



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **PARTNERSHIP WITH NATIVE AMERICANS**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address): **16415 ADDISON ROAD SUITE 200** Room/suite: _____
City or town, state or province, country, and ZIP or foreign postal code: **ADDISON, TX 75001**

D Employer identification number: **47-3730147**

E Telephone number: **(214) 217-2600**

F Name and address of principal officer: **JOSHUA ARCE**
16415 ADDISON ROAD, SUITE 200, ADDISON, TX 75001

G Gross receipts \$: **45,374,979.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.NATIVEPARTNERSHIP.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2015** **M** State of legal domicile: **TX**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION & VISION: SERVING IMMEDIATE NEEDS, SUPPORTING LONG-TERM SOLUTIONS FOR STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. (TO LEARN MORE, SEE SCHEDULE O).
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 76.
	6 Total number of volunteers (estimate if necessary) 6 165.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 23,582,771. Prior Year 45,144,747. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,530. 23,324.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 227,450. 206,504.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23,813,751. 45,374,575.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,626,874. 14,680,903.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,723,782. 4,206,686.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 214,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,207,087.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,350,899. 8,336,045.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,701,555. 27,437,634.
19 Revenue less expenses. Subtract line 18 from line 12 -887,804. 17,936,941.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 17,571,807. Beginning of Current Year 36,392,537. End of Year
	21 Total liabilities (Part X, line 26) 850,658. 1,734,465.
	22 Net assets or fund balances. Subtract line 21 from line 20. 16,721,149. 34,658,072.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **JEANETTE VERRELLI** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00742631**

Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**

Firm's address ▶ **14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254** Phone no. **972-702-8262**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: SERVING IMMEDIATE NEEDS, SUPPORTING LONG-TERM SOLUTIONS FOR STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. WE ADDRESS NUTRITION, HEALTH, EDUCATION, EMERGENCY SERVICES, SEASONAL SUPPORT AND ANIMAL WELFARE. TO LEARN MORE, SEE SCHEDULE O AND WWW.NATIVEPARTNERSHIP.ORG.
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,286,848. including grants of \$ 6,019,606.) (Revenue \$)
EMERGENCY SERVICES: TOTAL EXPENDITURES INCLUDES MATERIALS PURCHASED WITH COVID-19 GRANT FUNDS FOR VARIOUS EMERGENCY SERVICES, AND MARGARET A. CARGILL PHILANTHROPIES GRANT MATERIALS DISTRIBUTED FOR EMERGENCY PREPAREDNESS TRAINING AND PLANNING.
PURPOSE OF THE PROGRAM: TO PROVIDE DISASTER RELIEF, SEASONAL SUPPORT AND CRITICAL SUPPLIES FOR RESERVATION ELDERS, COMMUNITIES, AND SHELTERS, AND TO SUPPORT TRIBAL READINESS TO RESPOND WHEN DISASTERS STRIKE.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 5,930,736. including grants of \$ 4,585,814.) (Revenue \$)
HEALTH: EXPENSES INCLUDED NEWMAN'S OWN FOUNDATION AND PWNA FUNDING FOR T3/STRIVE/YOUTH FORUM AND \$30K IN LDS CHARITIES FUNDING FOR CONTINUATION OF TWO COMMUNITY INVESTMENT PROJECTS.
PURPOSE OF THE PROGRAM: TO SUPPORT PREVENTATIVE CARE, ESSENTIAL SERVICES AND HEALTH EDUCATION INITIATIVES OF RESERVATION PROGRAMS SERVING TRIBAL CITIZENS, AND TO HELP THEM MOTIVATE INVOLVEMENT IN HEALTHY LIFESTYLES AND COMMUNITY SERVICE.
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,418,733. including grants of \$ 1,888,348.) (Revenue \$)
SEASONAL:
PURPOSE OF THE PROGRAM: TO ASSIST OUR RESERVATION PARTNERS WITH COMMUNITY ENGAGEMENT AT TIMES WHEN NATIVE FAMILIES MAY BE EXPERIENCING ABOVE AVERAGE DISENFRANCHISEMENT AND MENTAL HEALTH CHALLENGES RELATED TO THE HOLIDAYS. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) ATTACHMENT 1
(Expenses \$ 2,836,008. including grants of \$ 2,187,135.) (Revenue \$ 1,358.)

4e Total program service expenses 19,472,325.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 76		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7 (governing body structure), 7a-b (governance decisions), 8 (documentation), 9 (contactability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-b (local chapters), 11a-b (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-b (compensation review), 16a-b (joint venture investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSHUA ARCE PRESIDENT AND CEO	55.00 0.			X			185,828.	0.	13,846.	
(2) AMBER KINNEY SR. VICE PRESIDENT AND CFO	55.00 0.			X			173,888.	0.	23,989.	
(3) LUCRETIA WINTER DIRECTOR OF FINANCE AND ACCOUN	55.00 0.					X	121,550.	0.	9,487.	
(4) RICHARD MILLER PROGRAMS DIRECTOR	55.00 0.					X	117,201.	0.	9,859.	
(5) MISTY RHODES VICE PRESIDENT HUMAN RESOURCES	55.00 0.					X	105,094.	0.	15,562.	
(6) RAFAEL TAPIA, JR. VICE PRESIDENT PROGRAMS	55.00 0.					X	110,601.	0.	7,700.	
(7) ROBBI RICE DIETRICH PRESIDENT & CEO END: 01/2020	55.00 0.			X			14,407.	0.	676.	
(8) CHRISTINA KAZHE CHAIRWOMAN	2.00 0.	X		X			0.	0.	0.	
(9) JACLYN (JACKIE) BLACKBIRD VICE CHAIRWOMAN	2.00 0.	X		X			0.	0.	0.	
(10) KEVIN DIEPHOLZ SECRETARY	2.00 0.	X		X			0.	0.	0.	
(11) ANN MARIE WOESSNER COLLINS TREASURER	2.00 0.	X		X			0.	0.	0.	
(12) NICOLE (NIKKI) PITRE DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) RAY KING DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) COREY MZHICKTENO DIRECTOR	2.00 0.	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 3'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	8,626,214.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	36,518,533.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 26,987,373.				
	h	Total. Add lines 1a-1f			45,144,747.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			2,528.		2,528.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			198,586.		198,586.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						21,200.		
	b	Less: cost or other basis and sales expenses . .	7b	404.				
	c	Gain or (loss)	7c	-404.	21,200.			
d	Net gain or (loss)				20,796.	20,796.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
					0.			
					0.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
					0.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME		Business Code				
				900099	7,918.	1,358.	6,560.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d				7,918.			
12	Total revenue. See instructions				45,374,575.	1,358.	228,470.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	412,807.	412,807.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,268,096.	14,268,096.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	412,634.		412,634.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,101,726.	1,328,722.	749,069.	1,023,935.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,017.	33,116.	17,934.	21,967.
9 Other employee benefits	368,689.	157,182.	74,286.	137,221.
10 Payroll taxes	250,620.	106,969.	69,199.	74,452.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	5,951.		5,951.	
c Accounting	51,086.		51,086.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	214,000.			214,000.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	347,556.	88,886.	116,255.	142,415.
12 Advertising and promotion	463,228.	30.	3,523.	459,675.
13 Office expenses	3,748,345.	1,865,176.	62,926.	1,820,243.
14 Information technology	465,775.	69,702.	57,950.	338,123.
15 Royalties	0.			
16 Occupancy	328,352.	92,102.	82,987.	153,263.
17 Travel	32,715.	16,604.	6,163.	9,948.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,514.		1,514.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	569,015.	274,874.	26,661.	267,480.
23 Insurance	182,130.	148,607.	9,858.	23,665.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAIL HOUSE	1,142,451.			1,142,451.
b DONOR RESEARCH & DATA SVCS	315,656.			315,656.
c EQUIPMENT RENTAL & MAINTENAN	58,612.	57,436.	221.	955.
d SHIPPING & GIFTING EXPENSES	532,460.	532,460.		
e All other expenses	91,199.	19,556.	10,005.	61,638.
25 Total functional expenses. Add lines 1 through 24e	27,437,634.	19,472,325.	1,758,222.	6,207,087.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,232,960.	1,566,337.		2,666,623.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,732,504.	1	6,861,716.
	2 Savings and temporary cash investments.	72,567.	2	85,256.
	3 Pledges and grants receivable, net	401,703.	3	2,000.
	4 Accounts receivable, net.	324,000.	4	892,063.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	8,358,850.	8	23,045,667.
	9 Prepaid expenses and deferred charges	267,975.	9	313,031.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,597,050.		
	b Less: accumulated depreciation.	10b 5,404,246.	10c	5,192,804.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,571,807.	16	36,392,537.	
Liabilities	17 Accounts payable and accrued expenses.	604,889.	17	513,140.
	18 Grants payable	994.	18	0.
	19 Deferred revenue.	134,015.	19	419,083.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,760.	25	802,242.
	26 Total liabilities. Add lines 17 through 25.	850,658.	26	1,734,465.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,995,776.	27	33,015,653.
	28 Net assets with donor restrictions.	725,373.	28	1,642,419.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	16,721,149.	32	34,658,072.
33 Total liabilities and net assets/fund balances.	17,571,807.	33	36,392,537.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,374,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,437,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,936,941.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,721,149.
5	Net unrealized gains (losses) on investments	5	-18.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,658,072.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,993,007.	40,635,702.	27,451,435.	23,582,771.	45,144,747.	180,807,662.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	43,993,007.	40,635,702.	27,451,435.	23,582,771.	45,144,747.	180,807,662.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						8,680,636.
6 Public support. Subtract line 5 from line 4						172,127,026.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	43,993,007.	40,635,702.	27,451,435.	23,582,771.	45,144,747.	180,807,662.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,096.	213,271.	169,074.	189,468.	201,114.	850,023.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1		10,900.	22,453.	2,026.	6,560.	41,939.
11 Total support. Add lines 7 through 10						181,699,624.
12 Gross receipts from related activities, etc. (see instructions)					12	620,528.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.73%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.11%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS REVENUE		10,900.	22,453.	2,026.	6,560.	41,939.
TOTALS		<u>10,900.</u>	<u>22,453.</u>	<u>2,026.</u>	<u>6,560.</u>	<u>41,939.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
---------------------------------------------------------------	----------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **PARTNERSHIP WITH NATIVE AMERICANS**Employer identification number
47-3730147**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 3,414,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,569,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,566,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 8,626,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 2,258,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PARTNERSHIP WITH NATIVE AMERICANS**

Employer identification number
47-3730147

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 7,280,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 1,231,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PARTNERSHIP WITH NATIVE AMERICANS****Employer identification number**

47-3730147

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	CLOTH FACE MASKS AND ACTIVITY KITS	\$ 3,414,023.	12/16/2020
3	ARTS AND CRAFTS SUPPLIES & TOYS	\$ 1,569,310.	10/22/2020
4	HOUSEHOLD CLOTHING, FOOD, BOOKS & PET FOOD	\$ 1,566,172.	10/06/2020
5	FOOD & HEALTH SUPPLIES	\$ 8,626,214.	11/19/2020
6	HEALTH SUPPLIES, SCHOOL SUPPLIES, HOUSEHOLD, PERSONAL CARE, OTHER	\$ 2,258,084.	12/10/2020
7	FOOD, PERSONAL CARE, HOUSEHOLD, EMERGENCY SUPPLIES, SPORTS EQUIPMENT	\$ 7,280,947.	11/18/2020

Name of organization **PARTNERSHIP WITH NATIVE AMERICANS**

Employer identification number

47-3730147

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SHOES	\$ 1,221,159.	09/02/2020

Name of organization **PARTNERSHIP WITH NATIVE AMERICANS**

Employer identification number

47-3730147

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures and providing revenue and asset amounts.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,638.	66,408.	66,325.	66,325.	65,865.
b Contributions					460.
c Net investment earnings, gains, and losses	869.	1,230.	83.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	68,507.	67,638.	66,408.	66,325.	66,325.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 100.0000 %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		657,863.		657,863.
b Buildings		5,175,495.	1,892,254.	3,283,241.
c Leasehold improvements		242,768.	115,640.	127,128.
d Equipment		1,629,313.	1,269,203.	360,110.
e Other		2,891,611.	2,127,149.	764,462.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,192,804.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	679,620.
(3) DEFERRED RENT	122,622.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 802,242.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue per audited statements is 45,202,923. Total revenue per Form 990 is 45,374,575. Adjustments include net unrealized gains (-18), donated services (745,412), and investment expenses (917,046).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses per audited statements is 28,183,046. Total expenses per Form 990 is 27,437,634. Adjustments include donated services (745,412) and investment expenses.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

A PERMANENT ENDOWMENT FOR \$50,000 WAS ESTABLISHED WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT NAVAJO ELDERS. ALSO, A PERMANENT ENDOWMENT FOR \$15,000 WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT DIALYSIS THROUGH THE NORTHERN PLAINS RESERVATION AID PROGRAM (FORMERLY AMERICAN INDIAN RELIEF COUNCIL). THE CORPUS OF \$65,000 IS INVESTED IN INTEREST-BEARING ACCOUNTS.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

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

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

INCREASE IN NET ASSETS WITH DONOR RESTRICTIONS	\$917,046
------------------------------------------------	-----------

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA	7.	0.	FUNDRAISING		67,153.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	7.				67,153.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7.				67,153.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CONCORD LITHO GROUP	DIRECT MAIL		X	9,320,641.	214,000.	9,106,641.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				9,320,641.	214,000.	9,106,641.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, COLUMN IV

GROSS RECEIPTS FROM ACTIVITY:

CONCORD PROVIDES CONSULTING AND MODELING SERVICES TO ASSIST WITH PWNA'S DIRECT MAILING EFFORTS. PWNA IS UNABLE TO CALCULATE THE RECEIPTS DIRECTLY RELATED TO CONCORD'S SERVICES, SO WE ARE REPORTING THE TOTAL GROSS RECEIPTS OF \$9,320,641 FROM BOTH EXTERNAL AND INTERNAL DIRECT MAILING ACTIVITIES.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 12 HILLS DOG RESCUE 3175 H AVE WAITHILL, AZ 68067	45-3368698	501(C)(3)	7,000.				ANIMAL WELFARE
(2) ARIZONA STATE UNIVERSITY PO BOX 870412 TEMPE, AZ 85287-0412	86-0196696	501(C)(3)	8,000.				EMERGENCY GRANT AND STUDENT SCHOLARSHIPS
(3) BRIGHAM YOUNG UNIVERSITY B-202 ASB PROVO, UT 84602	87-0217280	501(C)(3)	6,000.				SCHOLARSHIPS
(4) BRO AND TRACY ANIMAL WELFARE PO BOX 404 CORRALES, NM 87048	85-0467886	501(C)(3)	10,000.				TO SUPPORT DOMESTIC ANIMALS
(5) CHEYENNE RIVER GAS COMPANY PO BOX 710 EAGLE BUTTE, SD 59201	46-0424218	501(C)(3)	10,580.				WINTER FUEL VOUCHERS
(6) CHEYENNE RIVER YOUTH PROJECT PO BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	20,000.				COMMUNITY IMPROVEMENT PROJECTS
(7) CONTINENTAL DIVIDE ELECTRIC COOPERATIVE PO BOX 1087 GRANTS, NM 87020	85-0094826	501(C)(3)	15,050.				WINTER FUEL VOUCHERS
(8) D & R PROPANE INC. 24258 US HWY 212 EAGLE BUTTE, SD 57625	91-1749799	501(C)(3)	10,465.				WINTER FUEL VOUCHERS
(9) DNT CONSULTING SERVICES INC. 20965 ROAD 22 LEWIS, CO 81377	26-2193913	501(C)(3)	5,600.				FIREWOOD
(10) DOUGHERTY FOUNDATION 1310 E RIVERVIEW DR PHOENIX, AZ 85012	86-6051637	501(C)(3)	12,750.				SCHOLARSHIP MATCHING
(11) FORT LEWIS COLLEGE 1000 RIM DRIVE - SKYHAWK STATION, 101	23-7122114	501(C)(3)	9,500.				SCHOLARSHIPS
(12) GOOD DOG REZ-Q PO BOX 2882 SAINT JOHNS, AZ 85936	46-3395854	501(C)(3)	6,000.				SUPPORT DOMESTIC ANIMALS

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LAKE TRAVERSE ANIMAL REZCUE 46381 EASTMAN ROAD SISSETON, SD 57262	27-4582954	501(C)(3)	10,000.				ANIMAL WELFARE
(2) MCKINLEY COUNTY HUMANE SOCIETY PO BOX 10 GALLUP, NM 83705	85-0398197	501(C)(3)	10,000.				ANIMAL WELFARE
(3) MIDWESTERN UNIVERSITY COLLEGE OF VETERINARY 19555 N 59TH AVE GLENDALE, AZ 85308	36-3377698	501(C)(3)	10,000.				MOBILE SPAY AND NEUT NEUTER CLINIC
(4) MISSION VALLEY ANIMAL SHELTER PO BOX 1644 POLSON, MT 59860	81-0463465	501(C)(3)	10,000.				ANIMAL WELFARE
(5) MONTANA STATE UNIVERSITY 21 MONTANA HALL - PO BOX 174160	81-0171141	501(C)(3)	9,000.				SCHOLARSHIPS
(6) MOREAU-GRAND ELECTRIC COOPERATIVE PO BOX 8 TIMBER LAKE, SD 57656	46-0214198	501(C)(3)	8,050.				WINTER FUEL VOUCHERS
(7) NALWOODI DENZHONE STRENGTH AND BEAUTY COMMU PO BOX 758 GLOBE, AZ 85502	47-3741425	501(C)(3)	40,000.				COMMUNITY IMPROVEMENT PROJECTS
(8) OYATE TECA PROJECT 39 WAPALA AVENUE KYLE, SD 57752	46-0438929	501(C)(3)	15,000.				COMMUNITY IMPROVEMENT
(9) PASCUA YAQUI TRIBE CHARITABLE ORGANIZATION 7473 S. TAA VOO'O TUSCON, AZ 85757	83-2106041	501(C)(3)	25,000.				COMMUNITY IMPROVEMENT
(10) UNIVERSITY OF NEW MEXICO MSC01-1310 ALBUQUERQUE, NM 87131-0001	51-0204461	501(C)(3)	9,000.				SCHOLARSHIPS
(11) UNIVERSITY OF OKLAHOMA 1000 ASP AVE., BUCHANAN HALL, ROOM 10	87-0734567	501(C)(3)	6,000.				SCHOLARSHIPS
(12) WOLF POINT POUND PUPPIES ANIMAL RESCUE PO BOX 164 WOLF POINT, MT 59201	47-1706723	501(C)(3)	10,000.				FUNDING FOR VACCINE & REGISTRATION TAGS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HEALTH	88,521.		4,555,814.		PT III, LN 4B, P. 56
2 EDUCATION SERVICES	27,875.		1,352,456.		PT III, LN 4D, P. 59
3 SEASONAL	14,830.		1,888,348.		PT III, LN 4C, P. 58
4 EMERGENCY SERVICES	73,921.		6,019,606.		PT III, LN 4A, P. 54
5 FOOD AND WATER	43,024.		365,770.		PT III, LN 4D, P. 61
6 ANIMAL WELFARE	2,634.		86,102.		PT III, LN 4D, P. 64
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

FOR EACH OF OUR GRANTS, WE ACCEPT APPLICATIONS FOR FUNDS ON A STANDARD APPLICATION FORM. THAT FORM OUTLINES THE REPORTING REQUIREMENTS OF THE GRANT FOR WHICH THE ORGANIZATION IS APPLYING. ONCE AN ORGANIZATION IS SELECTED FOR A GRANT, OUR PROGRAM TEAM DEVELOPS A SUPPORT PLAN FOR THE INSTITUTION. THIS PLAN OUTLINES THE SCHEDULE OF FOLLOW-UP CALLS, PERSONAL VISITS, AND EXPECTED DELIVERABLES FROM THE GRANTEE. AT A MINIMUM, A SEMI-ANNUAL REPORT IS REQUIRED FROM EACH GRANTEE. THE REPORT DETAILS HOW THE GRANT FUNDS WERE EXPENDED AND REQUIRES PHYSICAL BACKUP FOR

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

VERIFICATION OF EXPENDITURES. IN ADDITION TO DETAILING THE EXPENDITURES, THE GRANTEE DETAILS ACCOMPLISHMENTS, AND PROGRESS TOWARD GOALS ON THE PROJECTS THE GRANT WAS INTENDED TO SUPPORT. PWNA WORKS DIRECTLY WITH EDUCATIONAL INSTITUTIONS TO MONITOR STUDENT SCHOLARSHIP RECIPIENTS ENROLLMENT STATUS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSHUA ARCE PRESIDENT AND CEO	(i)	175,828.	0.	10,000.	0.	13,846.	199,674.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 AMBER KINNEY SR. VICE PRESIDENT AND CFO	(i)	173,888.	0.	0.	5,563.	18,426.	197,877.	
	(ii)	0.	0.	0.	0.	0.	0.	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,958,732.	FMV
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5.	11,484.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	34.	894,833.	FMV
20 Drugs and medical supplies	X	66.	17,760,631.	FMV
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		28.	4,361,693.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

JSA

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

SCHEDULE M, PART I

OTHER INFORMATION ON DONORS:

PWNA RECEIVED PRODUCTS FROM 10 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS).

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE NUMBER DISCLOSED IN THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SCHOOL SUPPLIES, PET SUPP	X	28.	4,361,693.	FMV
TOTALS		<u>28.</u>	<u>4,361,693.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

47-3730147

FORM 990, PART III, LINE 3

CHANGES TO CONDUCTING PROGRAM SERVICES:

THROUGHOUT 2020, THE PANDEMIC SPARKED CONTINUOUS REQUESTS FOR COVID RELIEF. WE MODIFIED PROGRAM DELIVERY IN COMPLIANCE WITH STAY-AT-HOME ORDERS AND TRAVEL RESTRICTIONS. HOME HEALTH CHECK-INS WERE BY PHONE, DOORSTEP, OR ZOOM. PWNA UTILIZED A DIGITAL PLATFORM TO CONDUCT VITAL TRAINING IN FOOD AND NUTRITION AND EMERGENCY PREPAREDNESS..

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

PROCESS TO REVIEW FORM 990:

THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990. ONCE PREPARED, THE CFO AND CEO REVIEW THE FORM WITH THE FINANCE COMMITTEE AND THEN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE BOARD OF DIRECTORS, THE CEO AND ALL SENIOR EMPLOYEES SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. ADDITIONALLY, OUR EMPLOYEE REFERENCE GUIDE HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY AND NEW EMPLOYEES RECEIVE AND SIGN AN ACKNOWLEDGMENT OF THE POLICY AND COMPLETED QUESTIONNAIRE UPON HIRE. CONFLICTS OF INTEREST, IF ANY, ARE RESOLVED AS THEY ARISE. IF ANY DIRECTOR DISCLOSES A CONFLICT OF INTEREST, THEY ARE ALSO ASKED TO ABSTAIN FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT.

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION:

THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A FORMAL PERFORMANCE APPRAISAL OF THE CEO, INCLUDING THE CEO'S COMPENSATION. EVERY 2-3 YEARS COMPENSATION DATA FOR CEO'S OF SIMILARLY SIZED NON-PROFITS IS GATHERED AND COMPARED WITH THE COMPENSATION PROVIDED TO THE ORGANIZATION'S CEO. THE FINAL PERFORMANCE REVIEW IS PRESENTED TO THE BOARD AND ANY COMPENSATION ADJUSTMENTS ARE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15B

REVIEW OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION:

AN EXTERNAL CONSULTING FIRM CONCLUDED A COMPREHENSIVE COMPENSATION REVIEW IN 2016 TO INCLUDE ALL OTHER OFFICERS AND EMPLOYEES' JOB FUNCTIONS AND COMPENSATION, INCLUDING COMPARISONS TO SIMILAR ORGANIZATIONS IN SIZE AND FUNCTION. THE COMPENSATION STUDY WAS REVIEWED BY THE BOARD AND EACH EMPLOYEE RECEIVED INFORMATION ABOUT THEIR ROLE WITHIN THE CONTEXT OF THE STUDY. THE STUDY IS UPDATED TO ADD NEW POSITIONS OR MODIFY EXISTING POSITIONS THAT HAVE CHANGED.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

AUDITED FINANCIAL STATEMENTS, 990'S, AND ANNUAL REPORTS ARE AVAILABLE ON PWNA'S WEBSITE. THE ORGANIZATION PRESENTLY DOES NOT PUBLISH ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY BUT WILL PROVIDE THEM UPON REQUEST.

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FORM 990, PART III, LINE 4A

EMERGENCY SERVICES: (CONTINUED FROM PART III)

PURPOSE OF THE PROGRAM: TO PROVIDE DISASTER RELIEF, SEASONAL SUPPORT AND CRITICAL SUPPLIES FOR RESERVATION ELDERS, COMMUNITIES, AND SHELTERS, AND TO SUPPORT TRIBAL READINESS TO RESPOND WHEN DISASTERS STRIKE.

SITUATION: THE NATURAL ENVIRONMENT ON THE RESERVATIONS PWNA SUPPORTS IS OFTEN HARSH, GIVING RISE TO A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS, ICE STORMS, TORNADOS, AND HURRICANES. PWNA IS RECOGNIZED AS A RELIABLE FIRST RESPONDER FOR THE RESERVATIONS, QUICK TO RESPOND TO TRIBES WHEN DISASTER RELIEF IS NEEDED. SOME COMMUNITIES ALSO EXPERIENCE ACUTE OR CHRONIC CONTAMINATED-WATER EMERGENCIES. ADDITIONALLY, 90,000 NATIVE AMERICANS ARE HOMELESS; 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD, OVERCROWDED HOUSING, WITH THE TYPICAL WAIT TIME FOR TRIBAL HOUSING ASSISTANCE AT THREE YEARS OR MORE. WHEN DISASTER STRIKES, MAINSTREAM NEWS COVERAGE IS LOW AND OUTSIDE AID IS SLOW TO COME.

PWNA RESPONSE: THROUGHOUT 2020, THE PANDEMIC SPARKED CONTINUOUS REQUESTS FOR COVID RELIEF. SOME 49 PARTNERS ON 25 RESERVATIONS REACHED OUT TO PWNA FOR EMERGENCY SUPPLIES DUE TO STAY-AT-HOME ORDERS AND TRAVEL RESTRICTIONS ON THE RESERVATIONS TO KEEP THE ELDERS SAFE. WE RESPONDED WITH MORE THAN 1 MILLION POUNDS OF STAPLE FOODS, BOTTLED WATER, HYGIENE KITS, DIAPERS, BLANKETS, PPE AND OTHER ESSENTIALS, AIDING MORE THAN 55,300 NATIVE AMERICANS IMPACTED BY COVID-19.

WHILE GROUP TRAINING FOR EMERGENCY PREPAREDNESS WAS SOMEWHAT HAMPERED IN 2020, WE MANAGED TO REACH 1640 PARTICIPANTS TO KEEP TRIBAL COMMUNITIES

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MOVING FORWARD. THIS INCLUDED 507 PARTICIPANTS FOR CERT AND ONLINE TRAINING, NEARLY 1,100 FOR COMMUNITY ENGAGEMENT ACTIVITIES, AND 35 IN ZOOM FOCUS GROUPS. ALL THIS WAS MADE POSSIBLE WITH THE SUPPORT OF MARGARET A. CARGILL PHILANTHROPIES AND COLLABORATION OF THE AMERICAN RED CROSS, FEMA, AND OTHER EMERGENCY PROVIDERS. PREVIOUSLY TRAINED EMERGENCY MANAGERS ALSO MOBILIZED TO HELP THEIR COMMUNITIES NAVIGATE THE PANDEMIC.

ADDITIONALLY, PWNA PROVIDED SUPPLIES TO RESIDENTIAL SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS, ASSISTING APPROXIMATELY 14,402 PEOPLE IN 2020. WE SUPPLIED WINTER FUEL FOR ABOUT 163 ELDERS OF THE ROSEBUD, NORTHERN CHEYENNE, ZUNI AND NAVAJO NATIONS, AS WELL AS WINTER AND SUMMER EMERGENCY KITS FOR ABOUT 2,405 ELDERS ACROSS 13 RESERVATIONS IN THE NORTHERN PLAINS AND SOUTHWEST. THESE EMERGENCY KITS EQUIPPED NATIVE ELDERS WITH SUPPLIES SUCH AS BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD AND OTHER ITEMS HELPFUL DURING WINTER STORMS, AND WATER, SUNSCREEN, BUG SPRAY, AND OTHER ITEMS HELPFUL DURING SUMMER HEAT, STORMS AND OUTAGES. PWNA ROTATES ITS SEASONAL READINESS SERVICES TO DIFFERENT TRIBAL COMMUNITIES EACH YEAR TO AVOID CREATING DEPENDENCY, BUT THE LEVEL OF NEED SUGGESTS INCREASING THESE SERVICES AS FUNDING PERMITS.

*DBA PROGRAMS OF PWNA FOR EMERGENCY SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).

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FORM 990, PART III, LINE 4B

HEALTH: (CONTINUED FROM PART III)

PURPOSE OF THE PROGRAM: TO SUPPORT PREVENTATIVE CARE, ESSENTIAL SERVICES AND HEALTH EDUCATION INITIATIVES OF RESERVATION PROGRAMS SERVING TRIBAL CITIZENS, AND TO HELP THEM MOTIVATE INVOLVEMENT IN HEALTHY LIFESTYLES AND COMMUNITY SERVICE.

SITUATION: THE PEOPLE PWNA SERVES ON RURAL AND GEOGRAPHICALLY-ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (I.H.S.) FOR MEDICAL CARE. THESE FEDERALLY-OPERATED CLINICS ARE NOTORIOUSLY UNDERSTAFFED, UNDERFUNDED AND OFTEN LONG DISTANCES AWAY. ONLY 500 CLINICS SERVE THE 574 FEDERALLY RECOGNIZED TRIBES (LESS THAN 1 PER RESERVATION) - AND LACK OF TRANSPORTATION IS AN ISSUE FOR MANY PEOPLE. INADEQUATE HEALTHCARE CONTINUES TO TAKE A HARSH TOLL DURING THE COVID-19 PANDEMIC, LEAVING NATIVE AMERICANS TO LOSE 1 IN EVERY 475 TRIBAL CITIZENS (COMPARED TO 1 IN EVERY 825 WHITES). I.H.S. IS ILL-SITUATED TO RESPOND TO A HEALTHCARE CRISIS, AND IN THE CASE OF THE PANDEMIC, OVERCROWDED HOUSING FOR SOCIAL DISTANCING ADDED FUEL TO THE FIRE. PWNA SUPPORTS TRIBALLY-OPERATED, PREVENTATIVE HEALTH AND WELLNESS PROGRAMS THAT (DURING NON-PANDEMIC PERIODS) ENCOURAGE PEOPLE TO TAKE PART ACTIVELY IN COMMUNITY PROJECTS/SERVICES TO RECEIVE MATERIALS AND SERVICES FROM PWNA, ADDING TO INDIVIDUAL AND COMMUNITY WELL-BEING AND SUPPORTING SELF-DETERMINATION. THE PANDEMIC NECESSITATED A NO-CONTACT ELEMENT TO DELIVERY OF TRIBAL HEALTH SERVICES.

PWNA RESPONSE: IN 2020, PWNA SUPPORTED TRIBAL PROGRAMS PROVIDING PREVENTATIVE CARE, HOME HEALTH CHECK INS BY PHONE AND NON-CONTACT

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EDUCATION SUCH AS BY PHONE, DOORSTEP OR WHEN POSSIBLE ZOOM MEETINGS, HELPING THEM ADDRESS DIABETES AT EPIDEMIC LEVELS, OBESITY EVEN FOR YOUTH, TUBERCULOSIS SEVEN TIMES HIGHER THAN FOR WHITES, MORE CANCER-RELATED DISPARITIES THAN ANY MINORITY GROUP IN THE U.S., HIGHER INFANT MORTALITY AND LOWER LIFE EXPECTANCY FOR SOME NATIVE MEN (ESPECIALLY IN THE NORTHERN PLAINS), AS WELL AS THE COMMUNITY-WIDE NEED FOR PERSONAL PROTECTIVE EQUIPMENT (PPE). WE SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND COMMUNITY ACTIVITIES FOR APPROXIMATELY 88,521 PEOPLE. AMONG THEM, SOME 82,299 PEOPLE BENEFITED PRIMARILY FROM NO-CONTACT CHECK-INS BY PARTNERS (MOSTLY PHONE AFTER THE PANDEMIC STARTED) FOR COVID-19 CHECK INS, QUARANTINES, ELDERLY NEEDS, AND PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH. PWNA SUPPORTED 331 TRIBAL PARTNERS WHO CONDUCTED MOSTLY PHONE SCREENINGS ABOUT DIABETES, HIGH BLOOD PRESSURE, TUBERCULOSIS AND CANCER; PHONE AND MAIL EDUCATION ON DIABETES PREVENTION, HEALTHY NUTRITION AND HEART HEALTH; YOUTH EDUCATION SUCH AS SUICIDE AWARENESS AND PREVENTION; HEALTH APPOINTMENTS FOR IMMUNIZATIONS, HOSPITAL POST-RELEASE AND MEDICATION MONITORING; AND NO CONTACT VISITS WITH THOSE WHO ARE HOMEBOUND OR OTHERWISE UNABLE TO ACCESS SERVICES. AND 27 OF THE PARTNERS FOCUSED ON YOUTH DEVELOPMENT, SUICIDE PREVENTION AND PRESERVATION OF LANGUAGE AND CULTURE AT COMMUNITY-WIDE EVENTS (MAINLY PRE-PANDEMIC).

THROUGHOUT THE PANDEMIC, WITH THE SUPPORT OF NEWMAN'S OWN FOUNDATION, PWNA UTILIZED A DIGITAL PLATFORM TO CONDUCT ITS VITAL TRAIN-THE-TRAINER (T3) SERVICE. WE FEATURED NATIVE AMERICAN CHEFS IN VIDEOS TO EMPHASIZE PREPARING HEALTHY MEALS WITH ANCESTRAL AND LOCALLY AVAILABLE FOODS,

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REACHING 171 PROFESSIONALS WHO PREPARE MEALS FOR TRIBAL MEMBERS ON REMOTE RESERVATIONS AND CAN IMPACT DIETS FOR 1,026 PEOPLE TOTAL. IN FIRST QUARTER BEFORE THE PANDEMIC, WE ALSO CONDUCTED A STRIVE FORUM REACHING 35 PARTICIPANTS IN THE SOUTHWEST, AND IN THE NORTHERN PLAINS COLLABORATED WITH LAKOTA FOOD SOVEREIGNTY ON THE LAKOTA FOOD SUMMIT, HELPING 41 NATIVE YOUTH INTEGRATE FOOD AND CULTURE. THESE TWO EVENTS SUPPORTED THE INDIGENOUS TENET OF FOOD AS MEDICINE AND INSPIRED PARTICIPANTS TOWARD HEALTHY, ANCESTRAL FOODS. WE ALSO SUPPORTED CONTINUATION OF TWO COMMUNITY INVESTMENT PROJECTS IN NEW LAGUNA, NM AND TUCSON, AZ., WITH SUPPORT OF LATTER-DAY SAINTS CHURCH OF JESUS CHRIST (LDS CHARITIES).

*DBA PROGRAMS OF PWNA FOR HEALTH SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).

FORM 990, PART III, LINE 4C

SEASONAL: (CONTINUED FROM PART III)

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS WITH COMMUNITY ENGAGEMENT AT TIMES WHEN NATIVE FAMILIES MAY BE EXPERIENCING ABOVE AVERAGE DISENFRANCHISEMENT AND MENTAL HEALTH CHALLENGES RELATED TO THE HOLIDAYS.

SITUATION: NATIVE AMERICAN FAMILIES INCLUDING ELDERS AND CHILDREN ON THE RESERVATIONS PWNA ASSISTS ARE UNABLE TO CELEBRATE THE HOLIDAYS WITH SUFFICIENT FOOD, RESOURCES, AND ABILITY TO GATHER WITH FAMILY. UP TO 61%

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OF NATIVE AMERICAN CHILDREN LIVE IN POVERTY OR LOW-INCOME HOUSEHOLDS, MANY OF THEM RAISED BY GRANDPARENTS ON SEVERELY LIMITED, FIXED INCOMES SUCH AS SOCIAL SECURITY - AND 29% OF NATIVE AMERICANS WHO ARE EMPLOYED FULL-TIME LIVE BELOW POVERTY LEVEL. THE OVERALL RATE OF IMPOVERISHMENT ACROSS THE HUNDREDS OF TRIBAL COMMUNITIES PWNA SERVES RANGES FROM 38% TO 63%.

PWNA RESPONSE: DURING THE 2020 HOLIDAYS, PWNA HELPED PROGRAM PARTNERS ADDRESS IMMEDIATE NEEDS BY DISTRIBUTING STOCKINGS OR HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS TO NEARLY 15,000 DELIGHTED CHILDREN AND ELDERS. RATHER THAN THE GROUP DISTRIBUTION EVENTS TYPICALLY USED BY PARTNERS TO PROMOTE SKILL BUILDING AND VOLUNTEERISM, THEY COORDINATED DRIVE-THROUGH PICK UP OF HOLIDAY STOCKINGS AND ELDER GIFT BAGS, AS WELL AS INDIVIDUAL HOME DELIVERIES - REACHING ELDERS AND CHILDREN ACROSS 14 RESERVATIONS IN THE NORTHERN PLAINS AND 14 IN THE SOUTHWEST.

*DBA PROGRAMS OF PWNA FOR HOLIDAY SUPPORT: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC) AND SIOUX NATION RELIEF FUND (SNRF).

FORM 990, PART III, LINE 4D

EDUCATION SERVICES:

PURPOSE OF THE PROGRAM: TO INCREASE RESOURCES FOR NATIVE AMERICAN EDUCATION, SUPPORT ACCESS AND RETENTION OF NATIVE STUDENTS FROM PRE-KINDERGARTEN THROUGH COLLEGE AND SUPPORT PROFESSIONAL DEVELOPMENT FOR EMERGING LEADERS.

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SITUATION: EDUCATION IS ONE OF THE MOST IMPORTANT CORNERSTONES OF SELF-SUFFICIENCY AND QUALITY OF LIFE, AND A KEY TO ADDRESSING THE LONG-TERM POVERTY AND OTHER CHALLENGES FACING THE RESERVATIONS PWNA SERVES. HIGH SCHOOL DROPOUT RATES RANGE FROM 30 UP TO 70% (VARIES BY COMMUNITY), OFTEN DUE TO LACK OF THE BASICS (E.G., SCHOOL SUPPLIES, CLOTHING, ADEQUATE HOUSING, TRANSPORTATION). ACCESS TO EDUCATION WAS FURTHER CHALLENGED IN 2020 DUE TO THE REQUIREMENT FOR EXTENDED DISTANCE LEARNING DURING THE COVID-19 PANDEMIC, LEAVING MANY NATIVE STUDENTS TO ACCESS WIFI IN PARKING LOTS OR ON ROOFTOPS. ABOUT 17% OF NATIVE AMERICAN STUDENTS START COLLEGE, AND ONLY 13% OF NATIVE AMERICANS HOLD A COLLEGE DEGREE. CONTRARY TO PUBLIC PERCEPTION, COLLEGE IS NOT FREE FOR NATIVE AMERICANS, BUT NATIVE STUDENTS ARE OFTEN SLOW TO ASK FOR AID, BELIEVING COLLEGE IS NOT AN OPTION FOR THEM. THUS, NON-NATIVE STUDENTS ARE TWICE AS LIKELY TO ACHIEVE AN UNDERGRADUATE DEGREE.

PWNA RESPONSE: BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM EDUCATIONAL NEEDS, PWNA HELPS OUR PARTNER SCHOOLS AND COLLEGES MOTIVATE STUDENTS AND IMPROVE RETENTION. IN 2020, PWNA FURNISHED SCHOOL SUPPLIES FOR APPROXIMATELY 14,825 K-12 STUDENTS AT 56 PARTNER SCHOOLS, AND ESSENTIAL SUPPLIES TO SUPPORT LITERACY FOR NEARLY 6,500 CHILDREN ACROSS 10 RESERVATIONS, MOTIVATING READING AND PARENT-CHILD READING TIME AND SUPPORTING READING COMPREHENSION. MORE THAN 6,300 PAIRS OF TOMS SHOES WERE DISTRIBUTED TO STUDENTS FOR SCHOOL ENHANCEMENT (AND ANOTHER 6,200 PAIRS WERE INCLUDED IN BACKPACKS).

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PWNA ALSO SUPPORTS NATIVE AMERICAN STUDENTS PURSUING HIGHER EDUCATION, AWARDING SCHOLARSHIPS TO APPLICANTS WHO ARE MOST OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING AND MAY NOT BE CONSIDERED BY OTHER PROVIDERS DESPITE THEIR SERIOUS DRIVE AND PROVEN ABILITY TO OVERCOME OBSTACLES. THE ACADEMIC-YEAR COMPLETION RATE FOR STUDENTS WHO RECEIVE PWNA SCHOLARSHIPS IS 90-95%, CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO OUR INDIVIDUALIZED MENTORSHIP PROGRAM AND OUR UNIQUE SELECTION PROCESS OF IDENTIFYING CANDIDATES WITH A LIKELIHOOD OF OVERCOMING THE FIRST-YEAR CHALLENGES THAT ARE UNIQUE TO NATIVE STUDENTS. TO INCREASE FUNDING FOR NATIVE STUDENTS IN 2020, PWNA AWARDED \$200,225 IN UNDERGRADUATE AND GRADUATE SCHOLARSHIPS AND AWARDED NEARLY \$10,100 IN GRANTS TO TRIBAL COLLEGES, UNIVERSITIES, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, IMPACTING COLLEGE ACCESS AND RETENTION FOR APPROXIMATELY 57 NATIVE AMERICAN SCHOLARS. WITH THE SUPPORT OF WALMART FOUNDATION, WE AWARDED SEVERAL LAPTOPS TO FIRST-YEAR STUDENTS, AND THE PEPSICO RISE NATIVE AMERICAN EMPLOYEE RESOURCE GROUP CONTINUED MENTORING OUR AIEF SCHOLARS AND 4 DIRECTIONS (4D) LEADERSHIP DEVELOPMENT COHORT. WE COMPLETED THE 4D COHORT WITH WHITE MOUNTAIN APACHE TRIBAL LEADERS IN JANUARY 2020, BUT AFTERWARD LAUNCHED NO NEW COHORTS DUE TO THE PANDEMIC; NONETHELESS, OUR 149 PRIOR 4D GRADUATES CONTINUED TO MAKE POSITIVE STRIDES FOR THEIR 40 COLLECTIVE TRIBES.

*DBA PROGRAMS OF PWNA FOR EDUCATION: AMERICAN INDIAN EDUCATION FUND (AIEF)

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FOOD AND WATER:

PURPOSE OF THE PROGRAM: TO EASE FOOD INSECURITY BY INCREASING FOOD SUPPLIES FOR NATIVE AMERICAN ELDERS, CHILDREN AND FAMILIES, AND SUPPORTING FOOD SOVEREIGNTY THROUGH GARDENING AND LOCALIZED ACCESS TO HEALTHY FOODS ON THE RESERVATIONS WE SERVE.

SITUATION: FOOD INSECURITY INCREASED NATIONWIDE DUE TO COVID-19, DEMONSTRATING TO MANY WHAT NATIVE AMERICANS HAVE BEEN UP AGAINST ALL ALONG. LOW FOOD SECURITY - INSUFFICIENT FOOD QUALITY OR VARIETY FOR DIETARY HEALTH - IS A KEY ISSUE ON THE IMPOVERISHED RESERVATIONS PWNA SERVES, FUELING HIGH RATES OF NUTRITION-RELATED DISEASES SUCH AS DIABETES AND OBESITY WHEN FAMILIES MUST TURN TO LESS EXPENSIVE BUT FATTY AND HIGH-CARBOHYDRATE FOODS AND PLATES OFTEN DEVOID OF FRESH VEGETABLES. FOOD HARDSHIP - THE INABILITY TO AFFORD ENOUGH FOOD FOR YOURSELF AND YOUR FAMILY - ALSO INCREASED (EVEN PRE-PANDEMIC), ESPECIALLY FOR HOMES WITH CHILDREN, ACCORDING TO A 2018 STUDY BY THE FOOD & ACTION CENTER. NATIONWIDE, THE FOOD HARDSHIP RATE IS 16-19%, COMPARED TO 23% FOR NATIVE AMERICAN FAMILIES. TODAY, RATHER THAN AN EMERGENCY SOLUTION, FOOD AID HAS BECOME A LONG-TERM SOLUTION WITH MANY MORE CONSISTENTLY IN NEED OF EXTRA HELP TO OBTAIN ENOUGH HEALTHY FOOD WITH SEVERELY LIMITED FINANCIAL RESOURCES. THIS IS CERTAINLY THE CASE FOR MANY FAMILIES AND FOOD BANKS IN THE COMMUNITIES PWNA SERVES, ALONG WITH ANOTHER HARDSHIP - CONTAMINATED DRINKING WATER. COVID-19 ONLY EXAGGERATED THIS SITUATION IN REMOTE TRIBAL COMMUNITIES.

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PWNA RESPONSE: IN 2020, THE TRIBES RECOGNIZED PWNA AS AN ESSENTIAL SERVICE DURING THE PANDEMIC. WE PROVIDED IMMEDIATE RELIEF BY CONTINUING OUR FOOD DELIVERIES ALL YEAR, OUR TRUCK DRIVERS TRAVELLING MORE THAN 126,000 MILES TO DELIVER FOOD, WATER AND OTHER ESSENTIAL SUPPLIES. OUR FOOD BOXES HELPED FOOD PANTRIES FEED ABOUT 15,186 PEOPLE. THE STAPLE FOODS WE SUPPLIED FOR ELDERLY NUTRITION PROGRAMS AND SOUP KITCHENS HELPED PROVIDE APPROXIMATELY 11,392 NATIVE AMERICAN ELDERS HOT MEALS 5 DAYS A WEEK. OUR EMERGENCY AND BREAKFAST FOODS SUPPORTED ABOUT 3,767 PEOPLE, AND OUR THANKSGIVING AND CHRISTMAS MEALS HELPED FEED ABOUT 12,679 PEOPLE. THIS WAS IN ADDITION TO FOOD AND WATER PROVIDED IN OUR COVID RELIEF SHIPMENTS.

TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND CAPACITY BUILDING, PWNA BECAME A FACILITATOR WITH THE ARIZONA FOOD NETWORK WORKING TOWARD TRIBAL FOOD SOLUTIONS STATEWIDE. OUR VP OF PROGRAMS NOW HOLDS A SEAT ON THE ARIZONA FOOD & AGRICULTURE POLICY COMMITTEE, AND WE CONTINUE TO SUPPORT THE NATIVE AMERICAN FOOD COHORT SPONSORED BY NEWMAN'S OWN FOUNDATION, WORKING WITH OTHER NONPROFITS TO IDENTIFY IMPROVEMENTS TO NATIVE FOOD SYSTEMS. ADDITIONALLY, WE INVESTED \$94,500 IN COMMUNITY GARDEN PROJECTS TO INCREASE FOOD SOVEREIGNTY AND LOCAL ACCESS TO HEALTHY FOODS, WITH SUPPORT OF LDS CHARITIES AND THE MELBA BAYERS MEYER TRUST.

*DBA PROGRAMS OF PWNA FOR FOOD SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF

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COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).

ANIMAL WELFARE:

PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE AND RELATED HUMAN HEALTH RISK IN REMOTE, UNDERSERVED TRIBAL COMMUNITIES.

SITUATION: ANIMAL WELFARE AND THE PROBLEMS CREATED FROM OVERPOPULATED AND STRAY ANIMALS ARE IMMENSE FOR SOME RESERVATION COMMUNITIES, INCLUDING DISEASE, ANIMAL BITES, RABIES AND OTHER SAFETY CONCERNS. BECAUSE OF THIS, PWNA SUPPORTS RESERVATION PROGRAMS THAT SPAY, NEUTER AND VACCINATE ANIMALS OF THE RESERVATION; EDUCATE COMMUNITIES ON PROPER CARE OF ANIMALS; AND ENABLE ANIMAL GROUPS TO CARE FOR MORE ANIMALS.

PWNA RESPONSE: IN 2020, PWNA SUPPORTED IMMEDIATE AND LONG-TERM COMMUNITY CONCERNS RELATED TO ANIMAL WELFARE. WE SUPPLIED VETERINARY PROGRAMS WITH NEARLY 16,300 POUNDS OF SUPPLIES TO HELP CARE FOR ABOUT 2,344 ANIMALS DURING RESCUE, REHAB AND PLACEMENT BY OUR ANIMAL WELFARE PARTNERS. PWNA ALSO AWARDED \$54,161 IN GRANTS, ENABLING SPAY/NEUTER SERVICES FOR 290 ANIMALS AND COUNTERING OVERPOPULATION AND RELATED COMMUNITY HEALTH RISK ON EIGHT RESERVATIONS, INCLUDING OMAHA, FORT PECK, FLATHEAD AND LAKE TRAVERSE RESERVATIONS IN THE NORTHERN PLAINS AND THE COCOPAH, COLORADO RIVER, HOPI AND NAVAJO RESERVATIONS IN THE SOUTHWEST.

*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: RESERVATION ANIMAL RESCUE

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(RAR)

PUBLIC EDUCATION:

PURPOSE OF THE PROGRAM: TO PROVIDE ACCURATE INFORMATION ABOUT NATIVE AMERICAN CULTURES AND CONDITIONS ON THE RESERVATIONS, AS WELL AS PWNA PROGRAMS AND IMPACT, WHILE ADDRESSING PERSISTENT MISCONCEPTIONS THAT DETER OPPORTUNITY AND SOCIAL EQUITY FOR NATIVE PEOPLES.

SITUATION: AMIDST THE RICH CULTURE AND UNITY OF TRIBAL COMMUNITIES, MANY AMERICANS MISS THE FACT THAT POVERTY AND HARDSHIP ARE THE NORM IN MANY RESERVATION COMMUNITIES. THE HARSH LIVING CONDITIONS ON THE DISTANT RESERVATIONS THAT PWNA SERVES HAVE CONDITIONS COMPARABLE TO THOSE FOUND IN THE DEVELOPING WORLD. STEREOTYPES AND MISCONCEPTIONS ALSO EXIST, FUELING FALSE SPECULATION THAT NATIVE AMERICANS RECEIVE SPECIAL GOVERNMENT ENTITLEMENTS SUCH AS FREE HOUSING, HEALTH CARE AND EDUCATION UNDER THE STATUS OF TREATIES. PWNA IS COMMITTED TO DISPELLING THE PUBLIC'S MISPERCEPTIONS REGARDING NATIVE AMERICANS, WHILE GENERATING A BETTER UNDERSTANDING OF NATIVE CULTURE AND RESERVATION LIFE AND ENCOURAGING OTHERS TOWARD INCLUSIVITY AND SUPPORT OF THE SELF-DETERMINED GOALS OF THE TRIBES.

FORM 990, PART III, LINE 4D (CONTINUED)

PWNA RESPONSE: AS COVID-19 TOOK ITS SEVERE TOLL ON NATIVE AMERICANS IN 2020, MANY U.S. GROUPS AND INDIVIDUALS AWOKE TO THE DECADES OF DISPARITIES OUR TRIBAL CITIZENS FACE - GRASPING FOR THE FIRST TIME HOW THOSE DISPARITIES TRANSLATE TO DAILY CHALLENGES SUCH AS FOOD INSECURITY,

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OVERCROWDED HOUSING, LACK OF INTERNET AND INADEQUATE HEALTHCARE.

PWNA HELPED BY REACHING A POTENTIAL READING, LISTENING AND VIEWING AUDIENCE OF MORE THAN 1 BILLION PEOPLE WITH PUBLIC EDUCATION ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS - INCLUDING THE FACTORS UNIQUE TO TRIBES SUCH AS NAVAJO AND OTHERS ESPECIALLY HARD HIT BY COVID-19. WE ACHIEVED THIS THROUGH 130 NEWS ARTICLES, PRESS RELEASES, RADIO AND TV MENTIONS, EXPANDED SOCIAL MEDIA CHANNELS, VIDEOS, COFFEE CHATS WITH GROUPS LIKE THE FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS, RELEVANT CONTENT ON OUR WEBSITE, AND TIMELY ORIGINAL CONTENT ON OUR BLOG.

PRE-PANDEMIC, WE ALSO RAN A FIVE-MINUTE PSA ON PBS CHANNELS NATIONWIDE, FEATURING AWARD-WINNING ACTOR WES STUDI (CHEROKEE) TO HIGHLIGHT DISPARITIES FOR TRIBES AND SOLUTIONS THAT ARE UNDERFUNDED. STUDI ALSO PARTNERED WITH PWNA TO DEVELOP A PSA ALERTING AMERICA ABOUT THE TRIBES BEING HARD HIT BY COVID AND ASKING FOR PWNA DONATIONS TO SUPPORT EMERGENCY COVID DELIVERIES TO THE RESERVATIONS. WE ALSO INITIATED A HEALTH PSA WITH STUDI AND THE CDC, LEADING TO MORE THAN 1 MILLION VIEWS FOR PUBLIC EDUCATION IN TRIBAL COMMUNITIES.

FORM 990, PART I, LINE 1 & PART III, LINE 1

ORGANIZATION'S MISSION:

PWNA IS COMMITTED TO IMPROVING QUALITY OF LIFE FOR NATIVE AMERICANS LIVING IN REMOTE, UNDER-RESOURCED AND UNDERSERVED RESERVATION COMMUNITIES.

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

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WE BELIEVE NATIVE AMERICAN PEOPLES HAVE THE POWER WITHIN THEMSELVES TO BUILD STRONG COMMUNITIES. THE COMMUNITY MEMBERS WE WORK WITH KNOW THE CHALLENGES THAT EXIST AND ARE FINDING SOLUTIONS TO THEM. WE ARE A TRUSTED PARTNER AND RESOURCE TO LIFT THEIR EFFORTS - TO CHAMPION HOPE AND SUPPORT FOR THEIR SUCCESS TODAY AND TOMORROW.

PWNA CREATES HIGH IMPACT THROUGH A DUAL APPROACH: ADDRESSING IMMEDIATE NEEDS IN RESERVATION COMMUNITIES BY PROVIDING FOOD, WATER, SCHOOL SUPPLIES AND OTHER CRITICAL MATERIALS, AND SUPPORTING COMMUNITY-LED PROJECTS THAT SUSTAINABLY ADDRESS THE CORE SYMPTOMS OF POVERTY AND CONTRIBUTE TO SELF-SUFFICIENCY AND SOCIAL EQUITY.

WE APPROACH HUMANITARIAN SERVICE THROUGH ASSET-BASED COMMUNITY DEVELOPMENT (ABCD), ENCOMPASSING MATERIAL PROVISIONS, CAPACITY BUILDING, COMMUNITY BUILDING, ASSET/RESOURCE DEVELOPMENT AND HIGHER EDUCATION. THIS ENSURES WE BUILD ON ASSETS PRESENT IN THE COMMUNITIES WE SERVE AND BRING TOGETHER INDIVIDUALS, PROGRAMS, AND OUTSIDE RESOURCES TO LEVERAGE THE SOCIAL CAPITAL OF A MUCH LARGER NETWORK MOBILIZING TOWARD A COMMON SOLUTION. LOCAL PARTICIPATION AND EMPOWERMENT LIE AT THE CORE OF ABCD AND LEAD TOWARD SUSTAINABLE GAINS FOR THE NATIVE COMMUNITY PRIORITIES, PROGRAMS, AND PEOPLE PWNA SERVES.

FORM 990, ITEM C

DOING BUSINESS AS:

AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN), AMERICAN INDIAN EDUCATION FUND (AIEF), SOUTHWEST INDIAN RELIEF COUNCIL

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(SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF),
NATIVE AMERICAN AID (NAA), NATIONAL RELIEF CHARITIES (NRC), RESERVATION
ANIMAL RESCUE (RAR), NORTHERN PLAINS RESERVATION AID (NPRA) & SOUTHWEST
RESERVATION AID (SWRA).

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE SCHEDULE O	2,187,135.	2,836,008.	1,358.
TOTALS	<u>2,187,135.</u>	<u>2,836,008.</u>	<u>1,358.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, AA, AE, AP, CA, CO, CT, DE,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEGACY MAIL MANAGEMENT 1615 E. WASHINGTON ST. MOUNT PLEASANT, IA 52641	PRINTING, MAILING	621,489.
ALANIZ, LLC 1805 E WASHINGTON MOUNT PLEASANT, IA 52641	PRINTING, MAILING	101,980.
MDI IMAGING AND MAIL 21955 CASCADES PKWY DULLES, VA 20166	PRINTING, MAILING	186,111.

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PARTNERSHIP WITH NATIVE AMERICANS	Taxpayer identification number (TIN) 47-3730147
	Number, street, and room or suite no. If a P.O. box, see instructions. 16415 ADDISON ROAD 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ADDISON, TX 75001	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AMBER E KINNEY, SVP AND CFO

• The books are in the care of ▶ 16415 ADDISON ROAD, STE 200 ADDISON TX 75001

Telephone No. ▶ 214 217-2600 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2020 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.