.00 605.00 31/01/73 Bookcase SLP/7.00 43.00 0.00 43.00 43.00 0.00 43.00 31/01/73 Typing table SLP/7.00 60.00 0.00 60.00 60.00 0.00 60.00 Typing stand 01/01/78 SLP/7.00 33.00 0.00 33.00 33.00 0.00 33.00 01/01/78 Armchair SLP/ 7.00 69.00 ብ ብበ 69.00 69.00 0.00 69.00 02/06/78 Carpet & door design SLP/500 119.90 0.00 119.90 119,90 0.00 119.90 05/31/73 File cabinet SLP/ 7.00 350.00 0.00 350.00 350 00 0.00 350.00 06/30/78 File cabinet SLP/10.00 262.50 0.00 262 50 262.50 0.00 262.50 06/20/78 File cabinet SLP/10,00 121.00 0.00 121 00 121.00 0.00 121.00 07/01/79 Desk SLP/ 7.00 150.00 0.00 150.00 150.00 0.00 150.00 07/04/80 File cabinet SLP/ 7.00 100.00 0.00 100 00 100.00 0.00 100.00 07/01/81 Law books SLP/7,00 6,000.00 0.00 6.000.00 6.000.00 0.00 6,000.00 07/01/83 5 tier file cabinet SLP/ 7.00 428.50 0.00 428.50 428.50 0.00 428.50 10/01/90 Desk-Mt office SLP/ 7.00 290.00 ስ ሰበ 290.00 290.00 0.00 290.00 10/01/90 Various furn-MT office SLP/ 7.00 390.00 0.00 390.00 390.00 0.00 390 00 10/01/90 Credenzas-MT office SLP/ 7.00 75.00 0.00 75.00 75.00 0.00 75.00 10/01/90 Chair-MT office SLP/ 7.00 150,00 0.00 150.00 150.00 0.00150.00 10/01/90 Various furn-MT office SLP/ 7.00 600.00 0.00 600 00 600.00 0.00 600.00 01/01/91 Office chair-MT office SLP/ 7.00 125.00 0.00 125.00 125.00 0.00 125 00 09/04/91 Desk-MT office SLP/ 7.00 200.00 0.00 200.00 200.00 0.00 200.00 09/01/91 Rugs & curtains-MT office SLP/ 7.00 568.53 0.00 568,53 568 53 0.00 568.53 02/01/92 3 drawer lateral file MT office SLP/ 7.00 418 00 0.00 418.00 418.00 0.00 418.00 08/01/93 Secretarial desk-DC office SLP/ 7.00 150.00 0.00 150.00 150.00 0.00 150.00 08/01/93 6 file cabinets-DC office SLP/ 7.00 200.00 0.00 200.00 200,00 0.00 200.00 05/23/94 Desk-MT office SLP/ 7.00 144.00 0.00 144.00 144.00 0.00 144.00 04/04/95 Bookshelves SLP/10 00 498.00 0.00 498.00 487.00 11.00 498.00 05/31/95 3 office conference desks SLP/10.00 1,590.00 0.00 1.590.00 1.537.00 53.00 1,590.00 05/31/95 2 computer desks SLP/10.00 380.00 0.00 380 00 367.00 13.00 380.00 05/31/95 4 High style chairs SLP/10.00 820.00 0.00 820.00 793.00 27.00 820.00 05/31/95 Mail box SLP/10.00 45.00 0.00 45.00 45.00 0.00 45.00 06/03/95 Furniture-H Baum (DC) SLP/10.00 1,080.00 0.00 1.080.00 1.035.00 45.00 1,080.00 06/06/95 File cabinet SLP/10.00 100,00 0.00 100.00 96.00 4.00 100.00 06/06/95 2 chairs SLP/10.00 160.00 0.00 160.00 153.00 7.00 160.00 06/05/95 Grav swivel chair SLP/10.00 243,00 0.00 243.00 230.00 13,00 243 00 06/06/95 2 office chairs SLP/10.00 418.00 0.00 418.00 402.00 16.00 418 00 06/06/95 File cabinet-4 drawer SLP/10.00 119.00 0.00 119.00 115.00 4 00 119.00 06/09/95 Lamp SLP/10.00 102.00 0.00 102.00 96,00 6.00 102.00 07/11/95 Furniture-Paul's office SLP/10.00 486.00 0.00 486,00 465.00 21.00 486 00 07/12/95 Furniture-H Baum DC SLP/10.00 2,005.77 0.00 2,005.77 1,909,00 96.77 2.005.77 07/28/95 Chair-DC SLP/10.00 204.00 0.00 204.00 190.00 14 00 204.00 08/28/05 Bookcase SLP/10.00 311.00 0.00 311.00 292.00 19.00 311.00 07/18/96 Filing cabinet-DC SLP/10.00 364.00 0.00 364.00 306:00 36.00 342.00 08/31/96 OFFICE CHAIR SLP/ 7.00 205 00 0.00 205.00 205.00 0.00 205.00 11/13/96 BOOK CASES SLP/ 7.00 514.00 0.00 514.00 514.00 0.00 514.00 12/13/96 FILE CARINET SLP/ 7.00 324.00 0.00 324.00 324.00 0.00 324.00 01/24/97 3 CHAIRS SLP/ 7.00 633.00 0.00 633.00 633.00 0.00 633,00 06/13/97 **DESK CHAIR** SLP/ 7.00 367.00 0.00 367.00 367 00 0.00 367.00 07/11/97 OFFICE FURNITRE SLP/ 7.00 1.652.00 0.00 1,652.00 1.652 00 0.00 1.652.00 08/08/97 CHAIR SLP/ 7.00 300.00 0.00 300.00 300.00 0.00 300.00 01/21/00 Desk: MT Office SI P/ 7 00 250.00 0.00 250.00 180.00 36.00 216.00 04/04/05 A Conference Table - DC SLP/ 7.00 770.00 0.00 770.00 0.00 83,00 83.00 Grand totals: 13100 - FURNITURE/FIXTURES (52 assets) 26,491.20 0.00 26,491.20 25 243 43 504.77 25,748.20

# ASSET DEPRECIATION SHORT REPORT Indian Law Resource Center Dec. 31, 2005

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 13100 - 13700 Include: All assets

Includes Section 179 Date Aco Description Beg A/Depr Meth/Life Cost Salvage Value Depr Basis Curr Depr End A/Depr ASSET A/C#: 13200 - OFFICE EQUIPMENT 09/01/90 D Spirit phone-DC SLP/ 7.00 2,625.06 0.00 2 625 06 2,625,06 0.002,625.06 10/01/90 Furniture-MT SLP/ 1.00 30,00 0.00 30.00 30.00 0.00 30.00 10/01/90 D Fouinment-MT SLP/ 5.00 1,293,30 0.00 1 293 30 1,293.30 0.00 1.293.30 10/01/92 Refrigerator-DC SLP/ 7.00 409.50 0.00 409.50 409.50 0.00 409.50 03/14/96 Telephones SLP/ 5.00 450.00 0.00 450.00 450.00 0.00 450.00 04/30/96 Microwave for DC office SLP/ 5.00 79 99 0.00 79.99 79.99 0.00 79 99 04/04/97 CONFERENCE TELEPHONE SLP/ 5 00 360.00 0.00 360.00 360.00 0.00 360.00 05/09/97 SAMSUNG COLOR MONITOR SLP/ 5.00 250.00 0.00 250.00 250.00 0.00 250.00 07/11/97 TELEPHONE EQUIPMENT SLP/5.00 525.00 0.00 525.00 525 00 0.00 525.00 01/15/99 BLACKBAUD ACCOUNTING SOFTWARE SLP/3 00 2,625,00 0.00 2,625,00 2,625.00 0.00 2,625.00 08/27/99 WINBOOK XL LAPTOP- TWO ITEMS SLP/ 5.00 2,827,90 0.00 2,827.90 2.827.90 0.00 2.827.90 10/01/99 LASER JET FAX HP SLP/ 5.00 669.00 0.00 669.00 669 00 0.00 669 00 11/12/95 HP LJ3100 SLP/ 5.00 699.00 0.00 699.00 699 00 0.00699 00 12/14/99 HP PACKARD S1 INTERNAL SLP/ 5.00 669,00 0.00 669.00 669.00 0.00 669.00 01/10/60 2 Computers: DC Office SLP/ 7.00 1,277,21 0.00 1,277.21 910.00 182 00 1.092.00 06/08/00 Tape Drive Back Up: DC Office SLP/ 7.00 679.54 0.00 679.54 445.00 97.00 542 00 09/29/00 Laptop: MT Office SLP/ 7.00 2,399.00 0.00 2,399.00 1,486.00 343.00 1.829.00 10/27/00 Computer: DC Office SLP/ 7.00 945.39 0.00 945.39 574.00 135 00 709.00 Dell Dimension 8100 Series Computer 07/24/01 SLP/ 5.00 1.451.00 0.00 1.451.00 1.015 00 290.00 1,305.00 10/17/01 2 Dell Dimension 2100 Series Comput SLP/ 5.00 1,774.00 0.00 1.774.00 1.154 00 355.00 1,509.00 10/17/01 Dell PowerEdge 1400SC SLP/ 5.00 1,239,00 0.00 1,239.00 806.00 248.00 1.054.00 11/06/01 2 Dimension 4300 Pentium 4 Computer SLP/ 5.00 2.002.92 0.00 2.002.92 1.270.00 401.00 1.671.00 03/04/02 Hewlett Packard 4100 Printer SLP/ 5.00 1,095.00 0.00 1.095.00 621.00 219.00 840.00 03/04/02 HP LASERJET 2200 D PRINTER SLP/ 5.00 845.00 0.00845.00 479.00 169 00 648,00 03/04/02 128 MB MODULES SLP/ 5.00 152 00 0.00 152.00 85.00 30.00 115 00 03/08/02 Dell Dimension 4400 Computer SLP/ 5.00 1.023 00 0.00 1.023.00 581.00 205.00 786.00 Dell Dimension 4400 Computer System 03/08/02 SLP/ 5.00 1.023.00 0.00 1.023.00 581.00 205.00 786.00 Dell Dimension 4400 Computer System 03/08/02 SLP/ 5.00 1.023.00 0.00 1,023.00 581.00 205.00 786.00 03/08/02 Dell Dimension 4400 SLP/ 5.00 1.197.00 0.00 1,197.00 678.00 239.00 917.00 03/11/02 Dell Dimension 4400 SLP/ 5.00 967.00 0.00 967.00 547.00 193.00 740.00 03/11/02 Dell Dimension 4400 SLP/ 5.00 967.00 0.00 967.00 547.00 193.00 740.00 03/11/02 Dell Dimension 4400 St P/ 5 00 967.00 0.00 967,00 547.00 193.00 740.00 03/11/02 Dell Dimension 4400 St P/ 5 00 967.00 0.00 967.00 547.00 193,00 740.00 03/14/02 Dell PowerEdge 1400 SC SLP/ 5 00 2,259,00 0.00 2,259.00 1.281.00 452.00 1,733.00 04/01/02 Network Installation of Hardware SLP/5 00 1.013.00 0.00 1.013.00 558.00 203.00 761.00 10/08/04 Dell Laptop - MT 1,544.00 SLP/ 5.00 0.00 1,544.00 77,00 309.00 386.00 10/15/04 HP 2200 Printer - MT SLP/ 5.00 595.00 0.00 595.00 30.00 119.00 149.00 10/22/04 Dell Laptop - DC SLP/ 5.00 1,675,00 0.00 1,675.00 84 00 335.00 419.00 03/14/05 A Telephone System - DC SLP/ 7.00 4.744.00 0.00 4.744.00 0.00565.00 565.00 04/04/05 A Xerox Scanner SLP/ 5.00 932.00 0.00 932.00 0.00 140.00 140.00 Grand totals: 13200 - OFFICE EQUIPMENT (40 assets) 48.268.81 0.00 48,268,81 28,996.75 6,218.00 35.214.75 Less: 2 Disposed assets (Current Depreciation: \$0.00) 3,918.36 0.00 3,918.36 3,918.36 3,918.36 Net totals: 13200 - OFFICE EQUIPMENT (38 assets) 44,350.45 0.00 44,350.45 25,078.39 6,218.00 31.296.39 ASSET A/C#: 13300 - LIBRARY 01/01/95 Research library SLP/10.00 7,000.00 0.00 7,000,00 7,000.00 0.00 7,000.00 02/10/95 RESEARCH LIBRARY ADDITIONS SLP/10.00 2,000,00 0.00 2,000.00 1.983.00 17.00 2,000.00 03/13/95 RESEARCH LIBRARY SLP/10.00 3,000.00 0.00 3,000,00 2.950.00 50.00 3.000.00 07/24/95 RESEARCH LIBRARY SLP/10.00 3.000 00 0.00 3,000,00 2,850,00 150.00 3,000,00 07/24/95 RESEARCH LIBRARY SLP/10.00 5 854 00 0.00 5,854.00 5,558.00 296.00 5,854.00 09/08/95 RESEARCH LIBRARY SI P/10 00 97.00 0.00 97.00 93.00 4.00 97.00 08/01/96 RESEARCH LIBRARY SLP/10 00 4,721,00 0.00 4,721,00 3.973.00 472.00 4.445.00 07/18/97 RESEARCH LIBRARY SLP/10.00 115.00 0.00 115.00 90.00 12.00 102.00 07/31/97 RESEARCH LIBRARY SLP/10.00 3,000.00 0.00 3,000.00 2,250.00 300.00 2.550.00 Grand totals: 13300 - LIBRARY (9 assets) 28.787.00 0.00 28,787,00 26,747,00 1,301.00 28,048.00

### ASSET DEPRECIATION SHORT REPORT

Indian Law Resource Center Dec. 31, 2005

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 13100 - 13700

Include: All assets

Date Acq Description	on		Meth/Life	Cost	Salvage Value	Dana Basis	,	cludes Section 179	1
ASSET A/C#: 13700 - LE		ENTS	Menartie	Cost	Salvage value	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
)1/01/84 Storm win		-1113	SLP/ 5.00	518,00	0.00	518.00	518.00	0.00	=
12/01/93 Carpet-DC	2		SLP/10.00	875.00	0.00	875.00		0,00	518.00
•	•				0.00	675.00	875.00	0.00	875.00
Grand totals: 13700 - LEASEHOLD IMPROVEMENTS (2 assets)		1,393.00	0.00	1,393.00	1,393.00	0.00	1,393.00		
Grand totals for all a	eccounts: (103 assets)		<u>=</u>	104,940.01	0.00	104,940.01	82,380.18	8,023.77	90,403.95
Less: 2 Disposed assets (Current Depreciation: \$0.00)			3,918.36	0.00	3,918.36	3,918.36		3,918.36	
Net totals for all accounts: (101 assets)		101,021.65	0.00	101,021.65	78.461.82	8,023.77	86,485.59		
Codes that may appear r	ext to the date acquire	d include	A - Addition, D -	Disposal, T - Trad	ed, MQ - Mid Qua	rter Applied			
Additional Summar	y Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for Al	II Assets 10	4,940.01	0.00	0.00	104,940.01	82,380.18	8,023.77	90,403.95	14,536.06
Less: Inactive	e Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Disposed	d Assets	3,918.36	0.00	0.00	3,918.36	3,918.36	0.00	3,918,36	0.00
Tradeo	d Assets	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active	Assets) 10	1,021.65	0.00	0.00	101,021.65	78,461,82	8,023.77	86,485.59	14,536.06