



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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

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			D Employer identification number 47-3730147
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (214) 217-2600
	City or town, state or province, country, and ZIP or foreign postal code ADDISON, TX 75001			G Gross receipts \$ 29,204,050.
	F Name and address of principal officer: JOSHUA ARCE 16415 ADDISON ROAD, SUITE 200, ADDISON, TX 75001			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.NATIVEPARTNERSHIP.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 2015				M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MISSION & VISION: SERVING IMMEDIATE NEEDS, SUPPORTING LONG-TERM SOLUTIONS FOR STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. (TO LEARN MORE, SEE SCHEDULE O).</u>			
	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) 7		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 7		
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 71		
	6	Total number of volunteers (estimate if necessary) 7		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 NONE		
7b	Net unrelated business taxable income from Form 990-T, line 34 NONE			
Revenue	8	Contributions and grants (Part VIII, line 1h) 45,144,747.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) NONE	NONE	NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,324.	23,324.	18,831.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 206,504.	206,504.	151,274.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,374,575.	45,374,575.	29,203,956.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14,680,903.	14,680,903.
14		Benefits paid to or for members (Part IX, column (A), line 4) NONE	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,206,686.	4,206,686.	4,353,854.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 214,000.	214,000.	190,600.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,325,711.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,336,045.	8,336,045.	10,036,330.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,437,634.	27,437,634.	32,874,862.	
19	Revenue less expenses. Subtract line 18 from line 12 17,936,941.	17,936,941.	-3,670,906.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 36,392,537.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 1,734,465.	1,734,465.	968,257.
	22	Net assets or fund balances. Subtract line 21 from line 20. 34,658,072.	34,658,072.	30,986,652.

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEANETTE VERRELLI	JEANETTE VERRELLI	8/10/2022		P00742631
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		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** (2021)

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? [] Yes [X] 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 \$ 12,785,525. including grants of \$ 9,608,199.) (Revenue \$ NONE)

EMERGENCY SERVICES:
PURPOSE OF THE PROGRAM: TO PROVIDE WINTER WARMTH, SEASONAL SERVICES 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 \$ 5,581,788. including grants of \$ 4,247,576.) (Revenue \$ NONE)

HEALTH:
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 \$ 2,287,246. including grants of \$ 1,599,639.) (Revenue \$ NONE)

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.
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 4,085,643. including grants of \$ 2,838,664.) (Revenue \$ 1,000.)

4e Total program service expenses 24,740,202.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

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, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, 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. 71		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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?		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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 (Various governance questions), 7a-b (Power to elect/appoint), 8 (Meeting documentation), 9 (Officer reachability).

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/policies), 11a-b (Form 990 distribution), 12a-c (Conflict of interest policy), 13-14 (Whistleblower/retention policy), 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 SEE SCHEDULE O
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

JULIE SOLO 16415 ADDISON ROAD, STE 200 ADDISON, TX 75001 (214) 217-2600

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 & CEO	55.00 NONE			X				201,180.	NONE	26,924.
(2) AMBER KINNEY SR. VICE PRESIDENT AND CFO	55.00 NONE			X				189,635.	NONE	31,235.
(3) ASHLEIGH HUGHES V.P. OF DEVELOPMENT & COMMS	55.00 NONE					X		168,000.	NONE	1,459.
(4) RAFAEL TAPIA, JR. VICE PRESIDENT PROGRAMS	55.00 NONE					X		124,544.	NONE	35,289.
(5) MISTY RHODES VICE PRESIDENT HUMAN RESOURCES	55.00 NONE					X		125,572.	NONE	25,370.
(6) LUCRETIA WINTER DIRECTOR OF FINANCE & ACCOUNTI	55.00 NONE					X		129,810.	NONE	12,352.
(7) RICHARD MILLER PROGRAMS DIRECTOR	55.00 NONE					X		115,793.	NONE	13,228.
(8) JACLYN (JACKIE) BLACKBIRD CHAIRWOMAN	2.00 NONE	X		X				NONE	NONE	NONE
(9) CHRISTINA KAZHE VICE CHAIRWOMAN	2.00 NONE	X		X				NONE	NONE	NONE
(10) COREY MZHICKTENO TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(11) DR. NICOLE BEEN SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(12) NICOLE (NIKKI) PITRE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) MAKENLEY BARTON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14) EMILY MCDONALD DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

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 and totals for lines 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 7

Table with 3 columns: Question number, Question text, 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 'SEE SCHEDULE O'.

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 6

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	2,174,291.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	26,859,560.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 11,624,001.				
	h	Total. Add lines 1a-1f			29,033,851.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,875.		2,875.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			141,730.		141,730.	
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		16,050.			
			7b	94.				
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c	-94.	16,050.			
	d	Net gain or (loss)			15,956.		15,956.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE					
		8a						
		8b						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE					
		9a						
		9b						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances		NONE					
		10a						
		10b						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	9,544.	1,000.	8,544.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			9,544.			
12	Total revenue. See instructions			29,203,956.	1,000.	169,105.		

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	53,661.	53,661.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,240,417.	18,240,417.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	448,974.		448,974.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,204,868.	1,268,314.	784,966.	1,151,588.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,888.	32,332.	17,465.	23,091.
9 Other employee benefits	375,279.	197,855.	55,143.	122,281.
10 Payroll taxes	251,845.	92,491.	78,134.	81,220.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	41,039.		41,039.	
c Accounting	45,950.		45,950.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	190,600.			190,600.
f Investment management fees	106.		81.	25.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	403,660.	59,602.	112,220.	231,838.
12 Advertising and promotion	513,016.	165.	3,099.	509,752.
13 Office expenses	5,709,226.	3,550,987.	17,877.	2,140,362.
14 Information technology	424,888.	87,009.	43,155.	294,724.
15 Royalties	NONE			
16 Occupancy	327,917.	87,805.	86,586.	153,526.
17 Travel	49,101.	25,731.	10,221.	13,149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	20,554.		20,129.	425.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	598,294.	330,140.	24,208.	243,946.
23 Insurance	186,828.	145,228.	11,796.	29,804.
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	955,333.			955,333.
b DONOR RESEARCH & DATA SVCS	153,977.			153,977.
c EQUIPMENT RENTAL & MAINTENAN	45,842.	38,690.	787.	6,365.
d SHIPPING & GIFTING EXPENSES	442,663.	442,663.		
e All other expenses	117,936.	87,112.	7,119.	23,705.
25 Total functional expenses. Add lines 1 through 24e	32,874,862.	24,740,202.	1,808,949.	6,325,711.
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)	3,790,198.	1,475,514.	NONE	2,314,684.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,861,716.	1	6,991,940.
	2 Savings and temporary cash investments	85,256.	2	3,090,366.
	3 Pledges and grants receivable, net	2,000.	3	1,000,697.
	4 Accounts receivable, net	892,063.	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	23,045,667.	8	15,715,594.
	9 Prepaid expenses and deferred charges	313,031.	9	297,930.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,740,670.		
	b Less: accumulated depreciation	10b 5,882,288.	10c	4,858,382.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,392,537.	16	31,954,909.	
Liabilities	17 Accounts payable and accrued expenses	513,140.	17	560,375.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	419,083.	19	297,579.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	802,242.	25	110,303.
	26 Total liabilities. Add lines 17 through 25	1,734,465.	26	968,257.
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	33,015,653.	27	29,593,820.
	28 Net assets with donor restrictions	1,642,419.	28	1,392,832.
	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	34,658,072.	32	30,986,652.
33 Total liabilities and net assets/fund balances	36,392,537.	33	31,954,909.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 29,203,956. Line 2: Total expenses 32,874,862. Line 3: Revenue less expenses -3,670,906. Line 4: Net assets at beginning 34,658,072. Line 5: Net unrealized gains -514. Line 10: Net assets at end 30,986,652.

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: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
2b Were the organization's financial statements audited by an independent accountant? [X]
2c 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? [X]
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? [X]
3b 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

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b with 'X' marks in the Yes or No columns.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,635,702.	27,451,435.	23,582,771.	45,144,747.	29,033,851.	165,848,506.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	40,635,702.	27,451,435.	23,582,771.	45,144,747.	29,033,851.	165,848,506.
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).						7,246,397.
6 Public support. Subtract line 5 from line 4						158,602,109.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	40,635,702.	27,451,435.	23,582,771.	45,144,747.	29,033,851.	165,848,506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	213,271.	169,074.	189,468.	201,114.	144,605.	917,532.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,900.	22,453.	2,026.	6,560.	8,544.	50,483.
11 Total support. Add lines 7 through 10						166,816,521.
12 Gross receipts from related activities, etc. (see instructions)					12	40,994.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	95.08 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	94.73 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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>):		
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).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS REVENUE	10,900.	22,453.	2,026.	6,560.	8,544.	50,483.
TOTALS	10,900.	22,453.	2,026.	6,560.	8,544.	50,483.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,705,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,494,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,229,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 5,118,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,039,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 679,620.	Person <input checked="" 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
1	HOUSEHOLD CLOTHING, FOOD, BOOKS & PET FOOD	\$ 1,705,645.	VAR
2	FOOD & HEALTH SUPPLIES	\$ 1,494,671.	VAR
3	HEALTH SUPPLIES, SCHOOL SUPPLIES, HOUSEHOLD, PERSONAL CARE, OTHER	\$ 1,229,429.	VAR
4	FOOD, PERSONAL CARE, HOUSEHOLD, EMERGENCY SUPPLIES, SPORTS EQUIPMENT	\$ 5,118,176.	VAR
5	FOOD & HOUSEHOLD SUPPLIES	\$ 1,039,042.	VAR
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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, monitoring, and 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.

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

Schedule D (Form 990) 2021

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	68,507.	67,638.	66,408.	66,325.	66,325.
b Contributions					
c Net investment earnings, gains, and losses	575.	869.	1,230.	83.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	69,082.	68,507.	67,638.	66,408.	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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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.	2,014,774.	3,160,721.
c Leasehold improvements		290,006.	121,366.	168,640.
d Equipment		2,945,993.	2,484,179.	461,814.
e Other		1,671,313.	1,261,969.	409,344.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,858,382.

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) DEFERRED RENT	110,303.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	110,303.

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 reported as 29,203,956.

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 reported as 32,874,862.

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 SUPPLEMENTAL PAGE

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:

DECREASE IN NET ASSETS WITH DONOR RESTRICTIONS \$(249,587)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

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	NONE	FUNDRAISING		101,082.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	7	NONE			101,082.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7.	NONE			101,082.

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

Schedule F (Form 990) 2021

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

**SCHEDULE G
(Form 990)**

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Inspection**

▶ 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 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				9,879,037.	190,600.	9,688,437.

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))	
Revenue	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 \$9,879,037 FROM BOTH EXTERNAL AND INTERNAL DIRECT MAILING ACTIVITIES.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

CONCORD LITHO GROUP

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 9,879,037.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 190,600.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 9,688,437.

**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

2021

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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

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

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) 12 HILLS DOG RESCUE 3175 H AVE WALTHILL, NE 68067	45-3368698	501(C)(3)	8,500.				ANIMAL WELFARE
(2) DOUGHERTY FOUNDATION 3111 NORTH CENTRAL AVE STE A201	86-6051637	501(C)(3)	9,000.				SCHOLARSHIP MATCHING
(3) LAKE TRAVIS ANIMAL RESCUE 46381 EASTMAN ROAD SISSETON, SD 57262	27-4582954	501(C)(3)	10,000.				ANIMAL WELFARE
(4) WOLF POINT POUND PUPPIES ANIMAL RESCUE PO BOX 164 WOLF POINT, MT 59201	47-1706723	501(C)(3)	10,000.				FUNDING FOR VACCINES & REGISTRATION TAGS
(5) TUBA CITY ANIMAL RESCUE P.O. BOX 1016 TUBA CITY, AZ 86045	86-0715785	501(C)(3)	10,000.				VETERINARY CARE
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5

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) 2021

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	55,836		4,247,576.		PT III, LN 4B, P. 52
2 EDUCATION SERVICES	25,237		1,590,639.		PT III, LN 4C, P. 54
3 HOLIDAY	12,416		1,734,662.		PT III, LN 4D, P. 56
4 EMERGENCY SERVICES	59,852		9,608,199.		PT III, LN 4A, P. 50
5 FOOD AND WATER	10,446		993,180.		PT III, LN 4D, P. 57
6 ANIMAL WELFARE	1,952		66,161.		PT III, LN 4D, P. 59
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

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.

THE GRANT FUNDS WERE EXPENDED AND REQUIRES PHYSICAL BACKUP FOR 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

Name of the organization

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

2021

Open to Public Inspection

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) 2021

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 and/or 1099-NEC 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 AMBER KINNEY SR. VICE PRESIDENT AN	(i)	180,089.	9,546.	NONE	5,954.	25,281.	220,870.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JOSHUA ARCE PRESIDENT & CEO	(i)	191,180.	10,000.	NONE	5,025.	21,899.	228,104.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ASHLEIGH HUGHES V.P. OF DEVELOPMENT &	(i)	160,000.	8,000.	NONE	1,108.	351.	169,459.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MISTY RHODES VICE PRESIDENT HUMAN	(i)	119,097.	6,475.	NONE	3,779.	21,591.	150,942.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 RAFAEL TAPIA, JR. VICE PRESIDENT PROGRA	(i)	118,044.	6,500.	NONE	4,078.	31,211.	159,833.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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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

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

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		2,701,883.	FMV
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	35,746.	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	30	1,420,697.	FMV
20 Drugs and medical supplies	X	42	5,738,445.	FMV
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	14	1,727,229.	FMV
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) 2021

JSA

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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 13 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.

**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

2021

**Open to Public
Inspection**

Employer identification number

47-3730147

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 CONTROLLER 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.

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:

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

FORM 990, PART III, LINE 4A

EMERGENCY SERVICES: (CONTINUED FROM PART III)

SITUATION: IN A TIME OF INCREASING NATURAL DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS AND TORNADOES, IT IS CRITICAL THAT WE EQUIP NATIVE COMMUNITIES TO PREPARE FOR AND RESPOND TO THESE EVENTS AND CONTINUE TO SERVE AS A RAPID FIRST RESPONDER FOR THE RESERVATIONS. WINTER WARMTH IS ALWAYS A PRIORITY FOR NATIVE AMERICAN ELDERS TOO. 90,000 NATIVE AMERICANS ARE HOMELESS AND 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD, OVERCROWDED HOUSING. IN ADDITION, MANY COMMUNITIES FACE ACUTE OR CHRONIC CONTAMINATED WATER ISSUES.

PWNA RESPONSE: ALTHOUGH AMERICANS GREW TIRED OF COVID-19 NEWS IN 2021,

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THE PANDEMIC CONTINUED TO CAUSE REQUESTS FOR NEARLY \$5.9 MILLION IN COVID RELIEF, WITH 34 PARTNERS ON 17 RESERVATIONS REACHING OUT TO PWNA FOR EMERGENCY SUPPLIES. THIS WAS DUE TO ELONGATED STAY-AT-HOME ORDERS TIED TO NATIVE DEATH RATES NEARLY THREE TIMES HIGHER THAT OF WHITES. WE RESPONDED WITH NEARLY 909,000 POUNDS OF STAPLE FOODS, BOTTLED WATER, HYGIENE KITS, DIAPERS, BLANKETS, PPE AND OTHER ESSENTIALS, AIDING ABOUT 51,350 NATIVE AMERICANS, THANKS TO SUPPORT FROM THE CENTER FOR DISASTER PHILANTHROPY AND NUMEROUS OTHER COVID RELIEF FUNDERS.

GROUP TRAINING FOR EMERGENCY PREPAREDNESS WAS MORE HAMPERED IN 2021 DUE TO CONTINUING RESTRICTIONS, BUT WE MANAGED TO REACH 194 PARTICIPANTS WITH CERT TRAINING AND PLANNING AND KEEP SIX TRIBAL COMMUNITIES MOVING FORWARD. THIS WAS MADE POSSIBLE WITH THE SUPPORT OF MARGARET A. CARGILL PHILANTHROPIES, BOEING AND THE MELBA BAYERS MEYER CHARITABLE TRUST AND PREVIOUSLY TRAINED EMERGENCY MANAGERS WHO 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 7,440 PEOPLE IN 2021. WE SUPPLIED WINTER FUEL FOR ABOUT 549 ELDERS OF THE CHEYENNE RIVER, YANKTON SIOUX, MESCALERO APACHE AND NAVAJO NATIONS, AS WELL AS WINTER AND SUMMER EMERGENCY KITS FOR ABOUT 2,335 ELDERS ACROSS EIGHT 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

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HELPFUL DURING WINTER STORMS, AND WATER, SUNSCREEN, BUG SPRAY, FIRE
EXTINGUISHERS 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).

FORM 990, PART III, LINE 4B

HEALTH: (CONTINUED FROM PART III)

SITUATION: A LEGACY OF HEALTHCARE DISPARITIES AND HIGH DISEASE RATES
PERSISTS ACROSS NATIVE AMERICA, YET MEDICAL CARE IS LIMITED TO THE INDIAN
HEALTH SERVICE (I.H.S.). THESE FEDERAL CLINICS ARE NOTORIOUSLY
UNDERSTAFFED, UNDERFUNDED AND TOO FAR AWAY. ONLY 500 CLINICS SERVE THE
574 FEDERALLY RECOGNIZED TRIBES (LESS THAN 1 PER RESERVATION), AND LACK
OF TRANSPORTATION IS AN ISSUE FOR MANY RESIDENTS. DESPITE CARES ACT
FUNDING, I.H.S. REMAINS ILL-SITUATED TO RESPOND TO A HEALTHCARE CRISIS,
AND OVERCROWDED HOUSING FUELS THE SPREAD OF COVID-19. HEALTH AND WELLNESS
PARTNERS OFTEN TAKE THE LEAD ON PREVENTATIVE HEALTH CARE, AS WELL AS
EFFORTS TO IMPROVE NATIVE FOOD SECURITY AND LONG-TERM FOOD ACCESS.

PWNA RESPONSE: IN 2021, 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 279 HEALTH AND WELLNESS PARTNERS 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 EDUCATION FOR APPROXIMATELY 56,266 PEOPLE, INCLUDING COVID-19 CHECK INS, PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH, SCREENINGS AND EDUCATION FOR DIABETES, HIGH BLOOD PRESSURE, TB, CANCER, AND HEART HEALTH, SUICIDE AWARENESS AND PREVENTION, IMMUNIZATIONS, MEDICATION MONITORING AND CARE FOR THE HOMEBOUND OR OTHERS UNABLE TO ACCESS SERVICES. AND 31 OF THESE PARTNERS FOCUSED ON YOUTH DEVELOPMENT, SUCH AS SUICIDE PREVENTION, LANGUAGE AND CULTURE PRESERVATION AT VIRTUAL OR SOCIALLY DISTANCED COMMUNITY EVENTS.

ON THE HEALTHY NUTRITION FRONT, PWNA FACILITATED FOUR TRAIN-THE-TRAINER (T3) COHORTS (TWO IN THE NORTHERN PLAINS, TWO IN THE SOUTHWEST), HOSTED A PLAINS YOUTH LEADERSHIP SUMMIT CONNECTING HEALTHY FOOD TO CULTURE AND FOOD AS MEDICINE, AND FACILITATED NINE STRIVE ADVISORY COMMITTEE MEETINGS CONNECTING SOUTHWEST TRIBAL PRACTITIONERS, FARMERS, RANCHERS AND OTHER STAKEHOLDERS AROUND NATIVE FOOD SOVEREIGNTY AND FOOD ACCESS. NEWMAN'S OWN FOUNDATION, MARGARET A. CARGILL PHILANTHROPIES AND FEEDING AMERICA SUPPORTED ALL THIS. OUR T3 TRAINING UTILIZED NATIVE AMERICAN CHEFS TO TRAIN ON PREPARING HEALTHY MEALS WITH ANCESTRAL AND LOCALLY AVAILABLE

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FOODS, REACHING 55 PROFESSIONALS WHO PREPARE MEALS FOR TRIBAL MEMBERS ON
REMOTE RESERVATIONS AND CAN IMPACT DIETS FOR 330 PEOPLE.

*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

EDUCATIONAL SERVICES: (CONTINUED FROM PART III)

SITUATION: EDUCATION IS A CORNERSTONE OF ECONOMIC MOBILITY - IT CAN ONLY
BE ACHIEVED THROUGH RACIAL AND SOCIAL EQUITY. ABOUT 45,000 NATIVE
AMERICAN STUDENTS, OR 7%, ATTEND RESERVATION SCHOOLS OPERATED BY THE
FEDERALLY-OPERATED BUREAU OF INDIAN EDUCATION (BIE), TWO-THIRDS OF WHICH
ARE IN PWNA'S SERVICE AREA. ALWAYS UNDERSTAFFED AND UNDERFUNDED, THESE
SCHOOLS ARE LEAVING STUDENTS WITH THE LOWEST READING SCORES IN AMERICA,
AND ON AVERAGE ONLY 53% OF STUDENTS ARE GRADUATING BIE HIGH SCHOOLS OFTEN
DUE TO LACK OF THE BASICS LIKE SCHOOL SUPPLIES AND CLOTHING. WHILE THE
AVERAGE FAMILY SPENDS UP TO \$800 FOR SCHOOL SUPPLIES AND COMPUTERS, THE
EXTENDED NEED FOR DISTANCE LEARNING IS LEAVING MANY NATIVE STUDENTS TO
ACCESS WI-FI IN PARKING LOTS OR ON ROOFTOPS. TODAY, 16% OF NATIVE
AMERICANS HOLD A COLLEGE DEGREE (COMPARED TO 40% OF WHITES), AND 65% OF
NEW JOBS SINCE 2010 REQUIRE POST-SECONDARY EDUCATION OR TRAINING BEYOND
HIGH SCHOOL, INCLUDING TECHNOLOGY AND SOFT SKILLS IN THE WORKPLACE.

PWNA RESPONSE: BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM NEEDS, PWNA

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INCREASES EDUCATIONAL ACCESS AND HELPS OUR SCHOOL PARTNERS IMPROVE
RETENTION FROM KINDERGARTEN THROUGH COLLEGE. IN 2021, PWNA FURNISHED
SCHOOL SUPPLIES FOR APPROXIMATELY 15,753 K-12 STUDENTS AT 66 PARTNER
SCHOOLS, AND ESSENTIAL SUPPLIES TO SUPPORT LITERACY FOR ABOUT 3,620
CHILDREN ACROSS 9 RESERVATIONS, MOTIVATING READING AND PARENT-CHILD
READING TIME AND SUPPORTING READING COMPREHENSION. WE ALSO DISTRIBUTED
MORE THAN 1,900 PAIRS OF TOMS SHOES TO STUDENTS FOR BACK-TO-SCHOOL
ENHANCEMENT (AND ANOTHER 4,020 PAIRS WERE INCLUDED IN BACKPACKS).

TO INCREASE ACCESS TO COLLEGE IN 2021, PWNA AWARDED \$167,666 IN
UNDERGRADUATE AND GRADUATE SCHOLARSHIPS. PWNA AWARDS SCHOLARSHIPS TO
APPLICANTS WHO ARE MOST OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING
AND NOT 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%, MUCH HIGHER THAN
THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO OUR INDIVIDUALIZED
MENTORING AND UNIQUE SELECTION PROCESS OF IDENTIFYING CANDIDATES WITH A
LIKELIHOOD OF OVERCOMING THE FIRST-YEAR CHALLENGES UNIQUE TO NATIVE
STUDENTS. WITH SUPPORT OF THE WALMART FOUNDATION, WE AWARDED SEVERAL
LAPTOPS TO FIRST-YEAR STUDENTS, AND THE PEPSICO RISE NATIVE AMERICAN
EMPLOYEE RESOURCE GROUP CONTINUED MENTORING OUR AIEF SCHOLARS.

WITH AN EYE TO CAREER READINESS, PWNA IN COLLABORATION WITH GOOGLE WAS
PROUD TO LAUNCH THE GROW WITH GOOGLE INDIGENOUS CAREER READINESS PROGRAM
WITH A \$1 MILLION INVESTMENT TO TRAIN 10,000 STUDENTS AT MORE THAN 50

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NATIVE-SERVING ORGANIZATIONS BY 2025. THIS INITIATIVE EXPANDED OUR
EDUCATION SERVICES TO INCLUDE VOCATIONAL TRADE SCHOOL SCHOLARSHIPS AND
DIGITAL TRAINING. DUE TO THE PANDEMIC, NO NEW FOUR DIRECTIONS (4D)
LEADERSHIP TRAINING COHORTS WERE LAUNCHED IN 2021; NONETHELESS, OUR 149
PRIOR 4D GRADUATES CONTINUED TO MAKE POSITIVE STRIDES FOR THEIR 40
COLLECTIVE TRIBES, AND GENERAL MOTORS HAS TEAMED UP WITH PWNA TO SUPPORT
TWO 4D COHORTS IN 2022.

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

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HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY
CHEER, ENGAGEMENT AND ACTIVE INVOLVEMENT AT TIMES WHEN FAMILIES MAY BE
EXPERIENCING MORE DISENFRANCHISEMENT AND SEASONAL STRESS.

SITUATION: NATIVE AMERICAN ELDERS AND CHILDREN ON THE RESERVATIONS PWNA
ASSISTS ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT
MANY FAMILIES CANNOT AFFORD HOLIDAY GIFTS OR CELEBRATIONS. UP TO 61% 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 NATIVE JOBLESSNESS IS TWICE THAT OF WHITES. THE
OVERALL RATE OF IMPOVERISHMENT ACROSS THE HUNDREDS OF TRIBAL COMMUNITIES
PWNA SERVES RANGES FROM 15% TO 54%.

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PWNA RESPONSE: DURING THE 2021 HOLIDAYS, PWNA HELPED PROGRAM PARTNERS ADDRESS IMMEDIATE NEEDS BY DELIVERING STOCKINGS OR HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS TO MORE THAN 12,400 DELIGHTED CHILDREN AND ELDERS. CONTINUING PANDEMIC SAFEGUARDS, OUR TRIBAL PARTNERS COORDINATED CURBSIDE OR DRIVE-THROUGH PICK UP OF HOLIDAY STOCKINGS AND ELDER GIFT BAGS, AS WELL AS INDIVIDUAL HOME DELIVERIES - REACHING ELDERS AND CHILDREN ACROSS 16 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), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF) AND NATIVE AMERICAN AID (NAA).

FOOD & WATER:

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

SITUATION: WITH FOOD INSECURITY AND FOOD HARDSHIP NOW HIGHER NATIONWIDE, MANY AMERICANS ARE REALIZING FOR THE FIRST TIME WHAT NATIVE AMERICANS HAVE BEEN UP AGAINST ALL ALONG. LOW FOOD SECURITY - DEFINED AS INSUFFICIENT FOOD QUALITY OR VARIETY FOR DIETARY HEALTH - HAS IMPACTED RESERVATIONS FOR DECADES, FUELING HIGH RATES OF NUTRITION-RELATED

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DISEASES SUCH AS DIABETES AND OBESITY WHEN FAMILIES MUST TURN TO LESS EXPENSIVE BUT FATTY AND HIGH-CARBOHYDRATE FOODS. THE U.S. DEPARTMENT OF AGRICULTURE DESIGNATES MANY TRIBAL COMMUNITIES AS "FOOD DESERTS" DEVOID OF FRESH FRUITS AND VEGETABLES, AND 51% OF NATIVE RESIDENTS TRAVEL OFF-RESERVATION FOR GROCERY SHOPPING. FOOD HARDSHIP - THE INABILITY TO AFFORD ENOUGH FOOD FOR YOURSELF AND YOUR FAMILY - HAS INCREASED IN FAMILIES WITH CHILDREN, ACCORDING TO A 2018 STUDY BY THE FOOD & ACTION CENTER. THE FOOD HARDSHIP RATE IS 23% FOR NATIVE FAMILIES (COMPARED TO 16-19% NATIONWIDE).

TODAY, RATHER THAN AN EMERGENCY SOLUTION, FOOD AID HAS BECOME A LONG-TERM SOLUTION WITH MORE PEOPLE CONSISTENTLY IN NEED OF 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.

PWNA RESPONSE: WE MAKE IT OUR MISSION TO INCREASE FOOD ACCESS, OUR DRIVERS TRAVERSING NEARLY 97,500 MILES TO BRING IMMEDIATE RELIEF TO NATIVE ELDERS AND CHILDREN LIVING ON THE RESERVATIONS. IN 2021, PWNA DELIVERED EMERGENCY FOOD BOXES AND PRODUCE FOR 5,915 PEOPLE THROUGH COVID RELIEF FUNDING FROM THE CENTER FOR DISASTER PHILANTHROPY AND COUNTLESS OTHER DONORS. WE DELIVERED NEARLY 368,000 BOTTLES OF WATER, STAPLE FOODS TO SOUP KITCHENS AND SENIOR CENTERS HELPING ABOUT 12,948 PEOPLE, AND THANKSGIVING AND CHRISTMAS MEALS FOR ABOUT 12,052. WE HELPED FOOD

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PANTRIES FEED NEARLY 9,100 PEOPLE, WHILE OUR 'BREAKFAST IN A BAG' SERVICE HELPED BRIDGE THE GAP NEAR THE END OF THE MONTH, ENABLING ELDERS TO PICK UP 454 BAGS OF GROCERIES AS THEY AWAITED THEIR NEXT SOCIAL SECURITY CHECK. THIS WAS IN ADDITION TO FOOD AND WATER IN OUR COVID RELIEF SHIPMENTS.

TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND CAPACITY BUILDING, PWNA CONTINUES AS FACILITATOR OF THE ARIZONA FOOD NETWORK WORKING TOWARD TRIBAL FOOD SOLUTIONS STATEWIDE. OUR VP OF PROGRAMS CONTINUES TO HOLD A SEAT ON THE ARIZONA FOOD & AGRICULTURE POLICY COMMITTEE, AND WE CONTINUE TO SUPPORT THE INTERTRIBAL FOOD SOVEREIGNTY COLLABORATION SPONSORED BY NEWMAN'S OWN FOUNDATION. READ MORE ABOUT NEWMAN'S OWN AND OUR T3 NUTRITION TRAINING UNDER THE HEALTH SECTION.

*DBA PROGRAMS OF PWNA FOR FOOD 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).

ANIMAL WELFARE:

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

SITUATION: TODAY, POVERTY IS THE NORM FOR MANY RESERVATION COMMUNITIES, INCLUDING HOUSEHOLDS WITHOUT RUNNING WATER, ELECTRICITY, INTERNET OR

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ADEQUATE FOOD AND HEALTHCARE. THIS MEANS RESERVATION PETS SUFFER A SIMILAR FATE AS THE MEANS TO PROPERLY CARE FOR THEM JUST ISN'T THERE, LEAVING THEM TO SUFFER HOMELESSNESS, UNTREATED DISEASE AND INJURY. ANIMAL WELFARE AND THE PROBLEMS CREATED FROM OVERPOPULATED AND STRAY ANIMALS ARE IMMENSE FOR SOME AREAS, INCLUDING DISEASE, ANIMAL BITES, RABIES AND OTHER SAFETY CONCERNS. THE DUMPING OF UNWANTED ANIMALS NEAR RESERVATION BORDERS BY NON-TRIBAL CITIZENS ONLY WORSENS OVERPOPULATION. SO PASSIONATE ABOUT THESE ANIMALS, OUR PROGRAM PARTNERS SOMETIMES PAY OUT OF POCKET FOR RESCUE AND REHAB TO GIVE THEM A FIGHTING CHANCE.

PWNA RESPONSE: PWNA'S RESERVATION ANIMAL RESCUE (RAR) PROGRAM SUPPORTS IMMEDIATE AND LONG-TERM CONCERNS RELATED TO ANIMAL WELFARE AND COMMUNITY HEALTH. SUPPORTING POTENTIAL FOSTER FAMILIES IS OFTEN A KEY STEP FOR OUR RAR PARTNERS, SO WE SUPPLIED NEARLY 17,700 POUNDS OF SUPPLIES TO HELP CARE FOR ABOUT 2,299 ANIMALS DURING RESCUE, REHAB AND PLACEMENT IN 2021. WITH AN EYE TOWARD OVERPOPULATION, THE SINGLE MOST IMPORTANT THING WE CAN DO TO SAVE CATS AND DOGS FROM THE SUFFERING AND DEATH CAUSED BY OVERPOPULATION IS TO SPAY AND NEUTER THEM, AS PETA NOTES. PWNA PROVIDED NEARLY \$46,300 IN GRANTS, ENABLING SPAY/NEUTER SERVICES FOR 498 ANIMALS AND COUNTERING OVERPOPULATION AND RELATED COMMUNITY HEALTH RISK ON TEN RESERVATIONS, INCLUDING CHEYENNE RIVER, OMAHA, FORT PECK, LAKE TRAVERSE RESERVATIONS IN THE NORTHERN PLAINS AND THE COCOPAH, COLORADO RIVER, NAVAJO, HOPI, ZUNI AND WHITE MOUNTAIN APACHE RESERVATIONS IN THE SOUTHWEST.

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

(RAR)

PUBLIC EDUCATION:

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

SITUATION: SOCIAL EQUITY IS ABOUT UNDERSTANDING THE UNIQUE NEEDS OF THE TRIBES, REMOVING THE BARRIERS, AND ENSURING A PATHWAY AND A MEANS TO SUCCESS. IT IS ABOUT INCLUSION IN EVERY FORM TO INTERRUPT THE CYCLE OF CONCENTRATED POVERTY THAT HAS EXISTED FOR DECADES. PERHAPS OVERSHADOWED BY THE RICH CULTURE AND UNITY OF TRIBAL COMMUNITIES, INDIVIDUAL AMERICANS SEEMED TO QUICKLY FORGET THE SPOTLIGHT THAT 2020 SHINED ON THE TRIBES OR THAT THEIR CHALLENGES WITH FOOD INSECURITY, WATER SHORTAGES, OVERCROWDED HOUSING, INADEQUATE HEALTHCARE, A DIGITAL DIVIDE AND EDUCATION BARRIERS PERSIST - AND HAVE FOR DECADES. 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 RESPONSE: PWNA IS COMMITTED TO DISPELLING THE PUBLIC'S MISPERCEPTIONS WHILE GENERATING A BETTER UNDERSTANDING OF RESERVATION LIFE AND ENCOURAGING OTHERS TOWARD INCLUSIVITY AND SUPPORT OF THE

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▶ 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

2021

**Open to Public
Inspection**

Employer identification number

SELF-DETERMINED GOALS OF THE TRIBES. THE 'NEW NORMAL' FOR NONPROFITS, THE ONGOING PANDEMIC IMPACT AND THE LONGSTANDING SOCIAL INEQUITY WILL GO UNCHECKED UNLESS THERE IS A CONTINUED HEIGHTENED AWARENESS OF CONDITIONS ON THE RESERVATIONS AND ITS IMPACT ON NATIVE PEOPLES. LOOKING AHEAD TO FUTURE GENERATIONS, PWNA ALSO STRIVES TO HELP OTHERS BECOME NATIVEAWARE AND PROVOKE MEANINGFUL CONVERSATIONS AMONG TODAY'S YOUNGER WORKFORCE.

IN 2021, PWNA HELPED BY REACHING A POTENTIAL READING, LISTENING AND VIEWING AUDIENCE OF ABOUT 552.3 MILLION 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 62 NEWS ARTICLES, 11 RADIO AND TV AIRINGS, 4 PRESS RELEASES, SOCIAL MEDIA ENGAGEMENT, FRESH CONTENT ON OUR WEBSITE AND TIMELY ORIGINAL CONTENT ON OUR BLOG.

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

ORGANIZATION'S MISSION:

PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

THE AFTERSHOCK OF COVID-19 HAS SHINED A LIGHT ON THE STRUCTURAL WEAKNESSES THAT PLAGUE OUR COUNTRY AND CHALLENGE OUR NONPROFITS. SUPPLY CHAIN ISSUES HAVE CREATED SHORTAGES OF FOOD, WATER, AND OTHER HOUSEHOLD BASICS. THE COST OF ESSENTIALS HAS INCREASED, FROM FOOD TO TRANSPORTATION TO STAFFING, AND THE 'GREAT RESIGNATION' IS MAKING IT DIFFICULT TO FILL OPEN POSITIONS. FOR PWNA, OUR SOLE PURPOSE SINCE 1990 IS IMPROVING QUALITY OF LIFE FOR NATIVE AMERICANS LIVING ON UNDERSERVED RESERVATION COMMUNITIES, AND THIS 'NEW NORMAL' TAKES A TOLL:

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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-THE AVERAGE FUEL COST FOR OUTGOING DELIVERIES TO TRIBAL COMMUNITIES HAS INCREASED BY 101% FROM \$167 IN 2021 TO \$336 PER TRUCK IN THE FIRST QUARTER OF 2022.

-THE COST OF SHIPPING FOR INBOUND INVENTORY HAS DOUBLED SINCE THE PANDEMIC BEGAN.

-MEANWHILE, SUPPLIER DELIVERIES CAN TAKE 3 WEEKS LONGER, CREATING A NEED TO ANTICIPATE, ORDER AND FUND SUPPLIES IN ADVANCE OF TRIBAL REQUESTS.

-STAFF SHORTAGES CONTINUE TO CREATE CHALLENGES AND NEW PRESSURES FOR EXISTING STAFF. PWNA HAS BEEN SHORT ONE DRIVER IN EACH REGION FOR NEARLY TWO YEARS.

-RESERVATION COMMUNITIES ARE STILL UNDER SHELTER-IN-PLACE ORDERS DUE TO HIGHER RISK YET GIVING FOR COVID RELIEF HAS SLOWED. EVEN PRE-PANDEMIC, GIVING FOR NATIVE CAUSES WAS LESS THAN 1% OF ALL CHARITABLE GIVING IN THE UNITED STATES.

ONE OF THE LARGEST NATIVE-LED CHARITIES, 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 LEVERAGE ASSET-BASED COMMUNITY DEVELOPMENT (ABCD) AS A MODEL TO ENCOMPASS MATERIALS, CAPACITY BUILDING, COMMUNITY BUILDING, ASSET/RESOURCE DEVELOPMENT AND HIGHER EDUCATION. THIS BUILDS ON ASSETS PRESENT IN THE COMMUNITIES WE SERVE AND BRINGS TOGETHER INDIVIDUALS, PROGRAMS, AND OUTSIDE RESOURCES TO LEVERAGE THE SOCIAL CAPITAL OF A MUCH

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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LARGER NETWORK MOBILIZING TOWARD A COMMON SOLUTION.

THE SEVERITIES CREATED BY WESTERN COLONIZATION AND THE RESERVATION SYSTEM, BROKEN TREATY PROMISES AND RACIAL MARGINALIZATION HAVE LED TO FOOD INSECURITY, EDUCATION BARRIERS AND A DIGITAL DIVIDE ACROSS THE RESERVATIONS. BUT THE NATIVE COMMUNITY PARTNERS WE WORK WITH WILL NEVER STOP THEIR TIRELESS EFFORTS TO BRING HOPE, RELIEF AND SOCIAL EQUITY TO THEIR PEOPLE AND TRIBAL COMMUNITIES. PWNA FUNCTIONS AS AN ALLY TO HELP IN WAYS THAT ARE MEANINGFUL - ADDRESSING THE ISSUES TRIBES PRIORITIZE AND NOT ASSUMING WE KNOW BEST. IT TAKES SOCIAL JUSTICE, CORPORATE SOCIAL RESPONSIBILITY AND SUSTAINED INDIVIDUAL COMMITMENT TO DO THIS.

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 (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).

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE SCHEDULE O	2,838,664.	4,085,643.	1,000.
TOTALS	2,838,664.	4,085,643.	1,000.

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

FORM 990, PART VI, LINE 17 - STATES

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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,

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS**47-3730147**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONCORD LITHO 92 OLD TURNPIKE RD CONCORD, NM 03301	DIRECT MAIL	2,392,016.
LEGACY MAIL MANAGEMENT 1615 E WASHINGTON ST MOUNT PLEASANT, IA 52641	DIRECT MAIL	742,003.
SOUTHWEST PUBLISHING & MAILING 4000 SE ADAMS STREET TOPEKA, KS 66609	DIRECT MAIL	406,809.
COMMUNICATIONS CORPORATION OF AMERICA 13129 AIRPARK DR. SUITE 120 ELKWOOD, VA 22718	DIRECT MAIL	276,792.
3 RIVERS LOGISTICS INC 60 DOUGHBOY RD GILLETT, AR 72005	SHIPPING	260,815.

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	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	PARTNERSHIP WITH NATIVE AMERICANS	47-3730147
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	16415 ADDISON ROAD SUITE 200	
File by the due date for filing your return. See instructions.	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 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
Form 990-T (corporation)	07		

- The books are in the care of ▶ AMBER E KINNEY, SVP AND CFO
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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2021 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
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 \$	NONE
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 \$	NONE

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