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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545 0052

5

Department of the Treasury

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

_		Revenue Service   Information about Form	1 990 PF and its separate			tormssupt O	Jen to Full	
For calendar, year 2014 or tax year beginning , 2014, and ending , 20  Name of foundation FUND FOR INDIGENOUS RIGHTS AND THE A Employer identification number								
ļ		•	(*					
l _		I RONMENT					069491	
	Numb	er and street (or P.O. box number if mail is not delivere	d to street address)	Room/su	ite B	Telephone numbe	er (see instri	uctionsj
		•			ļ			
۱ _	<u> P O</u>	BOX 75000				·31	<u> 3-222-</u>	<u>-3059</u>
	City o	town, state or province country, and ZIP or foreign po	stal code					<u></u>
					C	If examption application appli		▶
		ROIT, MI 48275-7874	<u> </u>					
G	Che	ck all that apply Initial return	Les	of a former public cha	rity D	1 Foreign organizat	ions check hi	ere ▶ 🛄
		Final return	X Amended ret	urn		2 Foreign organizat		
_		Address change	Name change			85% test check h computation	ere and alloci	<sup>™</sup> ▶∐_
∥н	Che	ck type of organization 🗦 🗓 Section 501	(c <u>)(3)</u> exempt private f	oundation	) <sub>F</sub>	If private foundation	ctofue was ra	rminated —
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	vate foundation		under section 507(b		
1	Fair	market value of all assets at J Acco	unting method 🔣 Ca	esh Accrual	F	If the foundation is i	n a 60 month	termination
li Ii	end	of year (from Part II, col (c), line	ther (specify)		\	under section 507(t		
	16)	▶\$ 1,128,002 (Part I,	column (d) must be on ca:	sh basis )				
	art	Analysis of Revenue and Expenses (The	(a) Revenue and	4. 1. 8.4		<b>0</b>		bursements
		total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(c) A	Adjusted net incorne	l .	haritable irposes
_		column (a) (see instructions) )	books					basis only)
_	1	Contributions gifts grants e.c. received (attach schedule)	25,000					- 9
	2	Check If the foundation is not required to altach Sch. B	-		<u></u>			
11	3	Interest on savings and temporary cash investments	_				- <u>z</u>	
1	4	Dividends and interest from securities	23,483	23,483			-	ابوء ۔
Il	5a	Gross rents					-	4
{{	Ь	Net rental income or (loss)		• •	<u> </u>	- , -	7	3.
ية ∬	6a	Net gain or (loss) from sale of assets not on line 10	157,912	ş.	15			1
=	ь	Gross sales price for all assets on line 6a 653, 684		3 1	ت است. میدارد		- =	Ę- "·
Revenue	7	Capital gain net income (from Part IV, line 2)		157,912			•	-5
ľæ	8	Net short term capital gain				-		7 (
	9	Income modifications		F			₹ -	V
	10a	Gross sates less returns and allowances	_ ,		γ <u> </u>		1 .	-
ľi –	ь	Less Cost of goods sold	· -		- "L = -		. =	- 4
	c	Gross profit or (loss) (attach schedule)		٤.				•
	11	Other income (attach schedule)	1.			<u></u>	· ·	
 	12	Total Add lines 1 through 11	206,396	181,395		<u> </u>	<u>-</u> -	
	13	Compensation of officers directors trustees etc	25,500.	NONE				25,500
i s	14	Other employee salaries and wages		NONE		NONE		
euse	15	Pension plans, employee benefits	2,533	NONE		NONE		2,533
∭ĕ	16a	Legal fees (attach schedule)		<u> </u>				
Įώ L	ь	Accounting fees (attach schedule)	1,119	559				559
and Administrative Exp	c	Other professional lees attach schedule)	15,966	15,966				
]] <u>F</u>	17	Interest	89	89				
<u>ts</u>	18	Taxes (affach schedule) (see unsuperion	12			<u></u>		
ΙĘ	19	Depreciation (attach schedule) and depelion					<u>-</u>	7.
늉	20	Occupancy				<u> </u>		
12	21	Travel, conferences, and meetings		NONE		NONE		
ह	22	Printing and publications		NONE		NONE		
IJġ	23	Other expenses (attach schedule)	255,167.	82				85
潚	23 24 25	Total operating and administrative expenses						
ةِ		Add lines 13 through 23	300,386	16, <u>69</u> 6		_NONE		28,677
lo	25	Contributions gifts grants paid	80,000	per	11 to	- ,		80,000
ΝĒ	26	Total expenses and disbursements Add lines 24 and 25	380,386	16,696		NONE		108,677
$\  \ $	27	Subtract line 26 from line 12		-		7 -	-	g =
		Excess of revenue over expenses and disbursements	173,990.	Tea-				- 1 _1
III.	b	Net investment income (if negative, enter -0 )		164,699	JI. ;			†
	_ c	Adjusted net income (if negative, enter 0)	÷				~ ·	Ţ
UF.	r Pac	erwork Reduction Act Notice, see instructions					Form 9	90-PF (2014)

Part II	Balance Sheets description column should be for end of year	Beginning of year	End (	year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash non interest bearing	4,241	947	947
2	Savings and temporary cash investments	48,364	40,687	40,687
3	Accounts receivable		<u>- = = = = = = = = = = = = = = = = = = =</u>	
	Less allowance for doubtful accounts ▶			
4	Pledges receivable			
	Less allowance for doubtful accounts	<u>-</u> -		
5	Grants receivable			
6	Receivables due from officers, directors trustees and other			
	disqualified persons (attach schedule) (see instructions)	li i		
7	Other notes and loans receivable (attach schedule)	*		* <del>*</del> , <u> </u>
'	Less allowance for doubtful accounts ► NONE		• '-	2,27
υ 8 ου	Inventories for sale or use	<del>  </del> -		<del></del>
Assets	Prepaid expenses and deferred charges			
й Т 10а				<del></del>
	Investments U.S and state government obligations (attach schedule) Investments corporate stock (attach schedule) STMT 1	695,510	476,393	781,916
		249,878	305,069	304,252
11	Investments corporate bonds (attach schedule) STMT 2 Investments land buildings	247,070	503,003	304,232
	and equipment basis Less accumulated depreciation  (attach schedule)			
12	Investments mortgage loans			
13 14	Investments other (attach schedule)		<del></del>	ļ
14	Land buildings and equipment basis			
	Less accumulated depreciation			
15	Other assets (describe SECURITY DEPOSIT )	200	200	200
16	Total assets (to be completed by all filers see the			
	instructions. Also, see page 1, item I)	998,193	<u> </u>	<u>1,128,002</u>
17	Accounts payable and accrued expenses			-3
18	Grants payable			] =
ຼາ 19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			1
19 20 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
		<del></del>		
23	Total trabilities (add lines 17 through 22)		NONE	
	Foundations that follow SFAS 117, check here		10112	
	and complete lines 24 through 26 and lines 30 and 31			=
24	Unrestricted			
24 25	Γ			
26	Temporarily restricted	<del></del>	<del></del>	<i>=</i> -
<b>7</b> 1	Permanently restricted  Foundations that do not follow SFAS 117,   ▼ X		<del></del>	
2				
ة  <sub>2</sub>	check here and complete lines 27 through 31	998,193	002 206	- <del>-</del>
Net Assets or run 27 28 29 31	Capital stock trust principal, or current funds	950,193	823,296	그 그
20	Paid-in or capital surplus or land bldg, and equipment fund	<del>-</del>		;
29	Retained earnings accumulated income endowment or other funds	000 102	022 206	-
ນ 30 ≥	Total net assets or fund balances (see instructions)	998,193	823,296	·- ·
31	Total liabilities and net assets/fund balances (see	200 200		
	instructions)	998,193	823,296	<u> </u>
	Analysis of Changes in Net Assets or Fund Balai		<del></del>	<del>, — — — —</del> —
	al net assets or fund balances at beginning of year - Part I	l, column (a), line 30 (mi	ust agree with	
	of year figure reported on prior year's return)		_ 1	998, 193.
	er amount from Part I, line 27a		2	-173,990.
	er increases not included in line 2 (itemize) ▶		3	<del> </del>
	l lines 1, 2, and 3		4	824,203.
	reases not included in line 2 (itemize) ▶DIFFERENCE BETWEEN		· <del></del>	907.
6 Tot	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II column (b),	line 30 <b>6</b>	823,296.
				Form 990-PF (2014)

(a) List an	s and Losses for Tax on Invedid describe the kind(s) of property sold (brick warehouse, or common stock, 200	e g real estate,	(b) How acquired P Pu chase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo_day, yr)
1a PUBLICLY TRADED		<del></del>	D Donation	, , , , , , , , , , , , , , , , , , , ,	
b	<u> </u>				
С				· · · · · · · · · · · · · · · · · · ·	
d					
e					
(e) Gross sales price		(h) Gain or (lo (e) plus (f) mine			
a 653,684		495,772			157,912
d					
е					
Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	(0)	Gains (Col. (h) g	ain minus
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j) if any		(k), but not less Losses (from co	than 0-) or
a					157,912
b					
С					
d					
e					
2 Capital gain net income		gain also enter in Part I, line 7			
2 Capital gain het income	( If	(loss), enter 0 in Part I line 7	2		157,912
3 Net short term capital ga	ain or (loss) as defined in sections 1	222(5) and (6)			
If gain, also enter in P	art I, line 8, column (c) (see ins	tructions) If (loss), enter -0- in $\}$			
Part I, line 8			3		<u> </u>
Part V Qualification (	Jnder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib		ase perio	d?	Yes X No
	nount in each column for each year		a anv enti	186	
(a)	(b)	(c)	g any enn	(d)	<del></del>
Base period years Calendar year for tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable use assets		Distribution re (col. (b) divided by	
2013	117,394	1,301,436		teor (b) divided by	0 090203
2012	87,862	1,288,750	•	<del>-</del>	0 068176
2011	63,519	1,297,529			0 048954
2010	88,855	1,250,247			0 071070
2009	42,433	1,175,311			0 036104
<del></del>				<del></del>	000101
2 Total of line 1, column (	d)		2		0 314507
	o for the 5 year base period - divide	the total on line 2 by 5, or by the			
_	ndation has been in existence if les	·	3		0 062901
4 Enter the net value of no	oncharitable-use assets for 2014 fro	om Part X, line 5	4	1	,160,244
5 Multiply line 4 by line 3					72,981
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,647
7 Add lines 5 and 6			7		74,628_
	tions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	108,677 x rate See th
Part VI instructions		·····		Form	990-PF (201

Form 9	990 PF (2014) 87-0694911			age 4	
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	tions	<del>})</del> _	
	Exempt operating foundations described in section 4940(d)(2) check here and enter N/A on line 1  Date of ruling or determination letter (attach copy of letter if necessary see instructions)		` .	: : <u>-</u> 1	
	Domestic foundations that meet the section 4940(e) requirements in Part V check		1,6	47	
	here 🕨 X and enter 1% of Part I line 27b	<sub>e</sub> r`	-	* \$	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J	·	- 	٦. ١	
	Part I line 12 col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter 0)				
3	Add lines 1 and 2		1,6	47	
4 -	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter: 0.)			<u>ONE</u>	
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter 0		1,6	47	
6	Credits/Payments	- ,	:	-Ft_	
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 76			<b>E</b>	
b	Exempt foreign organizations tax withheld at source 6b NONE	- <del>4</del>	-	;	
C	Tax paid with application for extension of time to file (Form 8868) 6c 3,304	- f1	<u>-</u>	: : 1	
đ	Backup withholding erroneously withheld	<u> = </u>			
	Total credits and payments. Add lines 6a through 6d		3,3	80	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
	Tax due If the total of lines 5 and 8 is more than line 7 enter amount owed		<del></del>	2.2	
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,7	85	
	Enter the amount of line 10 to be Credited to 2015 estimated tax ► 1,648 Refunded ► 11    VII-A Statements Regarding Activities			83	
			v 1	NI.	
la	During the tax year, did the foundation attempt to influence any national state or local legislation or did it	1a	Yes	No X	
	participate or intervene in any political campaign?	-1a			
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?  If the answer is Yes to 1a or 1b attach a detailed description of the activities and copies of any materials	1b	-	X	
	published or distributed by the foundation in connection with the activities	- " "	<u>:</u>	[ ₹]	
	Did the foundation file Form 1120-POL for this year?	1 <sub>c</sub>	-	X,	
	En'er the amount (if any) of tax on political expenditures (section 4955) imposed during the year	<del></del>	-	- 1	
	(1) On the foundation ►\$(2) On foundation managers ► \$	<u> </u>	-	- 7	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	<del>-</del>	-	- 1	
	foundation managers ▶ \$			1	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	_	X	
	If Yes, attach a detailed description of the activities			;	
3	Has the foundation made any changes not previously reported to the IRS, in its governing instrument, articles of	<del>1</del>	-		
	incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
ь	If Yes has it filed a tax return on Form 990-T for this year?	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction, during the year?	5		X 	
	If Yes, attach the statement required by General Instruction T	-	- 	7 - j	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	-	_	- C 1	
	By language in the governing instrument or	] [.1	- [	٠أ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	[ ~ ]		ئـــــــــــــــــــــــــــــــــــــ	
	conflict with the state law remain in the governing instrument?	6	- X		
	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, col. (c) and Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	AK	l' .	ſ	ا ب <u>ط</u> ا	
b	If the answer is Yes to line 7 has the foundation furnished a copy of Form 990 PF to the Attorney General			-ब्र	
	(or designate) of each state as required by General Instruction G <sup>2</sup> If No, attach explanation	8b	<u> X</u>	<del></del>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<b>-</b>	۱ - گ	ايت. ا	
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	g	- 1	X	
	complete Part XIV	-	-	<del></del>	
10	Did any persons become substantial contributors during the tax year? If "Yes, attach a schedule listing their names and addresses	10	x l		
<u>:                                    </u>			DE		

chamable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? \ 4b \ \ X

Form 990-PF (2014)

4a

Yes

foundation had excess business holdings in 2014.)

at any time during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b li Yes" did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10- 15 or 20-year first phase holding period? (Use Schedule C, Form 4720 to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

orm 990 PF (2 <u>01</u> 4)		<u>87-06</u>	594911	Page
Part VII-B Statements Regard	ing Activities for Which For	rm 4720 May Be Rec	uired (continued)	
5a During the year did the foundation pa	y or incur any amount to			-
(1) Carry on propaganda, or otherwis	e attempt to influence legislation (s	ection 4945(e))?	Yes X No	·     .
(2) Influence the outcome of any	specific public election (see sect	ion 4955) or to carry o	n	
directly or indirectly, any voter re-	gistration drive?		Yes X No	,   -    ,
(3) Provide a grant to an individual fo	or travel, study or other similar purp	oses?	Yes X No	›  - <u> </u>
(4) Provide a grant to an organiza	tion other than a charitable etc.	organization described	ın	
section 4945(d)(4)(A)7 (see instru	ictions)	•	Yes X No	,   <u>-   .                               </u>
(5) Provide for any purpose other		fic literary, or education	al	
purposes or for the prevention of	<del>-</del>	••	Yes X No	,
b If any answer is Yes to 5a(1)(5)	·	ul to qualify under the e	exceptions described in	
Regulations section 53 4945 or in a c		• •	Modphono document	5b
Organizations relying on a current not			•	
_	= *		•	
c If the answer is Yes to question		im exemption from the	Yes No	·   -    •
because it maintained expenditure re-			185 140	~
If Yes attach the statement required				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Fa Did the foundation, during the year	ir, receive any lunds directly or	indirectly to pay premiu		
on a personal benefit contract?			Yes X No	=   *  *
b Did the foundation, during the year p	ay premiums, directly or indirectly	on a personal benefit contr	act?	6b X
If Yes to 6b file Form 8870			[]	
7a — At any time during the lax year was t	he foundation a party to a prohibite	d tax shelter transaction?	Yes X No	·
b If Yes did the foundation receive an				7b
and Contractors	fficers, Directors, Trustees,	Foundation Manage	rs, Highly Paid Em	ployees,
1 List all officers, directors, trustees	s, foundation managers and the	neir compensation (see	instructions)	· · · · · · · · · · · · · · · · · · ·
	(b) Title and ave			
(a) Name and address		it not paid	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per wee devoted to posit	k (if not paid	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	hours per wee	k (if not paid	employee benefit plans	(e) Expense account, other allowances
ISANN⊅ COLLOREDO	hours per wee devoted to posit	k (if not paid	employee benefit plans	(e) Expense account, other allowances
ISANN≥ COLLOREDO WINTHROP ST, S HAMILTON, MA 01962	hours per wee devoted to posit	(If not paid	employee benefit plans and deferred compensation	other allowances
ISANN≥ COLLOREDO NINTHROP ST, S HAMILTON, MA 01982 NID TITCOMB	hours per wee devoted to posit  DIRECTOR  1	(If not paid	employee benefit plans and deferred compensation	other allowances
ISANNA COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  VID TITCOMB  27 K ST , ANCHORAGE, AK 99501	hours per wee devoted to posit DIRECTOR  1 PRESIDENT	(If not paid enter 0)	employee benefit plans and deferred compensation -0-	other allowances
ISANNA COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  WID TITCOMB  27 K ST , ANCHORAGE, AF 99501  EN EDWARD LANKARD	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1	(If not paid enter 0)	employee benefit plans and deferred compensation -0-	other allowances
USANNA COLLOREDO  MINTHROP ST, S HAMILTON, MA 01962  AVID TITCOMB  B27 K ST , ANCHORAGE, AF 99501  EN EDWARD LANKARD	devoted to posit  DIRECTOR  PRESIDENT  DIRECTOR	(If not paid enter 0)	employee benefit plans and deferred compensation - 0 -	other allowances
ISANNA COLLOREDO WINTHROP ST, S HAMILTON, MA 01982 WID TITCOMB 127 K ST , ANCHORAGE, AK 99501 JEN EDWARD LANKARD D BOX 456, CORDOVA, AK 99574	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1	(If not paid enter 0.)  -0  -0- 25,500	employee benefit plans and deferred compensation  -0-  -0-  2,533	other allowances  -0-  -0-
ISANN <sup>a</sup> COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  WID TITCOMB  127 K ST , ANCHORAGE, AK 99501  JEN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1	(If not paid enter 0.)  -0  -0- 25,500	employee benefit plans and deferred compensation  -0-  -0-  2,533	-0- -0-
USANNA COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  AVID TITCOMB  327 K ST , ANCHORAGE, AK 99501  JEN EDWARD LANKARD  ) BOX 456, CORDOVA, AK 99574	DIRECTOR  1  PRESIDENT  1  DIRECTOR  1  And employees (other than	(If not paid enter 0 )  -0  -0-  25,500  those included on lin	employee benefit plans and deferred compensation -00- 2,533	other allowances  -0-  -0-
ISANN <sup>a</sup> COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  WID TITCOMB  127 K ST , ANCHORAGE, AK 99501  JEN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit	other allowances  -00ons) If none, ente
USANNA COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  AVID TITCOMB  527 K ST , ANCHORAGE, AK 99501  JEN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction	other allowances  -00- ons) If none, ente
JSANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  AVID TITCOMB  527 K ST , ANCHORAGE, AF 99501  JEN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  -00-  Ons) If none, enter  (*) Expense account other allowances
ISANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  27 K ST , ANCHORAGE, AK 99501  EN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred	other allowances  -00ons) If none, ente
USANNA COLLOREDO  WINTHROP ST, S HAMILTON, MA 01982  AVID TITCOMB  527 K ST , ANCHORAGE, AK 99501  JEN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  -00-  Ons) If none, enter  (*) Expense account other allowances
ISANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  27 K ST , ANCHORAGE, AK 99501  EN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  -00-  Ons) If none, enter  (*) Expense account other allowances
ISANN <sup>a</sup> COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  27 K ST , ANCHORAGE, AK 99501  EN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  2 Compensation of five highest-p "NONE"  (a) Name and address of each employee paid m	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  - 0-  - 0-  Ons) If none, ente  (**) Expense account other allowances
ISANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  27 K ST , ANCHORAGE, AK 99501  EN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  - 0-  - 0-  Ons) If none, enter  (*) Expense account other allowances
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ISANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  27 K ST , ANCHORAGE, AK 99501  EN EDWARD LANKARD  D BOX 456, CORDOVA, AK 99574  C Compensation of five highest-p  "NONE"	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50,000 hours per wee devoted to posit DIRECTOR 1	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  -00- ons) If none, enter  (*) Expense account other allowances
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ISANN® COLLOREDO  WINTHROP ST, S HAMILTON, MA 01962  WID TITCOMB  227 K ST , ANCHORAGE, AF 99501  EN EDWARD LANKARD  BOX 456, CORDOVA, AK 99574  Compensation of five highest-p "NONE"  (a) Name and address of each employee paid m	hours per wee devoted to posit DIRECTOR  1 PRESIDENT 1 DIRECTOR 1 aid employees (other than tore than \$50 000 hours per wee devoted to posit per wee devoted to posit than the per wee devoted to posit the per week devoted to pe	those included on lin	employee benefit plans and deferred compensation  -0-  2,533  e 1 - see instruction  (d) Contributions to employee banefit plans and deferred compensation	other allowances  -00-  Ons) If none, enter  (*) Expense account other allowances

Form 990-PF (2014)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	7 - 7	
	purposes	-	
1	a Average monthly fair market value of securities	1a	1,110,686
Ш	b Average of monthly cash balances	1b	67,227
lil	c Fair market value of all other assets (see instructions)	1c	NONE
Ш	d Total (add lines 1a, b and c)	1d	1,177,913
iji	e Reduction claimed for blockage or other factors reported on lines 1a and		
2	2 Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,177,913
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions}	4	17,669
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,160,244
2 3 4	6 Minimum investment return Enter 5% of line 5	6	58,012
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
		100110113	
ŀ		1	58,012
	2a Tax on investment income for 2014 from Part VI, line 5	<b> </b>	
lt I i	b Income tax for 2014 (This does not include the tax from Part VI)	1	
Ы	a modification to the control of the	2c	1,647_
ľ	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	3	56,365
ľ	Recoveries of amounts treated as qualifying distributions	4	NONE
ľ	51 Add lines 3 and 4	5	56,365
ľĮ	Deduction from distributable amount (see instructions)	6	NONE
ŀţ	Deduction from distributable amount (see instructions) 	<del></del>	NONL
Ľſ.	line 1	7	56 365
П			
ŀ	Qualifying Distributions (see instructions)	_	
ij	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	-	
Ш	Expenses, contributions, gifts etc total from Part I, column (d), line 26	1a	108,677
Ш	b Program-related investments total from Part IX B	1b	NONE
13	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
III	purposes	2	NONE
[3	Amounts set aside for specific charitable projects that satisfy the	-	
	Suitability test (prior IRS approval required)	3a	NONE
$\ $	b Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines to through 3b Enter here and on Part V line 8 and Part XIII line 4	4	108,677
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
$\ $	Enter 1% of Part I, line 27b (see instructions)	5	1,647
d	Adjusted qualifying distributions Subtract line 5 from line 4	6	107,030
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)  Qualifying distributions Add lines to through 3b Enter here and on Part V line 8 and Part XIII line 4  Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)  Adjusted qualifying distributions Subtract line 5 from line 4  Note The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years		

Form 990 PF (2014)

_	rt XIII Undistributed Income (see instri	intingal .	<del></del>	<del>-</del>	
	Ondistributed income (see instru	_ <del></del>			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
∥ ՝	line 7		1" -	2013	
2	Undistributed income if any as of the end of 2014	1	<del></del>		56,365
∥ ¯a	_	d	r ==	NONE	-1
	10		NONE		<u> </u>
∥ ₃ ّ	Excess distributions carryover, if any, to 2014		= _' .		
a			·	عَوْ	
∥ ь		-1, 2	i		1 Table 1
c	From 2011 780	. **± =*€	<u> </u>		
d	- 02 540		→ 		
e		5 <u>5 5 4 </u>			- , <sup>7</sup>
1	Total of lines 3a through e	103,389			
4	Qualifying distributions for 2014 from Part XII	3 - =	•		
<u> </u>	line 4 ▶ \$108,677		•======================================	- <u>-</u>	
∥ a	Applied to 2013, but not more than line 2a		المرابع	NONE	
∥ь	Applied to undistributed income of prior years	7		- <del>-</del>	
	(Election required see instructions)		NONE	-	
c	Treated as distributions out of corpus (Election			1 2 3 4	
	required see instructions)	NONE	<u> </u>	- Hill	
d	Applied to 2014 distributable amount		3 4	, -1.	56,365
e	0	52,312	F- '		= .
5	Excess distributions carryover applied to 2014	NONE NONE			NONE
	(If an amount appears in column (d), the same amount must be shown in column (a) )	ا در بسر	, . e		£
6	Enter the net total of each column as		-		ର୍ଜି ଜିଲ୍ଲ ଦୁନ
	indicated below		-	· 美	
a	Corpus Add lines 3f, 4c and 4e Subtract line 5	155,701	± .		- 51 t
Ь	Prior years undistributed income Subtract line 4b from line 2b		NONE	, , , , ,	连 人。对
c	Enter the amount of prior years undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)	==			구축 항기 내
	tax has been previously assessed		иоие	1-	,
l a	Subtract line 6c from line 6b Taxable			<u> </u>	-23-5
1	amount see instructions		NONE	<i>u</i>	
e	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount see	٠, -			
	instructions			NONE	
f	Undistributed income for 2014 Subtract lines	- = *.*	- Wa		
	4d and 5 from line 1. This amount must be	**************************************	Σ', μ'	-	
_	distributed in 2015			, E	NONE
7	Amounts treated as distributions out of corpus		<u>-</u>	- 72	
	to satisfy requirements imposed by section	ļ	et		-
	170(b)(1)(F) or 4942(g)(3) (Election may be required see instructions)	NONE	± • ·		÷ €
8	la de la companya de	TONE	-	,	
∥ ້	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	NONB 		#2.7 E	
9	Excess distributions carryover to 2015	1,01/16	<u>, , , , , , , , , , , , , , , , , , , </u>		
$\parallel$	Subtract lines 7 and 8 from line 6a	155,701		- +	
10	Analysis of line 9			===	
a	Excess from 2010 26,574		r ne		
Ь	Excess from 2011 780	٠		~	
c	Excess from 2012 23,563	₹-1 1		_ ==  -	
d	Excess from 2013 52,472		_ = 		
<u> </u> e	Excess from 2014 52,312	<u></u>	E 72 4 E_		<u> </u>
ill .		<del>.</del>			Form <b>990-PF</b> (2014)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

JSA

SEE ATTACHED STATEMENT FOR LINE 2

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	if recipient is an individual show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
<b></b>			1	
YAK PRESERVATION COUNCIL				
O BOX 460 CORDOVA AK 99574	NONE	PC	SUPPORT	80,000
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	<u> </u>			<del> </del>
Total	<del></del>		<u>▶ 3a</u>	80,000
<b>b</b> Approved for future payment				
			l -	
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			]	
			Į.	
		1	1	
Total A 1491 1 000			▶ 3b	<del>-</del>

Page 12

Part XVI-A Analysis of Income-Produ	cing Activ	rities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions )
a		<u></u>			
b					
c			<del>                                     </del>		
d			ļ — · · · —		
e					
·			<u> </u>		
g Fees and contracts from government agencies		<u> </u>			
! Membership dues and assessments		<del></del>		<del></del>	<del>_</del>
Interest on savings and temporary cash investments			1 1 1	22 402	
Dividends and interest from securities Net rental income or (loss) from real estate		=	14	23,483	<i>-</i>
		<u> </u>		<u> </u>	_ F
a Debt financed property		<u> </u>	<del> </del>		
Not debt financed property  Net rental income or (loss) from personal property			<u> </u>		
Other investment income		<del> </del>		<del></del>	
Gain or (loss) from sales of assets other than inventory		<del></del>	18	157,912	
Net income or (loss) from special events	-				
Gross profit or (loss) from sales of inventory	-	<u> </u>			_ <del></del>
Other revenue a					
b OTHER REVENUE			14	1	
6					<del></del>
d					
8					
Subtotal Add columns (b) (d) and (e)			T	181,396	
Total Add line 12 columns (b) (d) and (e)			<del> </del>	13	181,396
▼ accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	funds for such purposes	(See instructions )
		<del></del>			
		NOT APPLICABLE	<u>E</u>		
				<del></del>	
				<del></del>	<del></del>
		<del></del>		<del></del>	
	·				
		_			
					_
	<u> </u>				
<del></del>		<del></del>		<del></del>	Form 990-PF (20)

Form 990 PF	(2014)		_		<u>8</u> 7-0694911	Page 1:
Part XVII	Information R Exempt Organ		ansfers To and T	ransactions	and Relationship	s With Noncharitable
in set orgal a Trans (1) C (2) O b Other (1) S (2) P (3) R (4) R (5) L (6) P c Sharr	he organization direct ation 501(c) of the Conizations? Efers from the reporting the research of the research of the research of the research of assets from the reporting the research of assets from the research of facilities, equipment of the research of facilities, equipment of the research of th	ly or indirectly ide tother than g foundation to charitable exer in a noncharital pinent, or othe ements es or membershient, mailing list	n section 501(c)(3) orgonization ble exempt organization r assets	ganizations) or npt organization on itations id employees	in section 527, relativ	1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X
						d always show the fair marke received less than fair marke
				_		received less than fair marke er assets, or services received
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organ	ization (d)	Description of transfers tra	nsactions and sharing arrangements
		<u> </u>				_ <del>-</del>
					<del></del>	
	<u></u>					
		_				
	<u> </u>		_			_ <del></del>
				<del></del>		
		<u></u>				
		<u> </u>				
descr	e foundation directly ribed in section 501(c) <u>is," complete the follov</u>	of the Code (c				enizations Yes X No
	(a) Name of organizatio		(b) Type of org	anization	(c) Des	cription of relationship
_	- <del></del>					·
<u> </u>				<del></del>	<del>                                       </del>	_ <del></del>
Unc	der penames of perfly, Laceta	ne that have exem	inco the reserve including acc	ompanying schedules	and statements and to the t	pest of my knowledge and betief it is trui
Sine ton	ract and complete bickration o	i prepiadar (o <del>dder toa</del> n	amoni lla no bezade i (reyaqxat	tion of which preparer	has any knowledge	Mary the IRE decise the seture
Hara	DIL	1 Cor	12/05/20:	<u> 16                                   </u>	ESIDENT	May the IRS discuss this return with the preparer shown below
	gnature of officer of trustee	.0 30	Date	Tule		(see instructions)? Yes X No
<u>/t-</u> E	AVID_TITCOMB   Print/Type preparer sina		Preparer's signature		Date	Check of PTIN
Paid	CHRISTOPHER	me L GILLAM	A take	S. Dillom	12/05/2016	[ 0,106, " [
 Prenarer		T GITTHIA	more	4. ~	175/02/5010	12 F565208

 
 Preparer
 Firm s name
 ► KPMG LLP

 Use Only
 Firm s address
 ► 2020 N CENTRAL AVE, STE 700
 Firm s EiN ► 13-5565207 85<u>004</u> 855-807-3423 Form **990-PF** (2014) PHOENIX, AZ

## Schedule B

(Form 990 990 EZ, or 990 PF)
Department of the Treasury

### **Schedule of Contributors**

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF and its instructions is at www.irs.gov/form990

Repertment of the Treasury Information about Schedule B (Form 990, 990 EZ or 990 PF) and its instructions is at www.irs.gov/form990

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Repertment of the Treasury Information about Schedule B (Form 990

OMB No 1545 0047

<u>2</u>014

Employer identification number

FUND FOR INDIGENOUS F	RIGHTS AND THE	87- <u>0694</u> 911					
Organization type (check one)	Organization type (check one)						
Filers of	Section						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation					
	5 77 political organization						
Form 990-PF	X 501/c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on					
	501(c)(3) taxable private foundation						
-	vered by the <b>General Rule</b> or a <b>Special Rule</b> (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See					
General Rule							
	ling Form 990, 990 EZ or 990 PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction stributions.						
  Special Rules							
regulations under sect 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 othat received from any one contributor, during the year, total contributions he amount on (i) Form 990, Part VIII line 1h, or (ii) Form 990-EZ line 1 Co	r 990 EZ), Part II, line of the greater of (1)					
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that receive year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or the prevention of cruelty to children or animals. Complete Pa	aritable, scientific,					
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. Do not 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.							
990-EZ, or 990 PF) but it must	not covered by the General Rule and/or the Special Rules does not file Scl answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H entify that it does not meet the filing requirements of Schedule B (Form 990	of its Form 990-EZ or on its					
For Paperwork Reduction Act Notice St	ee the Instructions for Form 990 990 EZ, or 990 PF Schedule B	(Form 990 990 EZ or 990-PF) (2014)					

	organization FOR INDIGENOUS RIGHTS AND THE		Employer identification number 87 - 0694911
Part I	Contributors (see instructions) Use duplicate copies of Pa	rt I if additional space is ne	eeded
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	F I R E TRUST  C/O FIDUCIARY COUNSELLING INC  TACOMA, WA 98402-3524	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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# FORM 990PF, PART II - CORPORATE STOCK

FUND FOR INDIGENOUS RIGHTS AND THE

8.7=069491:1

ENDING FMV	781,916
ENDING BOOK VALUE	476,393
BEGINNING BOOK VALUE	695,510
	TOTALS
DESCRIPTION	CORPORATE STOCKS

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# FORM 990PF, PART II - CORPORATE BONDS

FUND\_FOR\_INDIGENOUS-RIGHTS-AND-THE

<u>==8-7=06949-1-1</u>

ENDING FMV .	304,252
ENDING BOOK VALUE	305,069
BEGINNING BOOK VALUE	249,878 
	TOTALS
DESCRIPTION	CORPORATE BONDS

RECIPIENT NAME

DAVID TITCOMB C/O MARK C MANNING, PC

ADDRESS

1000 O'MALLY ROAD SUITE 202

ANCHORAGE, AK 99515

RECIPIENT'S PHONE NUMBER 907-278-9794

FORM, INFORMATION AND MATERIALS

NO SPECIFIC FORM

SUBMISSION DEADLINES

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS

NONE

X0575 2 000

FEDERAL FOOTNOTES

15966

PART I, LINE 16C OTHER PROFESSIONAL FEES - INVESTMENT MANAGEMENT FEES

FEDERAL FOOTNOTES

PARTI LINE 23 OTHER EXPENSES ALASKA BUSINESS LICENSE FEE - \$85 00 MISC BANK FEES - \$72 00 CLASS ACTION FEE - \$10 00 MISAPPROPRIATED FOUNDATION FUNDS - \$255,000 00

255167

STATEMENT 5

### REASON FOR AMENDMENT

This return is being amended to correctly report the assets of the Foundation, show the salary of the Executive Director in Part VIII of the return, and report an act of self-dealing that was recently discovered by the Foundation

In May 2014, the President of the Foundation approved a disbursement of \$255,000 for the purchase of a boat, trailer and equipment by the Foundation as an investment and/or for use in direct charitable activities. In August 2015, the President discovered that the Foundation's Executive Director dia not title the boat in the Foundation's name and, instead, registered ownership of the boat in the name of Copper River Wild Salmon Company, a non-exempt company in which the Executive Director has an ownership interest. Thus, the Executive Director misappropriated the \$255,000 for his own benefit and, as a result, the Foundation has had a loss of assets

Since discovering the misappropriation of funds, the Foundation terminated the Executive Director, engaged legal counsel, and has been working diligently to recover the misappropriated funds and/or boat, trailer and equipment. In September 2016, the Foundation filed a complaint in the Superior Court for the State of Alaska, Third Judicial District at Anchorage (Case No. 3AN-16-8810), against the former Executive Director and his company to attempt to recover the misappropriated funds and/or boat, trailer and equipment. The case is still pending at the time of filing this amended return

The Foundation will file a 2014 Form 4720, Return of Certain Excise Takes Under Chapters 41 and 42 of the Internal Revenue Code, to report the act of self-dealing and related tax imposed on the self-dealer

There is no change in the Foundation's tax liability for this Form 990-PF due to the reporting of these changes

2014 FORM 990-PF (amended)

STATEMENT 6