



Public Disclosure for Tax-Exempt Organizations

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

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. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website 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.

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. 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.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

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

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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

2022

Open to Public Inspection

A For the 2022 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		D Employer identification number 47-3730147
	Doing Business As		E Telephone number (214) 217-2600
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 16415 ADDISON ROAD, SUITE 200		G Gross receipts \$ 31,876,667.
	City or town, state or province, country, and ZIP or foreign postal code 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)
F Name and address of principal officer: JOSHUA ARCE 16415 ADDISON ROAD, SUITE 200, ADDISON, TX 75001		H(c) Group exemption number ▶	
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 AND 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)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	78
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	29,033,851.	24,798,755.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,831.	48,791.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,274.	271,076.
		29,203,956.	25,118,622.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,294,078.	14,563,085.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,353,854.	4,435,544.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	190,600.	256,140.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,058,532.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,036,330.	8,977,115.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,874,862.	28,231,884.
19 Revenue less expenses. Subtract line 18 from line 12	-3,670,906.	-3,113,262.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,954,909.	29,928,885.
	22 Net assets or fund balances. Subtract line 21 from line 20.	968,257.	2,056,559.
	30,986,652.	27,872,326.	

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		7/31/23
	Signature of officer President/CEO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEANETTE VERRELLI	Preparer's signature	Date 07/05/2023	Check <input type="checkbox"/> if self-employed	PTIN P00742631
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		Phone no. 972-702-8262	
	Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254				

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** (2022)

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, HOLIDAY 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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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 \$ 5,551,445. including grants of \$ 3,743,638.) (Revenue \$)

EMERGENCY SERVICES:

PURPOSE OF THE PROGRAM: TO PROVIDE WINTER WARMTH, ESSENTIAL 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 \$ 7,506,111. including grants of \$ 5,765,068.) (Revenue \$)

HEALTH:

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

(CONTINUE ON SCHEDULE O)

4c (Code:) (Expenses \$ 3,142,136. including grants of \$ 1,892,050.) (Revenue \$)

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 COLLEGE AND CAREER READINESS.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 4,070,296. including grants of \$ 3,162,329.) (Revenue \$ 24,450.)

4e Total program service expenses 20,269,988.

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, Yes, No. Rows 22-38 covering 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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, 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. 2a 78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? 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? 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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 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 (7), 1b (7), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
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, box 6 of 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				205,647.	NONE	32,992.
(2) RAFAEL TAPIA, JR. VP PROGRAMS END: 12/22	55.00 NONE					X		129,271.	NONE	38,309.
(3) MISTY RHODES VP ADMIN & HUMAN RESOURCES	55.00 NONE					X		126,598.	NONE	28,242.
(4) RICHARD MILLER PROGRAMS DIRECTOR	55.00 NONE					X		117,171.	NONE	25,057.
(5) AMBER KINNEY SR. VP AND CFO END: 06/22	55.00 NONE			X				97,125.	NONE	17,416.
(6) JULIE SOLO CONTROLLER	55.00 NONE					X		107,245.	NONE	3,725.
(7) JACLYN (JACKIE) BLACKBIRD CHAIRPERSON	2.00 NONE	X		X				NONE	NONE	NONE
(8) CHRISTINA KAZHE VICE CHAIRPERSON	2.00 NONE	X		X				NONE	NONE	NONE
(9) COREY MZHICKTENO TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(10) DR. NICOLE BEEN SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(11) NICOLE (NIKKI) PITRE DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(12) MAKENLEY BARTON DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(13) EMILY MCDONALD DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(14)										

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 5

Table with 3 columns: Question, 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 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,798,755.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,503,729.					
	h Total. Add lines 1a-1f			24,798,755.				
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)			25,197.			25,197.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			160,773.			160,773.	
	6a Gross rents	6a	(i) Real	(ii) Personal				
	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	7a	(i) Securities	(ii) Other				
					6,758,939.	22,700.		
	b Less: cost or other basis and sales expenses . .	7b			6,758,045.			
	c Gain or (loss)	7c	894.	22,700.				
	d Net gain or (loss)			23,594.			23,594.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
				NONE				
b Less: direct expenses	8b			NONE				
c Net income or (loss) from fundraising events			NONE					
9a Gross income from gaming activities. See Part IV, line 19	9a							
				NONE				
b Less: direct expenses	9b			NONE				
c Net income or (loss) from gaming activities			NONE					
10a Gross sales of inventory, less returns and allowances	10a							
				NONE				
b Less: cost of goods sold	10b			NONE				
c Net income or (loss) from sales of inventory			NONE			NONE		
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code						
		900099		34,090.	24,450.		9,640.	
	b INSURANCE PROCEEDS FOR DAMAGES	900099		76,213.			76,213.	
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d			110,303.					
12 Total revenue. See instructions			25,118,622.	24,450.	NONE	295,417.		

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	165,750.	165,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,397,335.	14,397,335.		
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	353,180.		353,180.	
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	3,337,944.	1,293,081.	805,765.	1,239,098.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,956.	42,550.	27,807.	37,599.
9 Other employee benefits	376,584.	165,542.	81,082.	129,960.
10 Payroll taxes	259,880.	94,686.	76,817.	88,377.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	34,936.		34,936.	
c Accounting	76,888.		76,888.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	256,140.			256,140.
f Investment management fees	25.			25.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	625,691.	209,369.	123,408.	292,914.
12 Advertising and promotion	474,149.	120.	3,322.	470,707.
13 Office expenses	4,316,852.	2,486,778.	43,680.	1,786,394.
14 Information technology	372,433.	73,526.	109,877.	189,030.
15 Royalties	NONE			
16 Occupancy	279,012.	84,437.	73,488.	121,087.
17 Travel	209,575.	148,856.	34,688.	26,031.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	34,883.	19,719.	12,239.	2,925.
20 Interest	2,415.	1,169.	471.	775.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	559,428.	309,357.	14,038.	236,033.
23 Insurance	177,668.	138,848.	13,630.	25,190.
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	952,093.			952,093.
b DONOR RESEARCH & DATA SVCS	178,489.			178,489.
c EQUIP RENTAL & MAINTENANCE	45,611.	35,296.	2,455.	7,860.
d SHIPPING & GIFTING EXPENSES	506,136.	502,136.	4,000.	
e All other expenses	130,831.	101,433.	11,593.	17,805.
25 Total functional expenses. Add lines 1 through 24e	28,231,884.	20,269,988.	1,903,364.	6,058,532.
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)	3,726,601.	1,664,018.	NONE	2,062,583.

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	6,991,940.	1	8,487,372.
	2 Savings and temporary cash investments	3,090,698.	2	3,125,113.
	3 Pledges and grants receivable, net	1,000,365.	3	549,307.
	4 Accounts receivable, net	NONE	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	15,715,594.	8	12,296,124.
	9 Prepaid expenses and deferred charges	297,930.	9	315,597.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,032,145.		
	b Less: accumulated depreciation	10b 6,298,909.	4,858,382.	10c 4,733,236.
	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	422,136.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,954,909.	16	29,928,885.	
Liabilities	17 Accounts payable and accrued expenses	560,375.	17	466,148.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	297,579.	19	1,073,751.
	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	110,303.	25	516,660.
	26 Total liabilities. Add lines 17 through 25	968,257.	26	2,056,559.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	29,593,820.	27	27,036,603.
	28 Net assets with donor restrictions	1,392,832.	28	835,723.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	30,986,652.	32	27,872,326.
33 Total liabilities and net assets/fund balances	31,954,909.	33	29,928,885.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,118,622.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,231,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,113,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,986,652.
5	Net unrealized gains (losses) on investments	5	-1,064.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,872,326.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2022)

**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

2022

**Open to Public
Inspection**

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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						

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,451,435.	23,582,771.	45,144,747.	29,033,851.	24,798,755.	150,011,559.
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.	27,451,435.	23,582,771.	45,144,747.	29,033,851.	24,798,755.	150,011,559.
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).						3,638,720.
6 Public support. Subtract line 5 from line 4						146,372,839.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	27,451,435.	23,582,771.	45,144,747.	29,033,851.	24,798,755.	150,011,559.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	169,074.	189,468.	201,114.	144,605.	185,970.	890,231.
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.)	22,453.	2,026.	6,560.	8,544.	85,853.	125,436.
11 Total support. Add lines 7 through 10						151,027,226.
12 Gross receipts from related activities, etc. (see instructions)					12	65,444.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	96.92 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.08 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS REVENUE	22,453.	2,026.	6,560.	8,544.	9,640.	49,223.
INSURANCE PROCEEDS	NONE	NONE	NONE	NONE	76,213.	76,213.
TOTALS	22,453.	2,026.	6,560.	8,544.	85,853.	125,436.

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

2022

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 <p style="text-align: center;">PARTNERSHIP WITH NATIVE AMERICANS</p>	Employer identification number <p style="text-align: center;">47-3730147</p>
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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 <hr/> <hr/> <hr/>	\$ 1,714,989.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 581,550.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 5,222,591.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 2,109,778.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
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Noncash	<input type="checkbox"/>								
	<hr/> <hr/> <hr/>	\$	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">Person</td><td style="width:50%; text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">PARTNERSHIP WITH NATIVE AMERICANS</p>	Employer identification number <p style="text-align: center;">47-3730147</p>
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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	\$ 1,714,989.	VAR
2	HEALTH SUPPLIES, SCHOOL SUPPLIES, HOUSEHOLD, PERSONAL CARE, OTHER	\$ 581,550.	VAR
3	FOOD, PERSONAL CARE, HOUSEHOLD, EMERGENCY SUPPLIES, SPORTS EQUIPMENT	\$ 5,222,591.	VAR
4	HOUSEHOLD, FOOD AND HEALTH SUPPLIES PERSONAL CARE	\$ 2,109,778.	VAR
		\$	
		\$	

Name of organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

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: Question number, Description, and Amount. Rows include questions about reporting art and historical treasures in revenue statements and balance sheets.

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

Schedule D (Form 990) 2022

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	69,082.	68,507.	67,638.	66,408.	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.	69,082.	68,507.	67,638.	66,408.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		657,863.		657,863.
b Buildings		5,161,554.	2,134,235.	3,027,319.
c Leasehold improvements		421,211.	135,951.	285,260.
d Equipment		2,997,529.	2,761,125.	236,404.
e Other		1,793,988.	1,267,598.	526,390.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,733,236.

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) LEASE LIABILITIES	516,660.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 25,118,622.

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 28,231,884.

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 \$(557,109)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

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		97,103.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	7	NONE			97,103.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	7.	NONE			97,103.

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

Schedule F (Form 990) 2022

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

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				8,568,741.	256,140.	8,312,601.

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, AZ, 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	<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 \$8,568,741 FROM BOTH EXTERNAL AND INTERNAL DIRECT MAILING ACTIVITIES.

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

=====

NAME:

CONCORD LITHO GROUP

ADDRESS:

92 OLD TURNPIKE RD
CONCORD, NM 03301

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	8,568,741.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	256,140.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	8,312,601.

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TAILS OF LOVE RESCUE 769 CLUB STRAIGHT LANE SHOW LOW, AZ 85901	84-3701877	501(C)(3)	8,000.				VETERINARY CARE
(2) DOUGHERTY FOUNDATION 3111 NORTH CENTRAL AVE STE A201	86-6051637	501(C)(3)	22,000.				SCHOLARSHIP MATCHING
(3) LAKE TRAVERSE ANIMAL REZCUE 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)	9,203.				FUNDING FOR VACCINAT & 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) BRO AND TRACY ANIMAL WELFARE PO BOX 404 CORRALES, NM 87048	85-0467886	501(C)(3)	10,000.				VETERINARY CARE
(7) REZ-SOLUTIONS AND ANIMAL SHELTER, INC PO BOX 2081 FT. DEFIANCE, AZ 86504	87-1278981	501(C)(3)	9,264.				VETERINARY CARE
(8) STRATA TECH EDUCATION GROUP 120 N 44TH STREET, SUITE 230	26-2474568	501(C)(3)	10,000.				NATIVE-SERVING ORG GROW WITH GOOGLE
(9) NORTHEASTERN STATE UNIVERSITY 601 N GRAND AVENUE TAHLEQUAH, OK 74464	91-1898417	501(C)(3)	10,000.				NATIVE-SERVING ORG GROW WITH GOOGLE
(10) ARIZONA COUNCIL ON ECONOMIC EDUCATION 16421 N TATUM BLVD, SUITE 123	86-0896574	501(C)(3)	18,000.				NATIVE-SERVING ORG GROW WITH GOOGLE
(11) ARIZONA STATE UNIVERSITY PO BOX 870412 PHOENIX, AZ 85004	86-0196696	501(C)(3)	10,000.				NATIVE-SERVING ORG GROW WITH GOOGLE
(12) UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK STREET VERMILLION, SD 57069	46-6000364	501(C)(3)	10,000.				NATIVE-SERVING ORG GROW WITH GOOGLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

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) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 AVENUE WALTHILL, NE 68067	45-3368698	501(C)(3)	7,500.				ANIMAL RESCUE SUPPLIES
(2) OGLALA PET PROJECT 19980 BIA 2 KYLE, SD 57752	45-3844277	501(C)(3)	6,000.				PROVIDE PARTIAL FUNDING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) 2022

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	52,044		5,765,068.	FMV	PT III, LN 4B, P. 55
2 EDUCATION SERVICES	19,329		1,812,049.	FMV	PT III, LN 4C, P. 57
3 HOLIDAY	13,661		879,869.	FMV	PT III, LN 4D, P. 61
4 EMERGENCY SERVICES	13,299		3,743,637.	FMV	PT III, LN 4A, P. 53
5 FOOD AND WATER	30,315		2,052,711.	FMV	PT III, LN 4D, P. 60
6 ANIMAL WELFARE	1,639		143,999.	FMV	PT III, LN 4D, P. 62
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

2022

**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) 2022

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 JOSHUA ARCE PRESIDENT & CEO	(i)	195,647.	10,000.	NONE	8,366.	24,626.	238,639.	NONE
	(ii)							
2 MISTY RHODES VP ADMIN & HUMAN RESOURCES	(i)	122,598.	4,000.	NONE	5,373.	22,869.	154,840.	NONE
	(ii)							
3 RAFAEL TAPIA, JR. VP PROGRAMS END: 12/22	(i)	126,271.	3,000.	NONE	5,311.	32,998.	167,580.	NONE
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,230,758.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	13,418.	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	26	5,438,475.	FMV
20 Drugs and medical supplies	X	44	3,222,058.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	28	599,020.	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) 2022

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 14 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.

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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:

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AN EXTERNAL CONSULTING FIRM CONCLUDED AN ANNUAL COMPREHENSIVE
COMPENSATION REVIEW 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: AS GLOBAL WARMING INCREASES DISASTERS SUCH AS FLOODS, FOREST
FIRES, BLIZZARDS AND TORNADOES, IT IS CRITICAL THAT PWNA CONTINUE TO
SERVE AS A FIRST RESPONDER FOR THE RESERVATIONS AND EQUIP NATIVE
COMMUNITIES TO PLAN, TRAIN AND RESPOND TO THESE EVENTS LOCALLY. WINTER
WARMTH IS ALWAYS A CONCERN FOR THE ELDERS TOO. ON ANY GIVEN NIGHT, 19,000
NATIVE AMERICANS ARE HOMELESS (SHELTERED, UNSHELTERED). 40% OF NATIVE
AMERICANS LIVE IN SUB-STANDARD HOMES AND 16% ARE OVERCROWDED. IN
ADDITION, 75% OF HOPI RESIDENTS RELY ON WATER CONTAMINATED WITH ARSENIC,
AND 30% OF NAVAJO FAMILIES HAUL WATER DUE TO 521 ABANDONED URANIUM MINES.

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PWNA RESPONSE: PWNA CAN'T PREDICT EVERY EMERGENCY, SO WE GIVE SEASONAL AID TO HELP PREPARE FOR THEM. IN 2022, THIS INCLUDED YEAR-ROUND AID TO 59 SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS, AIDING APPROXIMATELY 6,663 PEOPLE IN 2022. WE ALSO PROVIDED FIREWOOD OR WINTER FUEL VOUCHERS TO ROSEBUD, PINE RIDGE, WINNEBAGO, NAVAJO AND MESCALERO APACHE ELDERS, AS WELL AS WINTER AND/OR SUMMER EMERGENCY BOXES TO 8 NORTHERN PLAINS AND 4 SOUTHWEST TRIBES. THESE EMERGENCY KITS EQUIPPED NATIVE ELDERS WITH SUPPLIES SUCH AS BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD AND OTHER ITEMS HELPFUL DURING WINTER STORMS, AND WATER, SUNSCREEN, BUG SPRAY, 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.

LIFE ON THE RESERVATION OFTEN MEANS LESS ACCESS TO BASIC RESOURCES WHEN DISASTER STRIKES - AND IT STRUCK 10 TIMES FOR 6 SOUTHWEST TRIBES IN 2022. WE PROVIDED EMERGENCY RELIEF FOR 2 WATER SHORTAGES, A FIRE, MONSOON AND FLOODING, AND COVID RELIEF 5 TIMES, INFUSING OVER 548,000 POUNDS OF STAPLE FOODS, BOTTLED WATER, HYGIENE KITS, DIAPERS, BLANKETS, PPE AND OTHER ESSENTIALS TO ASSIST ABOUT 4,660 PEOPLE.

PWNA ALSO INVESTS IN EMERGENCY PLANNING AND TRAINING WITH TRIBES. WITH SUPPORT FROM THE MARGARET A. CARGILL PHILANTHROPIES, WE FACILITATED

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RESOURCE AND ASSET MAPPING, SAFETY AND FIRST RESPONDER TRAINING SO THAT CHEYENNE RIVER, CROW CREEK, LAKE TRAVERSE, PINE RIDGE AND SANTEE RESERVATIONS CAN BETTER RESPOND TO DISASTERS. WITH GENEROUS SUPPORT FROM BOEING, LEVI STRAUSS AND FREEPORT-MCMORAN, PWNA FACILITATED EMERGENCY PREPAREDNESS PLANNING AND TRAINING IN THREE WHITE MOUNTAIN APACHE COMMUNITIES. ALTOGETHER, 377 TRIBAL CITIZENS WERE TRAINED AND/OR ENGAGED AROUND DISASTER READINESS.

*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. FOR INSTANCE, NATIVE ADULTS ARE NEARLY 300% MORE LIKELY TO HAVE DIABETES AND 50% MORE LIKELY TO HAVE OBESITY THAN NON-HISPANIC WHITES. YET MEDICAL CARE IS LIMITED TO THE INDIAN HEALTH SERVICE (I.H.S.). THERE ARE ONLY 500 OF THESE FEDERALLY-RUN I.H.S. CLINICS TO SERVE 574 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 19% OF NATIVE AMERICANS LACK ANY FORM OF HEALTH INSURANCE FOR OUTSIDE CARE. THUS, TRIBALLY-RUN HEALTH AND WELLNESS PROGRAMS OFTEN TAKE THE LEAD ON PREVENTATIVE HEALTH CARE, AS WELL AS EFFORTS TO IMPROVE NATIVE FOOD

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SECURITY AND LONG-TERM FOOD ACCESS.

PWNA RESPONSE: THROUGH NEW INITIATIVES IN 2022, PWNA PROMOTED DENTAL CARE FOR #GIVINGTUESDAY, SUPPLYING ORAL HYGIENE PRODUCTS FOR 16,000 PEOPLE. WE ALSO PROVIDED WINTER COATS TO 891 SAN CARLOS ELEMENTARY STUDENTS, IN COLLABORATION WITH OPERATION WARM AND MOLINA HEALTHCARE. MEANWHILE, PWNA CONTINUED SUPPORTING TRIBAL PROGRAMS THAT OFFER PREVENTATIVE CARE, HOME VISITS AND HEALTH SCREENINGS, HELPING 250 HEALTH AND WELLNESS PARTNERS ADDRESS DIABETES AT EPIDEMIC LEVELS, OBESITY EVEN FOR YOUTH, TUBERCULOSIS SEVEN TIMES HIGHER THAN FOR WHITES AND MORE CANCER-RELATED DISPARITIES THAN ANY MINORITY GROUP IN THE U.S. WE SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND EDUCATION FOR APPROXIMATELY 53,132 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 52 OF THESE PARTNERS FOCUSED ON YOUTH DEVELOPMENT, SUCH AS SUICIDE PREVENTION, LANGUAGE AND CULTURE PRESERVATION THROUGH COMMUNITY EVENTS.

ON THE HEALTHY NUTRITION FRONT, THE MODERN DIET IS DETRIMENTAL - ESPECIALLY IN THE FACE OF POVERTY AND LIMITED FOOD ACCESS. PWNA FACILITATED 3 TRAIN-THE-TRAINER (T3) COHORTS, REACHING 47 PARTICIPANTS FROM 8 RESERVATIONS NOW ABLE TO IMPACT THE DIETS OF ABOUT 282 PEOPLE (6 PER TRAINEE). ONE T3 COHORT WAS ACCOMPLISHED WITH SUPPORT OF NEWMAN'S OWN

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FOUNDATION ON THE ROSEBUD RESERVATION, WHILE TWO WERE SUPPORTED BY NATIVE AMERICAN CONNECTIONS IN THE SOUTHWEST, REACHING EDUCATORS, GARDEN COORDINATORS AND COOKS WHO PREPARE CONGREGATE MEALS FOR TRIBAL MEMBERS. AS ALWAYS, OUR T3 TRAINING UTILIZED NATIVE AMERICAN CHEFS TO HELP MAKE THE LINK BETWEEN ANCESTRAL FOODS, LOCALLY AVAILABLE FOODS, CULTURE AND FOOD AS MEDICINE. IN ADDITION, PWNA FACILITATED A ROUNDTABLE AT THE LAKOTA FOOD SUMMIT IN RAPID CITY, SD AND CONDUCTED A FORAGING AND GATHERING SESSION ON THE PINE RIDGE RESERVATION TO TEACH ABOUT ANCESTRAL PLANTS AND LOCALLY AVAILABLE FOODS, THANKS TO NEWMAN'S OWN FOUNDATION AND FEEDING AMERICA.

*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

EDUCATION SERVICES:

SITUATION: EDUCATION IS A CORNERSTONE OF ECONOMIC MOBILITY. BUT DUE TO SYSTEMIC FAILURES AND UNREALIZED TREATY PROMISES, HALF OF NATIVE STUDENTS ARE NOT FINISHING HIGH SCHOOL. ABOUT 7% OF NATIVE STUDENTS ATTEND RESERVATION SCHOOLS OPERATED BY THE BUREAU OF INDIAN EDUCATION (BIE). MUCH LIKE THE INDIAN HEALTH SERVICE, THESE FEDERALLY-RUN SCHOOLS ARE UNDERSTAFFED AND UNDERFUNDED, LEAVING STUDENTS WITH THE LOWEST READING SCORES IN AMERICA. STUDENTS WHO GRADUATE HIGH SCHOOL THEN FACE BARRIERS TO HIGHER EDUCATION SUCH AS POVERTY, THE DIGITAL DIVIDE AND RACIAL

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DISCRIMINATION, WHILE SOME PEOPLE BELIEVE COLLEGE IS FREE FOR NATIVE AMERICANS. YET ONLY 16% OF NATIVE AMERICANS HOLD A COLLEGE DEGREE (COMPARED TO 40% OF WHITES). IN ADDITION, 65% OF ALL JOBS IN THE ECONOMY REQUIRE POST-SECONDARY EDUCATION OR TRAINING BEYOND HIGH SCHOOL, INCLUDING TECHNOLOGY AND SOFT SKILLS.

PWNA RESPONSE: IN 2022, PWNA'S AMERICAN INDIAN EDUCATION FUND (AIEF) PROGRAM INVESTED IN NATIVE STUDENTS FROM CRADLE TO COLLEGE AND CAREER. APPROXIMATELY 12,888 K-12 STUDENTS AT 58 PARTNER SCHOOLS RECEIVED SCHOOL SUPPLIES AND BACKPACKS, WITH SUPPORT OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, AND 3,303 CHILDREN ACROSS 7 RESERVATIONS BENEFITED FROM BOOKS AND OTHER SUPPLIES MOTIVATING READING OR PARENT-CHILD READING TIME AND SUPPORTING READING COMPREHENSION. WE DISTRIBUTED 1,146 PAIRS OF TOMS SHOES TO STUDENTS AND ANOTHER 3,266 PAIRS AT BACK-TO-SCHOOL TIME. MANY STUDENTS ALSO RECEIVED BOMBAS SOCKS.

ON THE COLLEGE FRONT, MANY NATIVE STUDENTS NEED EQUITABLE ACCESS TO RESOURCES FOR A 21ST CENTURY EDUCATION, FROM SCHOOL SUPPLIES TO LAPTOPS, SOFTWARE AND INTERNET ACCESS. PWNA AWARDED \$240,400 IN UNDERGRADUATE AND GRADUATE SCHOLARSHIPS, PRIORITIZING SCHOLARS IN THE MIDDLE RANGE OF THE ACADEMIC RANKING WHO MAY NOT BE CONSIDERED BY OTHER PROVIDERS DESPITE THEIR SERIOUS DRIVE. THE ACADEMIC-YEAR COMPLETION RATE FOR FIRST-YEAR STUDENTS WHO RECEIVE OUR SCHOLARSHIPS IS 90-95%, MUCH HIGHER THAN THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO INDIVIDUALIZED MENTORING PROVIDED BY THE PEPSICO RISE NATIVE AMERICAN EMPLOYEE WORKFORCE GROUP AND

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SELECTING CANDIDATES WITH A LIKELIHOOD OF OVERCOMING THE FIRST-YEAR CHALLENGES UNIQUE TO NATIVE STUDENTS. SYNCHRONY BANK AND DOUGHERTY FOUNDATION HELPED BY FUNDING 56 SCHOLARSHIPS, AND THE WALMART FOUNDATION PROVIDED LAPTOPS TO FIRST-YEAR STUDENTS. WE ALSO PROVIDED CARE PACKS AND HOLIDAY GIFTS THROUGHOUT THE YEAR.

OUR FOUR DIRECTIONS DEVELOPMENT PROGRAM (4D) TRAINS EMERGING LEADERS WHO WANT TO MAKE A GREATER IMPACT IN THEIR TRIBAL COMMUNITIES. A HYBRID CURRICULUM FOR A SIX-MONTH COHORT OF EXPERIENTIAL LEARNING MAY ENCOMPASS CPR AND SELF-DEFENSE, HEALTHY ANCESTRAL FOOD AS MEDICINE, LEADERSHIP DEVELOPMENT AND/OR PERSONAL BRANDING. WITH SUPPORT OF GENERAL MOTORS AND NEWMAN'S OWN FOUNDATION FOR ADULT AND YOUTH COHORTS IN BOTH REGIONS, AS WELL AS PROTECT NATIVE ELDER, NATIVE AMERICAN CONNECTIONS AND NEWMAN'S FOR SPONSORING A SOUTHWEST 4D YOUTH ALUMNI EVENT, WE GRADUATED 41 NEW 4D PARTICIPANTS IN 2022.

PWNA'S STRENGTH-BASED SERVICES HELP FUEL SELF-SUFFICIENCY. THANKS TO THE GROW WITH GOOGLE INDIGENOUS CAREER READINESS PROGRAM, PWNA LAUNCHED A VOCATIONAL SCHOLARSHIP PROGRAM, PROVIDED FREE DIGITAL TRAINING TO 1,621 STUDENTS AND REGRANTED \$58,000 TO NATIVE-SERVING ORGANIZATIONS FOR DIGITAL TRAINING.

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

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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: FOOD ON THE TABLE IS A BASIC HUMAN RIGHT, BUT IT'S NOT THAT SIMPLE FOR THE PEOPLE PWNA SERVES. WITH MORE AMERICANS NOW EXPERIENCING FOOD INSECURITY AND FOOD HARDSHIP, MANY ARE REALIZING FOR THE FIRST TIME WHAT NATIVE AMERICANS HAVE BEEN UP AGAINST SINCE THE RESERVATIONS BEGAN. LOW FOOD SECURITY - DEFINED AS INSUFFICIENT FOOD QUALITY OR VARIETY FOR DIETARY HEALTH - HAS IMPACTED RESERVATIONS FOR DECADES, FUELING HIGH RATES OF NUTRITION-RELATED DISEASES SUCH AS DIABETES AND OBESITY BECAUSE LESS EXPENSIVE FOODS TEND TO HAVE MORE FAT AND CARBOHYDRATES. 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 FAMILIES CONSISTENTLY NEEDING AID. THIS IS CERTAINLY THE CASE FOR MANY FAMILIES AND FOOD BANKS IN THE COMMUNITIES PWNA SERVES, ALONG WITH ANOTHER HARDSHIP - CONTAMINATED DRINKING WATER. 25-40% OF NATIVE AMERICANS LIVE

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WITH WATER INSECURITY, AND 1 IN 3 NAVAJO FAMILIES HAUL WATER FOR DAILY
NEEDS.

PWNA RESPONSE: AREAS WITH HIGH POVERTY AND MINORITY POPULATIONS ARE MORE
LIKELY TO BE FOOD DESERTS. WE PROVIDED FRESH PRODUCE TO 2,960 PEOPLE,
INCLUDING 2,200 FROM PINE RIDGE AND EIGHT NORTHERN PUEBLOS WITH SUPPORT
FROM BANK OF AMERICA. WE PROVIDED EMERGENCY FOOD BOXES TO 2,751 PEOPLE,
WITH OLO FOR GOOD FUNDING 2,112 OF THEM ALONG WITH FRESH BISON OR MUTTON
AND SOLAR LIGHTS. THIS HELPED ELDERS WHO WORRY ABOUT BILLS AND GAS FOR
THE GROCERY STORE MANY MILES AWAY. PWNA ALSO PROVIDED STAPLE FOODS TO 85
FOOD BANKS AND/OR SENIOR CENTERS, PROVIDING FOOD FOR 17,940 PEOPLE,
THANKSGIVING AND CHRISTMAS MEALS FOR 20,329 PEOPLE AND ROSEBUD ELDERS
PICKED UP 744 BAGS OF BREAKFAST GROCERIES. IN ADDITION, WE PROVIDED
268,272 BOTTLES OF WATER TO COMMUNITIES WITH UNSAFE DRINKING WATER. OUR
DRIVERS TRAVERSED NEARLY 117,000 MILES TO DELIVER FOOD, WATER AND OTHER
BASICS IN 2022.

*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).

HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD
COMMUNITY CHEER, ENGAGEMENT AND ACTIVE INVOLVEMENT AT TIMES WHEN FAMILIES

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MAY BE EXPERIENCING MORE DISENFRANCHISEMENT AND SEASONAL STRESS.

SITUATION: THE HOLIDAYS CAN BE AN EXTRA HARDSHIP FOR MANY NATIVE FAMILIES. THE ELDERS AND CHILDREN ON THE RESERVATIONS PWNA SERVES 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%.

PWNA RESPONSE: HAPPY HOLIDAYS CONTRIBUTE TO OVERALL WELL-BEING. DURING THE 2022 HOLIDAYS, PWNA HELPED PROGRAM PARTNERS SPREAD HOLIDAY CHEER BY DELIVERING STOCKINGS AND HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS. THESE GIFTS WERE GIVEN TO 13,661 DELIGHTED CHILDREN AND ELDERS ACROSS 17 RESERVATIONS IN THE NORTHERN PLAINS AND 11 RESERVATIONS 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).

ANIMAL WELFARE:

PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL

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WELFARE AND RELATED HUMAN HEALTH RISK IN REMOTE, UNDERSERVED TRIBAL
COMMUNITIES.

SITUATION: INDIGENOUS PEOPLES HAVE A LONG HISTORY OF RELATIONSHIP WITH
ANIMALS; MORE THAN JUST PETS, THEY ARE VIEWED AS BROTHERS AND SISTERS IN
NATIVE CULTURES. BUT TODAY, AS FAMILIES STRUGGLE WITH POVERTY, SO TOO DO
THE ANIMALS, AND THE PROBLEMS ARISING FROM STRAYS AND OVERPOPULATION ARE
IMMENSE FOR SOME RESERVATIONS. PETA CITES THAT, IN JUST 6 YEARS, 67,000
DOGS CAN COME FROM ONE FEMALE DOG AND HER OFFSPRING. THE RESERVATIONS WE
SERVE ARE UNABLE TO CARE FOR THAT MANY ANIMALS, SO SOME PARTNERS HOLD
SPAY/NEUTER CLINICS MONTHLY. STILL, ABOUT 88% OF PETS LIVING IN
UNDERSERVED COMMUNITIES ARE NOT SPAYED OR NEUTERED, AND 69% HAVE NEVER
SEEN A VETERINARIAN. ON TOP OF THIS, MANY SHELTERS ARE NOW OVERRUN WITH
ANIMALS BECAUSE DOGS ADOPTED DURING THE PANDEMIC WERE SENT BACK WHEN
PEOPLE RETURNED TO WORK - OUR PARTNERS STILL HOPE TO FIND HOMES FOR EACH
ONE.

PWNA RESPONSE: PWNA'S RESERVATION ANIMAL RESCUE (RAR) PROGRAM SUPPORTS
GROUPS WHO RESCUE, REHABILITATE AND REHOME ANIMALS, ENSURING THEY HAVE
WHAT THEY NEED FOR A GOOD QUALITY OF LIFE. SUPPORTING POTENTIAL FOSTER
FAMILIES IS OFTEN A KEY TO THIS, SO WE SUPPLIED OVER 17,700 POUNDS OF
SUPPLIES TO SUPPORT RESCUE, REHAB AND/OR PLACEMENT ON 9 DIFFERENT
RESERVATIONS. PWNA COLLABORATED WITH PETCO LOVE TO DELIVER FOOD AND
VACCINES FOR FREE CLINICS ON NORTHERN PLAINS AND SOUTHWEST RESERVATIONS,
INCLUDING VACCINES FOR DISTEMPER, PARVOVIRUS AND RABIES. WITH YOUR

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SUPPORT, RAR ALSO AWARDED 12 NEW GRANTS IN 2022 AND CONTINUED SPEND-DOWN ON 2 OTHERS, PROVIDING \$93,861 IN SUPPORT FOR SPAY/NEUTER, VACCINATION AND TRANSPORT FOR ADOPTION THAT BENEFITED 1,513 ANIMALS ACROSS 15 RESERVATIONS.

*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: RESERVATION ANIMAL RESCUE (RAR)

PUBLIC EDUCATION:

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

SITUATION: THE NEED FOR NATIVE VOICES TO BE HEARD HAS NEVER BEEN GREATER. HARMFUL STEREOTYPES AND MISCONCEPTIONS, COUPLED WITH A LACK OF ACCURATE INFORMATION ABOUT NATIVE PEOPLE, HISTORY, ISSUES AND FUNDING, CONTRIBUTE TO RACIAL/SOCIAL INEQUITY AND INADEQUATE SUPPORT FOR TRIBAL COMMUNITIES. MANY AMERICANS REALLY THINK NATIVE AMERICANS GO TO COLLEGE FOR FREE OR RECEIVE A GOVERNMENT CHECK EVERY MONTH JUST FOR BEING NATIVE. SO, OF ALL THE BILLIONS GIVEN FOR PHILANTHROPY IN THE UNITED STATES, LESS THAN 1 PERCENT IS AIDING NATIVE AMERICAN CAUSES. MEANWHILE, TRIBES FACE CHALLENGES INEXTRICABLY TIED TO BROKEN TREATIES, A CENSUS UNDERCOUNT THAT LIMITS FEDERAL DOLLARS AND SYSTEMIC FAILURES IN THE EDUCATION SYSTEM THAT ARE DETRIMENTAL TO NATIVE STUDENTS. AMIDST THE RICH CULTURE AND UNITY OF

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TRIBAL COMMUNITIES, INDIVIDUAL AMERICANS SEEM TO QUICKLY FORGET THE SPOTLIGHT THAT COVID SHINED ON THE TRIBES OR THAT THEIR CHALLENGES WITH FOOD AND WATER INSECURITY, HEALTHCARE AND HOUSING, EDUCATION AND TECHNOLOGY HAVE PERSISTED FOR DECADES.

PWNA RESPONSE: INCREASING PUBLIC EDUCATION TO HELP INDIVIDUALS AND ORGANIZATIONS IN THE U.S. BECOME MORE NATIVEAWARE® IS A CRUCIAL STEP TOWARD POSITIVE CHANGE. PWNA REACHED A POTENTIAL READING, LISTENING AND VIEWING AUDIENCE OF ABOUT 874.9 MILLION PEOPLE WITH NEWS MEDIA ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH 72 NEWS ARTICLES, 4 RADIO AND TV AIRINGS, 4 PRESS RELEASES, SOCIAL MEDIA ENGAGEMENT, FRESH CONTENT ON OUR WEBSITE AND TIMELY ORIGINAL CONTENT ON OUR BLOG. IN ADDITION, OUR PRESIDENT AND CEO JOSHUA ARCE IS A TIRELESS ADVOCATE FOR INDIGENOUS PEOPLES; HERE ARE A FEW HIGHLIGHTS OF HIS EFFORTS IN 2022:

- FOOD SOVEREIGNTY PANELIST AT 2022 CIVIL RIGHTS CONFERENCE, UNIV. OF TENNESSEE AT MARTIN
- NATIVE HISTORY AND MISCONCEPTIONS, WITH RENAISSANCE LEARNING
- COVID IMPACT ON TRIBAL FOOD SECURITY, AT THE 2022 ARIZONA FOOD SUMMIT
- YOUTH MOTIVATIONAL SPEAKER AT THE NATIVE AMERICAN BASKETBALL INVITATIONAL (NABI)
- IMPACT OF COLONIZATION & ASSIMILATION ON NATIVE PEOPLE, WITH PEPSICO
- ERAS OF POLICY & LEGISLATION IMPACTING TRIBES, FOR LAWRENCE MEDICAL

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COMMUNITY

- FORGOTTEN POPULATIONS AND CSR FOR TRIBAL COMMUNITIES, AT 3BL FORUM
- NATIVE HISTORY AND THE REAL FIRST THANKSGIVING, WITH RETAIL

BUSINESS SERVICES

- SOCIAL JUSTICE FOR TRIBES, FOR WOMEN'S LEADERSHIP GROUP IN DALLAS
- INDIAN BOARDING SCHOOLS AND THEIR IMPACT, AS OP-ED
- INDIAN CHILD WELFARE ACT (ICWA), AS OP-ED
- SPOKESPERSON FOR UPCOMING PTV SEGMENT ON NATIVE NATIONS TODAY

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

ORGANIZATION'S MISSION:

PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

PWNA IS A TRUSTED RESOURCE AND INTERMEDIARY FOR PHILANTHROPIC SOLUTIONS
IN INDIGENOUS COMMUNITIES. ENTRUSTED BY NATIVE PARTNERS AND FUNDERS ALIKE
SINCE 1990, PWNA IS ONE OF THE LARGEST NATIVE-LED NONPROFITS IN THE U.S.

A 501(C) (3), PWNA INVESTS IN THE MOST GEOGRAPHICALLY ISOLATED AND
IMPOVERISHED TRIBAL COMMUNITIES, REACHING NAVAJO, PINE RIDGE, ROSEBUD AND
MORE TO CHAMPION HOPE FOR A BRIGHTER FUTURE. WE ACHIEVE OUR MISSION BY
PARTNERING WITH NATIVE PROFESSIONALS WHO CAN DRIVE SOCIAL CHANGE IN
NUTRITION, EDUCATION, HEALTH AND EMERGENCY RESPONSE; DELIVERING CRITICAL
SUPPLIES AND FUNDING EDUCATION, CAPACITY BUILDING AND COMMUNITY
INVESTMENT PROJECTS; AND RESPECTING THE SELF-DETERMINED GOALS OF THE
TRIBES AND CONNECTING THEM WITH OUTSIDE RESOURCES.

FOR OVER THREE DECADES, PWNA HAS PARTNERED WITH RESERVATION-BASED
PROGRAMS TO INFUSE SOCIAL EQUITY INTO TRIBAL COMMUNITIES. WE ADDRESS

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IMMEDIATE NEEDS 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. PWNA LEVERAGES AN ASSET-BASED COMMUNITY DEVELOPMENT (ABCD) MODEL TO EMPLOY MATERIALS, CAPACITY BUILDING, COMMUNITY BUILDING, ASSET/RESOURCE DEVELOPMENT AND HIGHER EDUCATION, BRINGING TOGETHER INDIVIDUALS, PROGRAMS AND OUTSIDE RESOURCES TO LEVERAGE THE SOCIAL CAPITAL OF A MUCH 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. PLUS, EVEN AS BLACK LIVES MATTER AND OTHER RACE-EQUITY MOVEMENTS EVOLVED, 2022 BROUGHT NEW ECONOMIC THREATS. AMONG THESE WERE EXORBITANT GAS PRICES AVERAGING 33 PERCENT HIGHER (46 PERCENT IN THE FIRST HALF OF THE YEAR), THE COST OF FOOD AT HOME RISING 11.4 PERCENT (UP TO 15 PERCENT IN SOME FOOD CATEGORIES), ENERGY COSTS UP 8.7 PERCENT AND RETAIL UP 5.6 PERCENT OVER 2021. THIS DIMINISHED PURCHASING POWER IN EVERY U.S. HOME. SADLY, THE UNDERSERVED TRIBES IN PWNA'S SERVICE AREA FACED THESE SAME INCREASES - ALTHOUGH STARTING FROM A MUCH POORER ECONOMIC BASE.

IN ADDITION, SUPPLY CHAIN ISSUES AND INFLATION CHALLENGED PWNA LIKE OTHER NATIVE NONPROFITS, LEADING TO:

- HIGHER PRICES FOR THE CRITICAL GOODS WE DELIVER YEAR-ROUND
- AN UNEXPECTED \$67,000 SURCHARGE FOR OUTSOURCED SHIPPING, SUCH AS

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EMERGENCY RELIEF

- 52% HIGHER FUEL COST FOR IN-HOUSE DELIVERIES (292 PER TRUCK, UP FROM \$192 IN 2021)
- SLOWER DELIVERIES DICTATING FUNDING AND STOCKING OF SUPPLIES BEFORE TRIBAL PARTNER REQUESTS
- DIFFICULTY KEEPING UP WITH EXPENSES AND ADEQUATE STAFFING

IN EVERY TRIBAL COMMUNITY, GRASSROOTS LEADERS ARE MAKING POSITIVE STRIDES TO CHANGE LIVES. PWNA FUNCTIONS AS AN ALLY TO HELP ADDRESS THE ISSUES THEY PRIORITIZE. NOT ASSUMING WE KNOW BEST OR THAT TRIBAL COMMUNITIES LACK THE CAPACITY TO DELIVER, WE SUPPORT THEM WITH RESOURCES AND TRAINING TO INCREASE THEIR IMPACT. WE KNOW THAT NONE OF OUR WORK WOULD BE POSSIBLE WITHOUT THESE PARTNERSHIPS AND THE GENEROSITY OF DONORS WHO BELIEVE IN OUR MISSION. INDIAN COUNTRY HAS THE HIGHEST NEED IN THE U.S., CLEARLY POINTING THE WAY FOR INDIVIDUAL DONORS, CORPORATE SOCIAL RESPONSIBILITY AND INCLUSION IN THE AMERICAN DREAM.

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).

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE SCHEDULE O	3,162,329.	4,070,296.	24,450.
TOTALS	3,162,329.	4,070,296.	24,450.

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FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AZ, AR, AA, AE, AP, 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, PA,
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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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	4,081,912.
3 RIVERS LOGISTICS INC 60 DOUGHBOY RD GILLETT, AR 72005	SHIPPING	269,390.
MATTHEW 25 MINISTRIES 11060 KENWOOD RD CINCINNATI, OH 45242	SHIPPING	109,841.
DIRECT MAIL PROCESSORS INC 1150 CONRAD COURT HAGERSTOWN, MD 21740	DONATION PROCESSING	174,370.

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

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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 ▶ JULIE SOLO
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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 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.