

**Return of Organization Exempt From Income Tax**

**2016**

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** , 2016, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PARTNERSHIP WITH NATIVE AMERICANS		<b>D</b> Employer identification number 47-3730147	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 16415 ADDISON ROAD 200		<b>E</b> Telephone number (214) 217-2600	
	City or town, state or province, country, and ZIP or foreign postal code ADDISON, TX 75001		<b>G</b> Gross receipts \$ 48,828,117.	
<b>F</b> Name and address of principal officer: ROBBI RICE DIETRICH 16415 ADDISON ROAD, SUITE 200 ADDISON, TX 75001		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> 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				
<b>J</b> Website: WWW.NATIVEPARTNERSHIP.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>				
			<b>L</b> Year of formation: 2015	
			<b>M</b> State of legal domicile: TX	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	93
	<b>6</b> Total number of volunteers (estimate if necessary)	161
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 24,979,589. Current Year: 43,993,007.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,322. 114,389.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	328,486. 580,534.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,327,397. 44,687,930.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,915,113. 23,599,959.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,917,843. 5,855,037.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	11,229,645.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,676,087. 17,824,756.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,509,043. 47,279,752.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-181,646. -2,591,822.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 23,183,517. End of Year: 20,240,581.
	<b>21</b> Total liabilities (Part X, line 28)	1,314,636. 904,592.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,868,881. 19,335,989.

**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.

<b>Sign Here</b>	Signature of officer: <i>Robbi Rice Dietrich</i>	Date: 08/29/2017
	Type or print name and title: Robbi Rice Dietrich President/CEO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: JEANETTE VERRELLI	Preparer's signature: <i>Jeanette Verrelli</i>	Date: 8/28/2017	Check <input type="checkbox"/> if self-employed	PTIN: P00742631
	Firm's name: BKD, LLP		Firm's EIN: 44-0160260		
	Firm's address: 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254		Phone no.: 972-702-8262		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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  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  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 \$ 13,906,658. including grants of \$ 9,654,929. ) (Revenue \$ 580,534. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 5,649,587. including grants of \$ 3,922,320. ) (Revenue \$ )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 5,840,758. including grants of \$ 4,055,044. ) (Revenue \$ )

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5  
(Expenses \$ 8,595,640. including grants of \$ 5,967,666. ) (Revenue \$ )

4e Total program service expenses ▶ 33,992,643.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 (voting members), 1b (independent members), 2-9 (governance questions).

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-16b (policy questions).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
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.
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 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. . . . .  X

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

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

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

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)ANN MARIE WOESSNER-COLLINS TREASURER	2.00 0.	X		X				0.	0.	0.
(3)TRACEY ZEPHIER TRUSTEE	2.00 0.	X						0.	0.	0.
(4)NIKKI PITRE SECRETARY	2.00 0.	X		X				0.	0.	0.
(5)CHRISTINA KAHZE VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(6)RONETTA KEETER BRIGGS TRUSTEE	2.00 0.	X						0.	0.	0.
(7)LEONARD SMITH TRUSTEE	2.00 0.	X						0.	0.	0.
(8)MAKENLEY BARTON TRUSTEE	2.00 0.	X						0.	0.	0.
(9)KEVIN DIEPHOLZ TRUSTEE	2.00 0.	X						0.	0.	0.
(10)DR. JAMES PETE CHAIRMAN TERM: JUNE 2016	2.00 0.	X		X				0.	0.	0.
(11)DR. JOSHUA TOMPKINS DIRECTOR TERM: OCTOBER 2016	2.00 0.	X						0.	0.	0.
(12)RODNEY TRAHAN VP OF DEVELOPMENT	2.00 0.	X						50,584.	0.	0.
(13)ROBBI RICE DIETRICH PRESIDENT & CEO	40.00 0.			X				256,975.	0.	17,278.
(14)AMBER KINNEY SENIOR VICE PRESIDENT & CFO	40.00 0.			X				154,672.	0.	9,016.

**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) RAFAEL F. TAPIA JR. VICE PRESIDENT PROGRAMS	40.00 0.					X		107,845.	0.	4,088.
16) FERNANDO S. SILVA VP OF ADMINISTRATION	40.00 0.					X		106,922.	0.	18,841.
17) WILLIAM SHAWN EDWARDS IT DIRECTOR	40.00 0.					X		103,319.	0.	2,313.
18) RICHARD WAYNE MILLER SOUTHWEST PROGRAM MANAGER	40.00 0.					X		111,457.	0.	11,939.
<b>1b Sub-total</b>								462,231.	0.	26,294.
<b>c Total from continuation sheets to Part VII, Section A</b>								429,543.	0.	37,181.
<b>d Total (add lines 1b and 1c)</b>								891,774.	0.	63,475.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 7		

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	43,993,007.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		22,210,494.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		43,993,007.				
<b>Program Service Revenue</b>	<b>2a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		77,096.			77,096.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.				
	<b>5</b>	Royalties . . . . . ▶		0.				
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			Less: rental expenses . . . . .					
			Rental income or (loss) . . . . .					
			<b>d</b> Net rental income or (loss) . . . . . ▶			0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			3,401,480.	776,000.				
			Less: cost or other basis and sales expenses . . . . .	3,390,187.	750,000.			
			<b>d</b> Net gain or (loss) . . . . . ▶	11,293.	26,000.	37,293.		37,293.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			0.			
			Less: direct expenses . . . . . <b>b</b>			0.		
			<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			0.		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>			0.			
Less: direct expenses . . . . . <b>b</b>					0.			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			0.				
		Less: cost of goods sold . . . . . <b>b</b>			0.			
		<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.			
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b>	OTHER INCOME	900099	580,534.	580,534.				
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		580,534.					
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		44,687,930.	580,534.		114,389.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	61,000.	61,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	23,538,959.	23,538,959.		
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 . . . . .	488,525.		488,525.	
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 . . . . .	4,588,705.	1,589,355.	617,917.	2,381,433.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,712.	37,221.	12,536.	27,955.
9 Other employee benefits . . . . .	358,209.	145,087.	50,737.	162,385.
10 Payroll taxes . . . . .	341,886.	124,510.	68,495.	148,881.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	175,830.		159,522.	16,308.
c Accounting . . . . .	67,892.		52,980.	14,912.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	11,690.		11,690.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,467,149.	291,711.	172,420.	1,003,018.
12 Advertising and promotion . . . . .	1,312,730.	24,612.		1,288,118.
13 Office expenses . . . . .	9,476,930.	6,264,374.	96,510.	3,116,046.
14 Information technology . . . . .	121,285.	61,555.	18,398.	41,332.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	422,341.	67,343.	96,560.	258,438.
17 Travel . . . . .	487,710.	201,913.	134,725.	151,072.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	407,996.	238,314.	11,592.	158,090.
23 Insurance . . . . .	219,846.	150,328.	9,809.	59,709.
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	2,313,739.			2,313,739.
b GIK & SHIPPING FEES	947,702.	947,702.		
c EQUIPMENT RENTAL & MAINT	144,306.	129,478.	5,194.	9,634.
d DUES & FEES	91,332.	30,879.	9,445.	51,008.
e All other expenses	156,278.	88,302.	40,409.	27,567.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	47,279,752.	33,992,643.	2,057,464.	11,229,645.
<b>26 Joint costs.</b> 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) . . . . .	11,128,643.	6,058,159.		5,070,484.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,604,713.	<b>1</b>	1,374,573.
	<b>2</b> Savings and temporary cash investments . . . . .	1,024,628.	<b>2</b>	91,878.
	<b>3</b> Pledges and grants receivable, net . . . . .	30,000.	<b>3</b>	131,299.
	<b>4</b> Accounts receivable, net . . . . .	681,931.	<b>4</b>	619,390.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	7,902,173.	<b>8</b>	8,046,493.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	257,353.	<b>9</b>	310,191.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 11,237,081.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 5,041,710.	7,061,562.	<b>10c</b> 6,195,371.
	<b>11</b> Investments - publicly traded securities . . . . .	3,621,157.	<b>11</b>	3,471,386.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	23,183,517.	<b>16</b>	20,240,581.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,252,440.	<b>17</b>	833,082.
	<b>18</b> Grants payable . . . . .	20,545.	<b>18</b>	16,660.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	41,651.	<b>25</b>	54,850.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,314,636.	<b>26</b>	904,592.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	21,684,445.	<b>27</b>	19,056,561.
	<b>28</b> Temporarily restricted net assets . . . . .	118,571.	<b>28</b>	213,103.
	<b>29</b> Permanently restricted net assets . . . . .	65,865.	<b>29</b>	66,325.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	21,868,881.	<b>33</b>	19,335,989.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	23,183,517.	<b>34</b>	20,240,581.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	44,687,930.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	47,279,752.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,591,822.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,868,881.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	58,930.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,335,989.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**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 <b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**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 2016:

PWNA HAS A PUBLIC SUPPORT PERCENTAGE OF 96.33% 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.

**Schedule of Contributors**

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> PARTNERSHIP WITH NATIVE AMERICANS	<b>Employer identification number</b> 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

**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		\$ 2,109,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,730,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,362,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,120,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,432,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,742,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> PARTNERSHIP WITH NATIVE AMERICANS	<b>Employer identification number</b> 47-3730147
---------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 2,084,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	CLOTHING AND HOUSEHOLD GOODS	\$ 2,109,144.	11/16/2016
2	CLOTHING AND HOUSEHOLD GOODS	\$ 1,730,312.	12/07/2016
3	CLOTHING AND HOUSEHOLD GOODS	\$ 1,362,950.	11/03/2016
4	CLOTHING AND HOUSEHOLD GOODS AND FOOD INVENTORY	\$ 9,120,632.	12/05/2016
5	CLOTHING	\$ 1,432,545.	09/14/2016
6	FOOD INVENTORY	\$ 2,742,009.	11/03/2016



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
7	CLOTHING AND HOUSEHOLD GOODS	\$ 2,084,508.	11/01/2016
		\$	
		\$	
		\$	
		\$	
		\$	

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

2016

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 in 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 in 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) 2016

JSA 6E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, 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.

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

- a Board designated or quasi-endowment 67.0000 %
b Permanent endowment 33.0000 %
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:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	54,850.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 2016. UPON MATURITY, EARNINGS WILL BE DISTRIBUTED ACCORDING TO DONOR STIPULATIONS.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS:

PWNA IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, PWNA IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THERE WAS NO UNRELATED TAXABLE INCOME IN 2016 AND 2015.

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

DIRECT CONTRIBUTIONS IN TEMPORARILY

AND RESTRICTED NET ASSETS \$ 170,207

NET ASSETS RELEASED FROM RESTRICTIONS (75,215)

-----

TOTAL \$ 94,992

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	1.	170.	FUNDRAISING	N/A	2,765,791.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	170.			2,765,791.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	170.			2,765,791.

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

Schedule F (Form 990) 2016



**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; do not 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; do not 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).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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) MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	36-3377698	501(C)(3)	10,000.				SPAY AND NEUTER SERVICES
(2) THE HOPI FOUNDATION P.O. BOX 301 KYKOTSMOVI VILLAGE, AZ 86039	74-2488628	501(C)(3)	20,000.	11,000.	FMV	EDUCATION SERVICES	HOPI OPPORTUNITY YOUTH INITIATIVE
(3) BLACKFEET COMMUNITY COLLEGE P.O. BOX 819 BROWNING, MT 59417	81-0378943	501(C)(3)	10,000.				CHALLENGE GRANT FOR STUDENT SCHOLARSHIPS
(4) SOUTH DAKOTA SCHOOL OF MINES AND TECHNOLOGY 306 E SAINT JOSEPH ST, STE 200	46-6011771	501(C)(3)	10,000.				TRANSITION CAMPS
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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) (2016)

**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 FOOD AND WATER	136,737.	73,295.	3,849,025.	FMV	PT III, LN 4B, P. 55
2 HEALTH	258,571.	2,000.	9,652,929.	FMV	PT III, LN 4A, P. 53
3 HOLIDAY	56,886.		4,055,044.	FMV	PT III, LN 4C, P. 57
4 EMERGENCY SERVICES	98,935.		3,292,725.	FMV	PT III 4D SCH O P.47
5 ANIMAL WELFARE	46,416.	20,000.	114,784.	FMV	PT III 4D SCH O P.50
6 EDUCATION SERVICES	67,657.	573,914.	1,905,243.	FMV	PT III 4D SCH O P.49
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 51 ON SCHEDULE O.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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 checked="" 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016



**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	ROBBI RICE DIETRICH PRESIDENT & CEO	(i) 236,975.	(ii) 20,000.	(iii) 0.	7,871.	9,407.	274,253.	
		(ii) 0.	0.	0.	0.	0.	0.	
2	AMBER KINNEY SENIOR VICE PRESIDENT & CFO	(i) 154,672.	(ii) 0.	(iii) 0.	0.	9,016.	163,688.	
		(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

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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		5,330,670.	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	52.	1,682,809.	FMV
20 Drugs and medical supplies . . . . .	X	68.	9,268,012.	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( SUPPLIES ) . . . . .	X	39.	5,929,003.	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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) (2016)

JSA

6E1298 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.

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SCHEDULE M, PART I

OTHER INFORMATION ON DONORS:

PWNA RECEIVED PRODUCTS FROM 22 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS).

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

47-3730147

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

PROCESS TO REVIEW FORM 990:

THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE  
990. ONCE PREPARED, THE 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 AND THE CEO 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 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.

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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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, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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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.

PWNA RESPONSE: PWNA PROVIDED SUPPLIES TO RESIDENTIAL SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS, ASSISTING APPROXIMATELY 38,447 PEOPLE, AND WE PROVIDED SUPPLIES FOR SOME 2,154 CHILDREN IN FOSTER CARE OR OTHER TRAUMA. IN 2016, PWNA REPAIRED OR WEATHERIZED 66 HOMES FOR NAVAJO AND WHITE MOUNTAIN APACHE ELDERS, AND SUPPLIED WINTER FUEL FOR NEARLY 200 ELDERS. 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 1,270 ELDERS ON THE FORT PECK, NAVAJO, SAN CARLOS APACHE, MESCALERO, AND THE PUEBLO OF ACOMA. PWNA ROTATES OUR WINTER READINESS AND HOUSING SERVICES TO DIFFERENT COMMUNITIES IN THE PLAINS AND SOUTHWEST TO AVOID CREATING DEPENDENCY. IN 2016, SEVEN COMMUNITIES ON FOUR RESERVATIONS REACHED OUT TO PWNA FOR DISASTER RELIEF, INCLUDING WHITE MOUNTAIN APACHE AND THREE OUTSIDE OF PWNA'S REGULAR SERVICE AREA - THE LUMBEE IN NORTH CAROLINA, THE BAD RIVER CHIPPEWA IN WISCONSIN AND THE HOUMA NATION OF LOUISIANA. PWNA DELIVERED CRITICAL WATER AND OTHER SUPPLIES FOR TRIBAL COMMUNITY MEMBERS, AIDING APPROXIMATELY 56,800 PEOPLE.

\*DBA PROGRAMS OF PWNA FOR EMERGENCY SERVICES: SNRF, SWIRC, NRF, CIN, NAA

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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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 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 THE LONG-TERM POVERTY AND OTHER CHALLENGES ON THE RESERVATIONS PWNA SERVES. HIGH SCHOOL DROPOUT RATES RANGE FROM 30 TO 70%. ONLY 17% OF NATIVE AMERICAN STUDENTS START COLLEGE AND ONLY 13% COMPLETE COLLEGE. MANY NATIVE STUDENTS BELIEVE COLLEGE IS NOT AN OPTION FOR THEM.

NON-NATIVE STUDENTS ARE TWICE AS LIKELY TO ACHIEVE A COLLEGE DEGREE. IN ADDITION, CONTRARY TO PUBLIC PERCEPTION, COLLEGE IS NOT FREE FOR NATIVE AMERICANS.

PWNA RESPONSE: BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM EDUCATIONAL NEEDS, PWNA HELPS OUR PARTNER SCHOOLS AND COLLEGES MOTIVATE STUDENTS AND RETENTION. IN 2016, PWNA FURNISHED SCHOOL SUPPLIES FOR APPROXIMATELY 24,979 K-12 STUDENTS, AND ESSENTIAL SUPPLIES TO SUPPORT LITERACY FOR ABOUT 19,541 CHILDREN ON ABOUT 14 RESERVATIONS, MOTIVATING READING AND PARENT-CHILD READING TIME. TO SUPPORT EARLY CHILDHOOD EDUCATION, PWNA PROVIDED SUPPLIES TO HELP OUR PARTNERS MOTIVATE NEARLY 20,248 PEOPLE TO PARTICIPATE IN PROGRAMS FOCUSED ON OBESITY, EXERCISE AND OTHER HEALTHY ACTIVITIES FOR YOUTH OR ELDERS. PWNA ALSO SUPPORTS NATIVE AMERICAN STUDENTS PURSUING A HIGHER EDUCATION, AWARDING SCHOLARSHIPS TO APPLICANTS



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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 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 2016, PWNA AWARDED \$470,566 IN SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS. WE SUPPLIED 20 LAPTOPS AND GRANTED ANOTHER \$58,820 TO TRIBAL COLLEGES, UNIVERSITIES, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, TO INCREASE FUNDING AVAILABLE FOR NATIVE AMERICAN SCHOLARS AND SUPPORT RETENTION. ADDITIONALLY, PWNA INVESTED NEARLY \$107,000 IN PERSONAL AND PROFESSIONAL DEVELOPMENT TRAINING TO SUPPORT ABOUT 63 GRASSROOTS LEADERS WANTING TO MAKE A GREATER CONTRIBUTION TO THEIR COMMUNITIES.

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

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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PWNA RESPONSE: IN 2016, PWNA SUPPORTED IMMEDIATE AND LONG-TERM COMMUNITY CONCERNS RELATED TO ANIMAL WELFARE. WE SUPPLIED VETERINARY PROGRAMS WITH THOUSANDS OF POUNDS OF FOOD, BENEFITING APPROXIMATELY 46,416 ANIMALS THROUGH THIS ADDED CARE. OUR SUPPORT REDUCED ANIMAL HEALTH RISK AND RELATED COMMUNITY HEALTH RISK FOR PEOPLE ON 10 RESERVATIONS, IN ADDITION TO \$20,000 IN GRANTS FOR SPAY/NEUTER SERVICES ON SAN CARLOS APACHE, ROSEBUD AND PINE RIDGE 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.

SITUATION: THE LIVING CONDITIONS IN THE REMOTE AND 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 EDUCATING THE AMERICAN PUBLIC AND DISPELLING THE PUBLIC'S MISPERCEPTIONS REGARDING NATIVE AMERICANS.

PWNA RESPONSE: IN 2016, PWNA REACHED A POTENTIAL READING, LISTENING AND VIEWING AUDIENCE OF 92 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

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CHANNELS, VIDEOS, AND RELEVANT CONTENT ON OUR WEB SITE AND BLOG.

FORM 990, ITEM C

DOING BUSINESS AS:

AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN),  
AMERICAN INDIAN EDUCATION FOUNDATION (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).

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

VISION: STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES.

PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME FROM NATIONAL RELIEF  
CHARITIES TO PARTNERSHIP WITH NATIVE AMERICANS (PWNA). THIS BETTER  
COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING  
NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED  
RESERVATIONS. TO LEARN MORE, VISIT [WWW.NATIVEPARTNERSHIP.ORG](http://WWW.NATIVEPARTNERSHIP.ORG).

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.

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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WE TAKE A DUAL APPROACH TO SERVING NATIVE AMERICANS, RESPONDING TO IMMEDIATE NEEDS IN RESERVATION COMMUNITIES BY PROVIDING FOOD, WATER AND 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. IN ADDITION, LOCAL PARTICIPATION AND EMPOWERMENT LIE AT THE CORE OF ABCD AND LEAD TOWARD SUSTAINABLE COMMUNITY GAINS FOR THE RESERVATIONS AND PEOPLE WE SERVE.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTH:

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

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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ATTACHMENT 2 (CONT'D)

SITUATION: THE PEOPLE PWNA SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (I.H.S.) FOR MEDICAL CARE. TRANSPORTATION IS A MAJOR PROBLEM BECAUSE OF THE LONG DISTANCES TO CLINICS AND THE LACK OF TRANSPORTATION. SEVERELY UNDERFUNDED AND UNDERSTAFFED FOR THE SIZE AND LOCATION OF THE POPULATIONS IT SERVES, IHS 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 U.S., PWNA SUPPORTS RESERVATION PROGRAMS THAT ADDRESS PREVENTATIVE CARE, HOME HEALTH VISITS, AND HEALTH EDUCATION INITIATIVES FOR LONG-TERM IMPACT. IN ADDITION, 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 IN ORDER TO RECEIVE OUR MATERIALS AND SERVICES ADDS TO INDIVIDUAL AND COMMUNITY WELL-BEING.

PWNA RESPONSE: IN 2016, PWNA SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND COMMUNITY ACTIVITIES FOR APPROXIMATELY 258,571 PEOPLE. AMONG THEM, SOME 103,275 PEOPLE PARTICIPATED IN HEALTH EVENTS OR OTHER PROJECTS DESIGNED TO INCREASE COMMUNITY INVOLVEMENT IN SCHOOLS, ELDERLY SERVICE PROGRAMS AND WELLNESS INITIATIVES, AND MORE THAN 900 NEW MOMS PARTICIPATED IN PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH PROGRAMS, RECEIVING BABY BASKETS FULL OF

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ATTACHMENT 2 (CONT'D)

ESSENTIAL PRODUCTS. PWNA SUPPORTED 505 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 OR EMERGENCY PREPAREDNESS, INVOLVING ABOUT 802 PARTICIPANTS ACROSS 15 RESERVATIONS, PUEBLOS AND COMMUNITIES, INCLUDING SANTEE, ROSEBUD, WINNEBAGO, PINE RIDGE, CHEYENNE RIVER, HOPI, NAVAJO, ZUNI, WHITE MOUNTAIN APACHE, SAN CARLOS APACHE, TOHONO O'ODHAM, PASCUA YAQUI, SAN FELIPE, TONTO APACHE, SOUTHERN UTE AND ARIZONA.

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

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FOOD AND WATER:

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

SITUATION: NEARLY ONE IN FOUR (23%) NATIVE AMERICAN HOUSEHOLDS

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ATTACHMENT 3 (CONT'D)

EXPERIENCE LOW FOOD SECURITY, MEANING NOT ENOUGH FOOD QUALITY, VARIETY, OR DESIRABILITY OF DIETARY INTAKE. BECAUSE LOW FOOD SECURITY IS AN EVERYDAY ISSUE ON THE RESERVATIONS PWNA SERVES, NUTRITION-RELATED DISEASE RATES ARE HIGH. 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.

TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND DIETARY HEALTH, PWNA SUPPORTED 4 COMMUNITY GARDEN PROJECTS ON THE HOPI, NAVAJO, WHITE MOUNTAIN AND PASCUA YAQUI RESERVATIONS.

PWNA RESPONSE: PWNA HELPED MEET IMMEDIATE NEEDS BY CONTINUING OUR FOOD DELIVERIES AND NUTRITION SUPPORT IN 2016. OUR FOOD BOXES HELPED FOOD PANTRIES FEED ABOUT 44,677 PEOPLE. THE STAPLE FOODS WE SUPPLIED FOR ELDERLY NUTRITION PROGRAMS AND SOUP KITCHENS FED APPROXIMATELY 25,908 PEOPLE HOT MEALS 5 DAYS A WEEK. WE PROVIDED EMERGENCY AND BREAKFAST FOOD FOR NEARLY 8,000 PEOPLE; MUCH NEEDED FRESH PRODUCE FOR ABOUT 1,066 TRIBAL MEMBERS, FOOD FOR APPROXIMATELY 13,742 PEOPLE AT COMMUNITY-WIDE BULK DISTRIBUTIONS AND THANKSGIVING AND CHRISTMAS MEALS FOR ABOUT 40,428 PEOPLE. TO DISTRIBUTE THESE ESSENTIAL PRODUCTS IN 2016, OUR TRUCKS AND STAFF TRAVELED MORE THAN 282,340 MILES. TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND DIETARY HEALTH, PWNA IMPACTED SOME 2,448 PEOPLE BY SUPPORTING 107 INDIVIDUAL GARDENS, 4 COMMUNITY GARDENS AND 10 COMMUNITY INVESTMENT GARDEN PROJECTS ON THE CHEYENNE RIVER, FORT BELKNAP, FLATHEAD, LAKE TRAVERSE, ROSEBUD, MESCALERO, NAVAJO, SAN

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ATTACHMENT 3 (CONT'D)

CARLOS APACHE, HOPI, PASCUA YAQUI, WHITE MOUNTAIN APACHE, AND CHEMEHUEVI RESERVATIONS.

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

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY CHEER AND PARTICIPATION 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, MANY OF THEM RAISED BY GRANDPARENTS ON SEVERELY LIMITED, FIXED INCOMES. POVERTY RATES ON THE 60 RESERVATIONS SERVED BY PWNA RANGE FROM 38% TO 63%.

PWNA RESPONSE: DURING THE 2016 HOLIDAYS, NEARLY 40,000 DELIGHTED CHILDREN, TEENS AND ELDERS RECEIVED HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS TO MEET IMMEDIATE NEEDS. THESE TYPES OF HOLIDAY EVENTS ALSO HELP PARTNERS AND LOCAL VOLUNTEERS DEVELOP SKILLS FOR FUTURE EVENT PLANNING AND COMMUNITY SERVICE. ADDITIONALLY, MORE THAN 17,000 CHILDREN AND FAMILIES RECEIVED INCENTIVES AND PRIZES WHEN THEY CAME TOGETHER TO PARTICIPATE IN SPRING, EASTER AND OTHER



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ATTACHMENT 4 (CONT'D)

COMMUNITY GATHERINGS. PWNA'S PARTNERS ALSO USE THESE TYPES OF EVENTS TO BUILD SKILLS OF LOCAL VOLUNTEERS FOR FUTURE EVENT PLANNING AND COMMUNITY SERVICE.

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

ATTACHMENT 5

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE SCHEDULE O	5,967,666.	8,595,640.	
TOTALS	<u>5,967,666.</u>	<u>8,595,640.</u>	

ATTACHMENT 6

FORM 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 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MDI IMAGING & MAIL 21955 CASCADES PKWY STERLING, VA 20166	MAILING SERVICE	550,567.
SCHEEF & STONE 500 N AKARD STE 2700	LEGAL SERVICES	120,946.

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ATTACHMENT 7 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DALLAS, TX 75201		

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning, 2016, and ending, 20

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section

Print or Type

PARTNERSHIP WITH NATIVE AMERICANS

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- 501(C)(3) 408(e) 220(e) 408A 530(a) 529(a)

Number, street, and room or suite no. If a P.O. box, see instructions.

16415 ADDISON ROAD 200

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

ADDISON, TX 75001

C Book value of all assets at end of year

F Group exemption number (See instructions.)

20,240,581.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of AMBER KINNEY Telephone number (214) 217-2600

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Public Disclosure Copy

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____ c Income tax on the amount on line 34, . . . . . <b>35c</b>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041), . . . . . <b>36</b>	
<b>37 Proxy tax.</b> See instructions . . . . . <b>37</b>	
<b>38 Alternative minimum tax</b> . . . . . <b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions . . . . . <b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . <b>40</b>	

**Part IV Tax and Payments**

<b>41 a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116), . . . . . <b>41a</b>	
<b>b Other credits</b> (see instructions), . . . . . <b>41b</b>	
<b>c General business credit.</b> Attach Form 3800 (see instructions) . . . . . <b>41c</b>	
<b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827), . . . . . <b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d . . . . . <b>41e</b>	
<b>42 Subtract line 41e from line 40.</b> . . . . . <b>42</b>	
<b>43 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule), . . . . . <b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43, . . . . . <b>44</b> 0.	
<b>45 a Payments: A 2015 overpayment credited to 2016</b> . . . . . <b>45a</b>	
<b>b 2016 estimated tax payments</b> . . . . . <b>45b</b>	
<b>c Tax deposited with Form 8868.</b> . . . . . <b>45c</b>	
<b>d Foreign organizations: Tax paid or withheld at source</b> (see instructions) . . . . . <b>45d</b>	
<b>e Backup withholding</b> (see instructions) . . . . . <b>45e</b>	
<b>f Credit for small employer health insurance premiums</b> (Attach Form 8941) . . . . . <b>45f</b>	
<b>g Other credits and payments:</b> <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ <b>Total</b> <b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g . . . . . <b>46</b>	
<b>47 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached, . . . . . <input type="checkbox"/> <b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed . . . . . <b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . . . . . <b>49</b>	
<b>50 Enter the amount of line 49 you want:</b> Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> <b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/> _____	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  Rolli Kai Dietrich 10/29/2017 President/CEO  
Signature of officer Date Title

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>JEANETTE VERRELLI</b>	Preparer's signature <u>Jeanette Verrelli</u>	Date <u>8/28/2017</u>	Check <input type="checkbox"/> If self-employed	PTIN <b>P00742631</b>
Firm's name <input type="checkbox"/> <b>BKD, LLP</b>	Firm's EIN <input type="checkbox"/> <b>44-0160260</b>		Phone no. <b>972-702-8262</b>	
Firm's address <input type="checkbox"/> <b>14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254</b>				

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b> <b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		<input checked="" type="checkbox"/> <input type="checkbox"/>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4). Includes a Totals row with instructions.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.



IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_\_

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Name and title of officer

ROBBI RICE DIETRICH, PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 44687930.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BKD, LLP to enter my PIN 75001 as my signature

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Robbi Rice Dietrich Date 08/29/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 75465944016 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Jeannette Vesell Date 8/28/2017

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

# 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](http://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](http://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
<b>Type or print</b>  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) . . . . . 07

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, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2016 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

<b>3a</b> 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.	<b>3a</b> \$	0.
<b>b</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.	<b>3b</b> \$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	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.**