



Public Disclosure for Tax-Exempt Organizations

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

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

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

What if the Requests Are a Form of Harassment?

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

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **2017**, and ending **2017**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARTNERSHIP WITH NATIVE AMERICANS		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 200		G Gross receipts \$ 44,859,770.	
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: ROBBI RICE DIETRICH 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: MISSION: SERVING IMMEDIATE NEEDS. SUPPORTING LONG-TERM SOLUTIONS. VISION: STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. ... (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	90.
	6 Total number of volunteers (estimate if necessary)	6	170.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,993,007.	40,635,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,389.	65,655.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	580,534.	168,900.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,687,930.	40,870,257.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	23,599,959.	18,937,702.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,855,037.	5,638,431.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,609,457.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,824,756.	13,807,505.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,279,752.	38,383,638.
19 Revenue less expenses. Subtract line 18 from line 12	-2,591,822.	2,486,619.	
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)	20,240,581.	22,999,480.
	22 Net assets or fund balances. Subtract line 21 from line 20	904,592.	1,184,467.
		19,335,989.	21,815,013.

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	<i>Robbi Rice Dietrich</i> Signature of officer	08/07/2018 Date
	Robbi Rice Dietrich, President / CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEANETTE VERRELLI	Preparer's signature <i>Jeanette Verrelli</i>	Date 8/3/2018	Check <input type="checkbox"/> if self-employed	PTIN P00742631
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 972-702-8262	
	Firm's address ▶ 14245 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 (2017)

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:

MISSION: SERVING IMMEDIATE NEEDS. SUPPORTING LONG-TERM SOLUTIONS.

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 \$ 13,526,390. including grants of \$ 9,156,992.) (Revenue \$)

HEALTH:

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

SITUATION: THE PEOPLE PWNA SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (I.H.S.) FOR MEDICAL CARE. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 3,879,126. including grants of \$ 2,626,061.) (Revenue \$)

FOOD & WATER:

PURPOSE OF THE PROGRAM: TO EASE FOOD INSECURITY AND SUPPORT FOOD SOVEREIGNTY AMONG NATIVE AMERICAN ELDERS, CHILDREN AND FAMILIES ON THE RESERVATIONS WE SERVE.

SITUATION: LOW FOOD SECURITY - INSUFFICIENT FOOD QUALITY OR VARIETY FOR DIETARY INTAKE - IMPACTS NEARLY ONE IN FOUR (23%) NATIVE AMERICAN HOUSEHOLDS. AN EVERYDAY ISSUE ON THE RESERVATIONS PWNA SERVES, LOW FOOD SECURITY FUELS HIGH RATES OF NUTRITION-RELATED DISEASES SUCH AS DIABETES AND OBESITY. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 4,462,372. including grants of \$ 3,020,903.) (Revenue \$)

HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY CHEER AND COMMUNITY INVOLVEMENT AT TIMES WHEN MANY FAMILIES ARE EXPERIENCING MORE STRESS AND DISENFRANCHISEMENT. SITUATION: NATIVE AMERICAN ELDERS AND CHILDREN ON THE RESERVATIONS WE ASSIST ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT FREQUENTLY THEIR FAMILIES CANNOT AFFORD SPECIAL HOLIDAY GIFTS OR EXTRAS. UP TO 43% OF NATIVE AMERICAN CHILDREN LIVE IN POVERTY AND 61% LIVE IN LOW-INCOME HOUSEHOLDS, MANY OF THEM RAISED BY GRANDPARENTS ON SEVERELY LIMITED, FIXED INCOMES. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 6,043,241. including grants of \$ 4,133,746.) (Revenue \$)

4e Total program service expenses 27,911,130.

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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sub-questions for various IRS forms and organizational requirements.

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 in 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 (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

AMBER E KINNEY 16415 ADDISON ROAD, SUITE 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.

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)ALYCE SADONGEI CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(2)CHRISTINA KAZHE VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3)ANN MARIE WOESSNER-COLLINS TREASURER	2.00 0.	X		X				0.	0.	0.
(4)NICOLE PITRE SECRETARY	2.00 0.	X		X				0.	0.	0.
(5)MARK NADOLNY DIRECTOR	2.00 0.	X						0.	0.	0.
(6)KEVIN DIEPHOLZ DIRECTOR	2.00 0.	X						0.	0.	0.
(7)MAKENLEY BARTON DIRECTOR	2.00 0.	X						0.	0.	0.
(8)LEONARD SMITH DIRECTOR	2.00 0.	X						0.	0.	0.
(9)JACLYN BLACKBIRD DIRECTOR	2.00 0.	X						0.	0.	0.
(10)JOSHUA ARCE DIRECTOR	2.00 0.	X						0.	0.	0.
(11)TRACEY ZEPHIER DIRECTOR END: 5/2017	2.00 0.	X						0.	0.	0.
(12)RONETTA KEETER BRIGGS DIRECTOR END: 8/2017	2.00 0.	X						0.	0.	0.
(13)ROBBI RICE DIETRICH PRESIDENT AND CEO	40.00 0.			X				236,966.	0.	14,588.
(14)AMBER E. KINNEY SR. VICE PRESIDENT AND CFO	40.00 0.			X				159,508.	0.	25,140.

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) RONALD R. TRAHAN VICE PRESIDENT OF DEVELOPMENT	40.00 0.					X		125,147.	0.	5,837.
16) LUCRETIA A. WINTER DIRECTOR OF FINANCE AND ACCT	40.00 0.					X		115,637.	0.	9,794.
17) RICHARD W. MILLER PROGRAM MANAGER	40.00 0.					X		114,443.	0.	3,946.
18) FERNANDO S. SILVA VICE PRESIDENT ADMINISTRATION	40.00 0.					X		101,033.	0.	20,649.
19) WILLIAM S. EDWARDS DIRECTOR OF IT	40.00 0.					X		101,541.	0.	4,859.
1b Sub-total								396,474.	0.	39,728.
c Total from continuation sheets to Part VII, Section A								557,801.	0.	45,085.
d Total (add lines 1b and 1c)								954,275.	0.	84,813.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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

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	40,635,702.				
	g Noncash contributions included in lines 1a-1f: \$		22,296,912.				
	h Total. Add lines 1a-1f ▶			40,635,702.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			55,271.			55,271.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			158,000.			158,000.
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶			0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		3,991,219.	8,678.				
		b Less: cost or other basis and sales expenses					
		3,989,513.					
	c Gain or (loss)	1,706.	8,678.				
	d Net gain or (loss) ▶			10,384.			10,384.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS INCOME	900099		10,900.			10,900.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			10,900.				
12 Total revenue. See instructions. ▶			40,870,257.			234,555.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	90,867.	90,867.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,846,835.	18,846,835.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	436,202.		436,202.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,346,340.	1,724,141.	682,506.	1,939,693.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,222.	39,978.	11,633.	29,611.
9 Other employee benefits	403,331.	205,125.	44,095.	154,111.
10 Payroll taxes	371,336.	129,534.	73,823.	167,979.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	73,360.		40,313.	33,047.
c Accounting	67,916.		55,841.	12,075.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	2,103.		2,103.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,044,422.	179,834.	84,026.	780,562.
12 Advertising and promotion	613,496.	48,596.		564,900.
13 Office expenses	6,281,722.	4,091,531.	39,551.	2,150,640.
14 Information technology	514,301.	84,957.	48,093.	381,251.
15 Royalties	0.			
16 Occupancy	420,268.	81,624.	93,220.	245,424.
17 Travel	373,662.	197,096.	69,495.	107,071.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	631.	21.	161.	449.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	404,398.	285,787.	19,987.	98,624.
23 Insurance	234,408.	134,562.	28,550.	71,296.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAIL HOUSE	1,634,160.	49.		1,634,111.
b GIK & SHIPPING FEES	1,654,562.	1,654,562.		
c DONOR RESEARCH & DATA SVCS	136,602.			136,602.
d EQUIPMENT RENTAL & MAINT	93,552.	81,813.	3,583.	8,156.
e All other expenses	257,942.	34,218.	129,869.	93,855.
25 Total functional expenses. Add lines 1 through 24e	38,383,638.	27,911,130.	1,863,051.	8,609,457.
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)	7,217,159.	3,849,792.		3,367,367.

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	1,374,573.	1	1,518,819.
	2 Savings and temporary cash investments	91,878.	2	850,970.
	3 Pledges and grants receivable, net	131,299.	3	158,941.
	4 Accounts receivable, net	619,390.	4	735,628.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	8,046,493.	8	12,705,594.
	9 Prepaid expenses and deferred charges	310,191.	9	370,782.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,710,065.		
	b Less: accumulated depreciation	10b 4,051,319.	6,195,371.	10c 6,658,746.
	11 Investments - publicly traded securities	3,471,386.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,240,581.	16	22,999,480.	
Liabilities	17 Accounts payable and accrued expenses	833,082.	17	1,127,412.
	18 Grants payable	16,660.	18	12,085.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	54,850.	25	44,970.
	26 Total liabilities. Add lines 17 through 25	904,592.	26	1,184,467.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,056,561.	27	20,796,924.
	28 Temporarily restricted net assets	213,103.	28	951,764.
	29 Permanently restricted net assets	66,325.	29	66,325.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,335,989.	33	21,815,013.	
34 Total liabilities and net assets/fund balances	20,240,581.	34	22,999,480.	

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	40,870,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,383,638.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,486,619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,335,989.
5	Net unrealized gains (losses) on investments	5	-7,595.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,815,013.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First five 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

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. 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.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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, SECTION C, LINE 14

PUBLIC SUPPORT PERCENTAGE FOR 2017:

PWNA HAS A PUBLIC SUPPORT PERCENTAGE OF 95.26% FOR THE 5 YEAR PERIOD. IN 2015, THE ORGANIZATION WAS REQUIRED TO FILE AN INITIAL RETURN AS A RESULT OF INCORPORATING IN A NEW STATE. FOR FINANCIAL STATEMENT PURPOSES, PARTNERSHIP WITH NATIVE AMERICANS AND NATIONAL RELIEF CHARITIES ARE TREATED AS THE SAME ENTITY.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS REVENUE					10,900.	10,900.
TOTALS					<u>10,900.</u>	<u>10,900.</u>

Schedule of Contributors

2017

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

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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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	_____	\$ 2,417,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 7,341,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 1,373,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,666,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 814,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 2,701,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part 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, HEALTH, OTHER GOODS _____ _____ _____	\$ 2,417,704.	09/26/2017
2	HOUSEHOLD, FOOD, HEALTH, OTHER GOODS _____ _____ _____	\$ 7,341,395.	12/12/2017
3	HOUSEHOLD, HEALTH, OTHER GOODS _____ _____ _____	\$ 1,373,991.	12/14/2017
4	HOUSEHOLD, FOOD, HEALTH, OTHER GOODS _____ _____ _____	\$ 5,666,927.	12/13/2017
5	HOUSEHOLD, HEALTH, OTHER GOODS _____ _____ _____	\$ 814,781.	10/12/2017
6	SHOES AND BOOTS _____ _____ _____	\$ 2,681,070.	11/02/2017

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

2017

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
 - 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	66,325.	65,865.			
b Contributions		460.	65,865.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	66,325.	66,325.	65,865.		

- 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** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

- 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	850,000.	657,862.		1,507,862.
b Buildings		5,175,495.	1,480,808.	3,694,687.
c Leasehold improvements		242,768.	63,720.	179,048.
d Equipment		2,225,025.	1,322,259.	902,766.
e Other		1,558,915.	1,184,532.	374,383.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,658,746.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and DEFERRED RENT (44,970).

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

ENDOWMENT FUNDS - PERMANENT ENDOWMENT FOR \$50,000 WHERE PROCEEDS WILL BE DISTRIBUTED TO SUPPORT NAVAJO ELDERS. ALSO PERMANENT ENDOWMENT FOR \$15,000 WHERE PROCEEDS WILL BE DISTRIBUTED TO SUPPORT DIALYSIS THROUGH THE AMERICAN INDIAN RELIEF COUNCIL. THE CORPUS OF \$65,000 WAS INVESTED IN CERTIFICATES OF DEPOSIT, WHICH DID NOT MATURE DURING 2017. UPON MATURITY, EARNINGS WILL BE DISTRIBUTED ACCORDING TO DONOR STIPULATIONS.

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:

DIRECT CONTRIBUTIONS IN TEMPORARILY

RESTRICTED NET ASSETS	\$ 1,110,990
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NET ASSETS RELEASED FROM RESTRICTIONS	(372,329)
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TOTAL	\$ 738,661
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

- ▶ 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.

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 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) EAST ASIA AND THE PACIFIC	1.	137.	FUNDRAISING	N/A	1,952,812.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	137.			1,952,812.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	137.			1,952,812.

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

Schedule F (Form 990) 2017

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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OGLALA PET PROJECT 19980 BIA 2 KYLE, SD 57752	45-3844277	501(C)(3)	7,000.				ANIMAL WELFARE
(2) MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	36-3377698	501(C)(3)	9,125.				ANIMAL WELFARE
(3) 12 HILLS DOG RESCUE 3175 H AVENUE WATHILL, NE 68067	45-3368698	501(C)(3)	8,350.				ANIMAL WELFARE
(4) MISSION VALLEY ANIMAL SHELTER P.O. BOX 1644 POLSON, MT 59860	81-0463465	501(C)(3)	11,000.				ANIMAL WELFARE
(5) MCKINLEY COUNTY HUMANE SOCIETY P.O. BOX 10 GALLUP, NM 83705	85-0398197	501(C)(3)	7,500.				ANIMAL WELFARE
(6) GOOD DOG REZ-Q P.O. BOX 2882 SAINT JOHNS, AZ 85936	46-3395854	501(C)(3)	6,000.				ANIMAL WELFARE
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

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) (2017)

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	233,565.	8,059.	9,156,992.	FMV	PT III, LN 4A, P.46
2 FOOD AND WATER	102,155.		2,618,003.	FMV	PT III, LN 4B, P.48
3 HOLIDAY	49,175.		3,020,903.	FMV	PT III, LN 4C, P.49
4 EMERGENCY SERVICES	32,909.		1,490,903.	FMV	PT III, LN 4D, P.50
5 EDUCATION SERVICES	53,331.	487,503.	1,959,674.	FMV	PT III, LN 4D, P.51
6 ANIMAL WELFARE	38,695.		104,798.	FMV	PT III, LN 4D, P.53
7					

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

VERIFICATION OF EXPENDITURES. IN ADDITION TO DETAILING THE EXPENDITURES, THE GRANTEE DETAILS ACCOMPLISHMENTS AND PROGRESS TOWARD GOALS ON THE PROJECTS THE GRANT WAS INTENDED TO SUPPORT.

SCHEDULE I, PART III, COLUMN (F)

ADDITIONAL INFORMATION:

PUBLIC EDUCATION ABOUT LIVING CONDITIONS ON THE REMOTE AND ISOLATED RESERVATION COMMUNITIES PWNA SERVES. SEE PAGE 54 ON SCHEDULE O.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing 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) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBBY RICE DIETRICH PRESIDENT AND CEO	(i)	236,966.	0.	0.	7,277.	7,311.	251,554.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 AMBER E. KINNEY SR. VICE PRESIDENT AND CFO	(i)	159,508.	0.	0.	4,119.	21,021.	184,648.	
	(ii)	0.	0.	0.	0.	0.	0.	
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		8,556,857.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	76.	2,888,214.	FMV
20 Drugs and medical supplies	X	71.	6,606,921.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		27.	4,244,920.	
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 IV, 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) (2017)

JSA

7E1298 1.000

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 27 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS).

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

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

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SUPPLIES, PETCARE	X	27.	4,244,920.	FMV
TOTALS		<u>27.</u>	<u>4,244,920.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2017

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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).

FORM 990, PART I, LINE 1

SIGNIFICANT ACTIVITIES:

(CONTINUED FROM PAGE 1)... IN 2015, OUR ORGANIZATION'S NAME WAS CHANGED
TO PARTNERSHIP WITH NATIVE AMERICANS TO BETTER COMMUNICATE OUR MISSION
AND THE PARTNERSHIP WE HAVE WITH TRIBAL COMMUNITIES. SEE
WWW.NATIVEPARTNERSHIP.ORG TO LEARN MORE.

PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

PWNA BELIEVES THAT NATIVE AMERICAN PEOPLES HAVE THE POWER WITHIN
THEMSELVES TO BUILD STRONG COMMUNITIES. THE COMMUNITY MEMBERS WE WORK
WITH KNOW THE CHALLENGES THAT EXIST AND ARE FINDING SOLUTIONS TO THEM. WE
ARE A CONSISTENT, RELIABLE SOURCE TO LIFT UP THEIR EFFORTS - TO PROVIDE
HOPE AND SUPPORT FOR THEIR SUCCESS TODAY AND TOMORROW.

WE TAKE A DUAL APPROACH TO SERVING NATIVE AMERICANS, RESPONDING TO
IMMEDIATE NEEDS IN RESERVATION COMMUNITIES BY PROVIDING FOOD, WATER AND

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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OTHER CRITICAL MATERIALS, AND SUPPORTING COMMUNITY-BASED PROJECTS THAT SUSTAINABLY ADDRESS THE CORE SYMPTOMS OF POVERTY AND CONTRIBUTE TO SELF-SUFFICIENCY.

OUR ORGANIZATION APPROACHES HUMANITARIAN SERVICE THROUGH AN ASSET BASED COMMUNITY DEVELOPMENT (ABCD) STRATEGY. ABCD ENCOMPASSES ALL STRANDS OF SERVICES IN OUR PROGRAM LOGIC MODEL (MATERIAL SERVICES, CAPACITY BUILDING, COMMUNITY BUILDING AND HIGHER EDUCATION) ENSURING WE BUILD ON ASSETS PRESENT IN THE COMMUNITIES WE SERVE AND BRING TOGETHER INDIVIDUALS, PROGRAMS, AND OUTSIDE RESOURCES TO FOCUS ON SOLUTIONS. THIS COMMUNITY-DRIVEN MODEL LEVERAGES THE SOCIAL CAPITAL OF A MUCH LARGER NETWORK MOBILIZING TOWARD A COMMON SOLUTION. LOCAL PARTICIPATION AND EMPOWERMENT LIE AT THE CORE OF ABCD AND LEAD TOWARD SUSTAINABLE COMMUNITY GAINS FOR THE RESERVATIONS AND PEOPLE WE SERVE.

FORM 990, PART III, LINE 4A

HEALTH:

(CONTINUED FROM PART III)

SITUATION CONTINUED: THESE CLINICS ARE OFTEN LONG DISTANCES AWAY - ONLY 500 CLINICS SERVE THE 573 FEDERALLY RECOGNIZED TRIBES - AND LACK OF TRANSPORTATION IS A MAJOR PROBLEM. ALSO, SEVERELY UNDERFUNDED AND UNDERSTAFFED FOR THE SIZE AND LOCATION OF THE POPULATIONS IT SERVES, I.H.S. FOCUSES ON HEALTHCARE CRISES RATHER THAN PREVENTIVE CARE. DUE TO HIGHER INFANT MORTALITY, LOWER LIFE EXPECTANCY, DIABETES AT EPIDEMIC LEVELS, TUBERCULOSIS SEVEN TIMES HIGHER FOR NATIVE AMERICANS AND CANCER-RELATED DISPARITIES HIGHER THAN FOR ANY MINORITY GROUP IN THE

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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U.S., PWNA SUPPORTS RESERVATION PROGRAMS THAT ADDRESS PREVENTATIVE CARE, HOME HEALTH VISITS, AND HEALTH EDUCATION INITIATIVES FOR LONG-TERM IMPACT. A LONG HISTORY OF OPPRESSION HAS CONTRIBUTED TO THE LIMITED VIEW OF OPPORTUNITIES MANY NATIVE AMERICANS ENVISION FOR THEMSELVES AND THEIR FAMILIES. SUPPORTING SELF-DETERMINATION AND REQUIRING PEOPLE TO TAKE PART ACTIVELY IN COMMUNITY PROJECTS AND SERVICES TO RECEIVE MATERIALS AND SERVICES THROUGH PWNA ADDS TO INDIVIDUAL AND COMMUNITY WELL-BEING.

PWNA RESPONSE: IN 2017, PWNA SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND COMMUNITY ACTIVITIES FOR APPROXIMATELY 233,565 PEOPLE. AMONG THEM, SOME 207,817 PEOPLE PARTICIPATED IN HEALTH EVENTS OR OTHER PROJECTS HOSTED BY OUR RESERVATION PARTNERS TO INCREASE COMMUNITY INVOLVEMENT IN SCHOOLS, ELDERLY SERVICE PROGRAMS AND WELLNESS INITIATIVES. NEARLY 850 NEW MOMS PARTICIPATED IN PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH PROGRAMS, RECEIVING BABY BASKETS FULL OF ESSENTIAL PRODUCTS. PWNA SUPPORTED 444 RESERVATION PARTNERS WHO CONDUCTED HEALTH SCREENINGS FOR DIABETES, HIGH BLOOD PRESSURE, TUBERCULOSIS AND CANCER; EDUCATION CLASSES ON DIABETES PREVENTION, HEALTHY NUTRITION AND HEART HEALTH; YOUTH PROGRAMS SUCH AS CULTURAL CAMPS OR SUICIDE AWARENESS AND PREVENTION; HEALTH APPOINTMENTS FOR IMMUNIZATIONS, HOSPITAL POST-RELEASE AND MEDICATION MONITORING; AND HOME VISITS WITH THOSE WHO ARE HOMEBOUND OR OTHERWISE UNABLE TO ACCESS SERVICES. ADDITIONALLY, PWNA SUPPORTED COMMUNITY INVESTMENT PROJECTS RELATED TO YOUTH DEVELOPMENT, NUTRITION TRAINING AND EMERGENCY PREPAREDNESS, INVOLVING ABOUT 666 PARTICIPANTS ACROSS 22 RESERVATIONS AND COMMUNITIES, INCLUDING AK-CHIN, CHEMEHUEVI,

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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CHEYENNE RIVER, COCOPAH, COLORADO RIVER, CROW, GILA RIVER, JICARILLA, NAVAJO, NORTHERN CHEYENNE, PASCUA YAQUI, PINE RIDGE, PONCA, QUECHAN, ROSEBUD, SALT RIVER, SAN CARLOS, SANTA CLARA, STANDING ROCK, TOHONO, UTE AND WHITE MOUNTAIN.

*DBA PROGRAMS OF PWNA FOR HEALTH SERVICES: NRF, SNRF, CIN, NAA, AIRC AND SWIRC.

FORM 990, PART III, LINE 4B

FOOD & WATER:

(CONTINUED FROM PART III)

SITUATION CONTINUED: CONTAMINATED DRINKING WATER IS ALSO AN ISSUE IN MANY OF THE COMMUNITIES PWNA SERVES. ALTHOUGH MANY FOOD BANKS OPERATE WITHIN OUR SERVICE AREA, A STUDY BY AMERICA'S SECOND HARVEST SHOWS THAT THE MAJORITY OF FOOD BANKS LACK AN ADEQUATE SUPPLY OF FOOD TO MEET DEMAND.

PWNA RESPONSE: PWNA HELPED MEET IMMEDIATE NEEDS BY CONTINUING OUR FOOD DELIVERIES AND NUTRITION SUPPORT IN 2017. OUR FOOD BOXES HELPED FOOD PANTRIES FEED ABOUT 42,950 PEOPLE. THE STAPLE FOODS WE SUPPLIED FOR ELDERLY NUTRITION PROGRAMS AND SOUP KITCHENS FED APPROXIMATELY 21,553 PEOPLE HOT MEALS 5 DAYS A WEEK. WE PROVIDED EMERGENCY AND BREAKFAST FOOD FOR ABOUT 8,135 PEOPLE; MUCH NEEDED FRESH PRODUCE FOR ABOUT 2,545 TRIBAL MEMBERS, FOOD FOR APPROXIMATELY 10,015 PEOPLE AT COMMUNITY-WIDE BULK DISTRIBUTIONS, AND THANKSGIVING, CHRISTMAS AND EASTER MEALS FOR ABOUT 15,824 PEOPLE. TO DISTRIBUTE THESE ESSENTIAL PRODUCTS IN 2017, OUR TRUCKS AND STAFF TRAVELED MORE THAN 220,000 MILES. TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND DIETARY HEALTH, PWNA SUPPORTED 23 INDIVIDUAL AND

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COMMUNITY GARDENS AND THREE COMMUNITY INVESTMENT GARDEN PROJECTS ON THE NORTHERN CHEYENNE, STANDING ROCK AND SAN CARLOS RESERVATIONS, INVOLVING 1,133 PARTICIPANTS. IN 2017, PWNA ALSO LAUNCHED CRITICAL TRAIN-THE-TRAINER (T3) PROGRAMS, INCORPORATING NATIVE AMERICAN CHEFS AND FOCUSING ON LONG-TERM HEALTH THROUGH EDUCATION AND CAPACITY BUILDING. THROUGH T3, WE TRAINED ON PREPARING HEALTHY MEALS WITH ANCESTRAL AND LOCALLY AVAILABLE FOODS, REACHING 30 COOKS AND NUTRITION PROFESSIONALS FROM THE CHEYENNE RIVER, ROSEBUD, PINE RIDGE, WINNEBAGO, PONCA, SANTEE, CROW CREEK, GILA RIVER, TOHONO O'ODHAM AND NAVAJO RESERVATIONS. THEY IN TURN TRAINED 280 OTHER PEOPLE IN THEIR TRIBAL COMMUNITIES. PWNA ALSO ADVANCED SKILLS IN CANNING AND FOOD PRESERVATION, REACHING 350 PARTICIPANTS FROM ALL OF THE T3 COMMUNITIES, AS WELL AS THE SAN CARLOS, UTE, WHITE MOUNTAIN, COCOPAH, CHEMEHUEVI, PASCUA YAQUI, QUECHAN, AK-CHIN, SALT RIVER, STANDING ROCK AND CROW COMMUNITIES. SOME OF THE CANNING PARTICIPANTS USED PRODUCE GROWN IN THEIR GARDENS.

*DBA PROGRAMS OF PWNA FOR FOOD SERVICES: NAA, NRF, AIRC, CIN, SWIRC AND SNRF.

FORM 990, PART III, LINE 4C

HOLIDAY:

(CONTINUED FROM PART III)

SITUATION CONTINUED: POVERTY RATES ON THE 60 RESERVATIONS SERVED BY PWNA RANGE FROM 38% TO 63%.

PWNA RESPONSE: DURING THE 2017 HOLIDAYS, MORE THAN 33,000 DELIGHTED CHILDREN, TEENS AND ELDERS RECEIVED HOLIDAY GIFT BAGS FILLED WITH

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PRACTICAL ITEMS TO MEET IMMEDIATE NEEDS. MORE THAN 16,000 CHILDREN AND FAMILIES RECEIVED INCENTIVES AND PRIZES WHEN THEY CAME TOGETHER TO PARTICIPATE IN SPRING, EASTER AND OTHER COMMUNITY GATHERINGS. PWNA'S PARTNERS ALSO USED THESE AND OTHER EVENTS FOR SKILL BUILDING, COMMUNITY BUILDING, AND COMMUNITY SERVICE ACROSS 83 COMMUNITIES ON 16 RESERVATIONS IN THE NORTHERN PLAINS AND 97 COMMUNITIES ON 19 RESERVATIONS IN THE SOUTHWEST.

*DBA PROGRAMS OF PWNA FOR HOLIDAY GIFTS: AIRC, CIN, NAA, SWIRC AND SNRF.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

EMERGENCY SERVICES:

PURPOSE OF THE PROGRAM: TO PROVIDE DISASTER RELIEF FOR TRIBES, SEASONAL WEATHERIZATION AND HOUSING ASSISTANCE FOR NATIVE AMERICAN ELDERS AND CRITICAL SUPPLIES FOR SHELTERS.

SITUATION: THE PHYSICAL ENVIRONMENT ON THE RESERVATIONS PWNA SUPPORTS IS OFTEN HARSH, GIVING RISE TO A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS, ICE STORMS, TORNADOS AND HURRICANES. WE ARE QUICK TO RESPOND TO THE TRIBES IN AND BEYOND OUR NORMAL SERVICE AREA WHEN DISASTER RELIEF IS NEEDED. SOME COMMUNITIES ALSO EXPERIENCE ACUTE OR CHRONIC CONTAMINATED-WATER EMERGENCIES. IN ADDITION, 90,000 NATIVE AMERICANS ARE HOMELESS AND 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD, OVERCROWDED HOUSING, WITH THE TYPICAL WAIT TIME FOR TRIBAL HOUSING ASSISTANCE AT THREE YEARS OR MORE.

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PWNA RESPONSE: PWNA PROVIDED SUPPLIES TO RESIDENTIAL SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS, ASSISTING APPROXIMATELY 26,296 PEOPLE. WE ALSO PROVIDED SUPPLIES FOR SOME 2,541 CHILDREN IN FOSTER CARE OR RECOVERY FROM OTHER TRAUMA. IN 2017, PWNA SUPPLIED WINTER FUEL FOR 328 ELDERS ON FOUR RESERVATIONS, INCLUDING ROSEBUD, NAVAJO, CROW CREEK AND LOWER BRULE, AND REPAIRED EIGHT HOMES FOR NAVAJO ELDERS AT RISK. PWNA DISTRIBUTED WINTER EMERGENCY KITS CONTAINING BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD AND OTHER ITEMS HELPFUL DURING WINTER STORMS, AS WELL AS SUMMER EMERGENCY KITS OF WATER, SUNSCREEN, BUG SPRAY, FIRE EXTINGUISHERS AND OTHER ITEMS HELPFUL DURING SUMMER HEAT, STORMS AND OUTAGES, AIDING APPROXIMATELY 2,140 ELDERS OF THE OMAHA, SANTEE, YANKTON, ROSEBUD, MESCALERO, NAVAJO, SANTA CLARA, AND SAN CARLOS RESERVATIONS AND PUEBLOS. PWNA ROTATES OUR WINTER READINESS AND HOUSING SERVICES TO DIFFERENT COMMUNITIES IN THE PLAINS AND SOUTHWEST TO AVOID CREATING DEPENDENCY. IN 2017, THREE COMMUNITIES ON THREE RESERVATIONS REACHED OUT TO PWNA FOR DISASTER RELIEF, INCLUDING CHEYENNE RIVER, LAKE TRAVERSE AND WHITE MOUNTAIN. IN RESPONSE, PWNA DELIVERED CRITICAL WATER AND OTHER SUPPLIES FOR TRIBAL COMMUNITY MEMBERS, AIDING APPROXIMATELY 820 PEOPLE.

*DBA PROGRAMS OF PWNA FOR EMERGENCY SERVICES: SNRF, SWIRC, NRF, CIN, NAA AND AIRC.

EDUCATION SERVICES:

PURPOSE OF THE PROGRAM: TO INVEST SIGNIFICANT RESOURCES TOWARD NATIVE AMERICAN EDUCATION AND ASSIST STUDENTS OF ALL AGES IN PRE-KINDERGARTEN TO

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COLLEGE.

SITUATION: EDUCATION IS ONE OF THE MOST IMPORTANT CORNERSTONES OF SELF-SUFFICIENCY AND QUALITY OF LIFE. IT IS ALSO A CRUCIAL FACTOR IN ADDRESSING LONG-TERM POVERTY AND OTHER CHALLENGES ON THE RESERVATIONS PWNA SERVES. HIGH SCHOOL DROPOUT RATES RANGE FROM 30 UP TO 70% (VARIES BY COMMUNITY). ABOUT 17% OF NATIVE AMERICAN STUDENTS ARE STARTING COLLEGE, WITH ONLY 13% COMPLETING COLLEGE. CONTRARY TO PUBLIC PERCEPTION, COLLEGE IS NOT FREE FOR NATIVE AMERICANS, AND MANY NATIVE STUDENTS BELIEVE COLLEGE IS NOT AN OPTION FOR THEM. THUS, NON-NATIVE STUDENTS ARE TWICE AS LIKELY TO ACHIEVE A COLLEGE DEGREE.

PWNA RESPONSE: BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM EDUCATIONAL NEEDS, PWNA HELPS OUR PARTNER SCHOOLS AND COLLEGES MOTIVATE STUDENTS AND IMPROVE STUDENT RETENTION. IN 2017, PWNA FURNISHED SCHOOL SUPPLIES FOR APPROXIMATELY 26,545 K-12 STUDENTS, AND ESSENTIAL SUPPLIES TO SUPPORT LITERACY FOR ABOUT 18,063 CHILDREN ON SOME 16 RESERVATIONS, MOTIVATING READING AND PARENT-CHILD READING TIME. TO SUPPORT EARLY CHILDHOOD EDUCATION, PWNA PROVIDED SUPPLIES TO HELP OUR PARTNERS MOTIVATE NEARLY 8,216 PEOPLE TO PARTICIPATE IN PROGRAMS FOCUSED ON OBESITY, EXERCISE AND OTHER HEALTHY ACTIVITIES FOR YOUTH AND ELDERS. PWNA ALSO SUPPORTS NATIVE AMERICAN STUDENTS PURSUING A HIGHER EDUCATION, AWARDING SCHOLARSHIPS TO APPLICANTS WHO ARE MOST OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING BUT WHO HAVE SERIOUS DRIVE AND A DEMONSTRATED ABILITY TO OVERCOME OBSTACLES. THE ACADEMIC-YEAR COMPLETION RATE FOR STUDENTS WHO RECEIVE

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PWNA SCHOLARSHIPS IS 90-95%, CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO OUR INDIVIDUALIZED MENTORSHIP PROGRAM AND OUR UNIQUE SELECTION PROCESS OF TARGETING STUDENTS WITH A RECORD OF OVERCOMING CHALLENGES. IN 2017, PWNA AWARDED SCHOLARSHIPS TO ABOUT 215 UNDERGRADUATE AND GRADUATE STUDENTS. WE SUPPLIED LAPTOPS TO SOME FRESHMAN STUDENTS AND GRANTED FUNDS TO TRIBAL COLLEGES, UNIVERSITIES, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, TO INCREASE FUNDING AVAILABLE, IMPACTING NEARLY 110 NATIVE AMERICAN SCHOLARS AND SUPPORTING RETENTION. PWNA ALSO EXPANDED ITS CRITICAL SUPPORT FOR EMERGING LEADERS WHO WANT TO MAKE A GREATER CONTRIBUTION IN THEIR COMMUNITIES, INVESTING IN 52 PARTICIPANTS WHO GRADUATED PERSONAL AND PROFESSIONAL DEVELOPMENT TRAINING THROUGH OUR FOUR DIRECTIONS DEVELOPMENT PROGRAM (4D). THESE 4D GRADUATES REPRESENT 12 TRIBES IN MONTANA, NORTH DAKOTA AND SOUTH DAKOTA, AND 9 TRIBES IN ARIZONA AND NEW MEXICO.

*DBA PROGRAMS OF PWNA FOR EDUCATION: AIEF

ANIMAL WELFARE:

PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE ON THE RESERVATIONS AND RELATED HUMAN HEALTH RISK IN THEIR COMMUNITIES.

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

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ANIMALS; AND ENABLE ANIMAL GROUPS TO CARE FOR MORE ANIMALS.

PWNA RESPONSE: IN 2017, PWNA SUPPORTED IMMEDIATE AND LONG-TERM COMMUNITY CONCERNS RELATED TO ANIMAL WELFARE. WE SUPPLIED VETERINARY PROGRAMS WITH THOUSANDS OF POUNDS OF FOOD, BENEFITING APPROXIMATELY 38,695 ANIMALS THROUGH THIS ADDED CARE. OUR SUPPORT REDUCED ANIMAL HEALTH RISK AND RELATED COMMUNITY HEALTH RISK FOR PEOPLE ON NINE RESERVATIONS, IN ADDITION TO MORE THAN \$40,000 IN GRANTS FOR SPAY/NEUTER SERVICES ON NAVAJO, ZUNI, PINE RIDGE AND ROSEBUD RESERVATIONS.

*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: RAR (FORMERLY ROAR).

PUBLIC EDUCATION:

PURPOSE OF THE PROGRAM: TO PROVIDE ACCURATE INFORMATION ABOUT NATIVE AMERICAN CULTURES AND CONDITIONS ON THE RESERVATIONS, AS WELL AS PWNA SERVICES AND PROGRAM RESULTS, AND ADDRESS PERSISTENT MISCONCEPTIONS THAT DETER INCLUSIVITY FOR NATIVE COMMUNITIES.

SITUATION: THE LIVING CONDITIONS IN THE REMOTE AND GEOGRAPHICALLY-ISOLATED RESERVATION COMMUNITIES PWNA SERVES ARE COMPARABLE TO THOSE FOUND IN THE DEVELOPING WORLD. MANY AMERICANS ARE UNAWARE OF THE EXTENT OF POVERTY AND HARDSHIP THAT EXIST ON THE RESERVATIONS. MISCONCEPTIONS ALSO EXIST, FUELING FALSE SPECULATION THAT NATIVE AMERICAN PEOPLE RECEIVE SPECIAL GOVERNMENT ENTITLEMENTS SUCH AS FREE HOUSING, HEALTH CARE AND EDUCATION UNDER THE STATUS OF TREATIES. PWNA IS COMMITTED TO DISPELLING THE PUBLIC'S MISPERCEPTIONS REGARDING

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NATIVE AMERICANS, WHILE GENERATING A BETTER UNDERSTANDING OF NATIVE CULTURE AND RESERVATION LIFE AND ENCOURAGING OTHERS TOWARD INCLUSIVITY AND SUPPORT THE SELF-DETERMINED GOALS OF NATIVE COMMUNITIES.

PWNA RESPONSE: IN 2017, PWNA REACHED A POTENTIAL READING, LISTENING AND VIEWING AUDIENCE OF NEARLY 83 MILLION PEOPLE WITH PUBLIC EDUCATION ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH NEWS ARTICLES, PRESS RELEASES, RADIO INTERVIEWS, EXPANDED SOCIAL MEDIA CHANNELS, VIDEOS, AND RELEVANT CONTENT ON OUR WEB SITE AND BLOG, AS WELL AS DONOR EVENTS IN NEW YORK CITY, WASHINGTON, D.C., AND OUR HEADQUARTERS IN ADDISON, TEXAS.

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

PROCESS TO REVIEW FORM 990:

THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990. ONCE PREPARED, THE CFO AND CEO REVIEW THE FORM WITH THE FINANCE COMMITTEE AND 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 LEVEL EMPLOYEES SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. ADDITIONALLY, FOR OUR EMPLOYEES, OUR EMPLOYEE REFERENCE GUIDE HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY. 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

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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:

AN EXTERNAL CONSULTING FIRM CONCLUDED A COMPREHENSIVE COMPENSATION REVIEW IN 2016 TO INCLUDE ALL OTHER OFFICERS AND KEY EMPLOYEES' JOB FUNCTIONS AND COMPENSATION, INCLUDING COMPARISONS TO SIMILAR ORGANIZATIONS IN SIZE AND FUNCTION. THEY ARE EVALUATED THROUGH AN ONLINE HRMS SYSTEM, AND COPIES OF THE EVALUATIONS ARE INCLUDED IN THE EMPLOYEE FILES. THE COMPENSATION STUDY WAS REVIEWED BY THE BOARD AND EACH EMPLOYEE RECEIVED INFORMATION ABOUT THEIR ROLE WITHIN THE CONTEXT OF THE STUDY.

FORM 990 PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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<u>ATTACHMENT 1</u>	

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE SCHEDULE O	4,133,746.	6,043,241.	
TOTALS	<u>4,133,746.</u>	<u>6,043,241.</u>	

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEGACY MAIL MANAGEMENT 1615 E. WASHINGTON ST MOUNT PLEASANT, IA 52641	DIRECT MAIL ADVERT	214,331.
MDI IMAGING & MAIL 21955 CASCADES PKWY DULLES, VA 20166	MAIL MANAGEMENT SVCS	375,983.

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

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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/efile, click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number, see instructions
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	Employer identification number (EIN) or 47-3730147
	Number, street, and room or suite no. If a P.O. box, see instructions. 16415 ADDISON ROAD 200	Social security number (SSN)
	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) 01

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

AMBER KINNEY

• The books are in the care of ▶ 16415 ADDISON ROAD, SUITE 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2017 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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