

Public Disclosure Copy

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

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

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

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

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

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

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Form header section A-M containing organization details, tax-exempt status, and principal officer information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances, including rows 1 through 22.

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.

Signature block section for the preparer, including signature of Jeanette Verrelli and date 8/20/24.

Paid Preparer Use Only section containing preparer name (Jeanette Verrelli), firm name (Forvis Mazars, LLP), and contact information.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SERVING IMMEDIATE NEEDS, SUPPORTING LONG-TERM SOLUTIONS FOR STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. WE ADDRESS NUTRITION, HEALTH, EDUCATION, EMERGENCY SERVICES, HOLIDAY SUPPORT AND ANIMAL WELFARE. TO LEARN MORE, SEE SCHEDULE O AND WWW.NATIVEPARTNERSHIP.ORG.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,284,020 including grants of \$ 4,014,607) (Revenue \$)

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

SITUATION: A LEGACY OF HEALTHCARE DISPARITIES AND HIGH DISEASE RATES PERSISTS ACROSS NATIVE AMERICA. FOR INSTANCE, NATIVE ADULTS ARE NEARLY 300% MORE LIKELY TO HAVE DIABETES AND 50% MORE LIKELY TO HAVE OBESITY THAN NON-HISPANIC WHITES. YET MEDICAL CARE IS LIMITED TO THE INDIAN HEALTH SERVICE (I.H.S.). THERE ARE ONLY 500 OF THESE FEDERALLY RUN I.H.S. CLINICS TO SERVE 574 RECOGNIZED TRIBES (LESS THAN 1 PER RESERVATION), AND TRANSPORTATION FOR THE LONG DISTANCES TO THEM IS AN ISSUE FOR MANY RESIDENTS. DESPITE CARES ACT FUNDING, I.H.S. REMAINS ILL-SITUATED TO (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 4,373,050 including grants of \$ 1,979,424) (Revenue \$)

EMERGENCY SERVICES:
PURPOSE OF THE PROGRAM: TO PROVIDE WINTER WARMTH, SEASONAL SERVICES, AND CRITICAL SUPPLIES FOR RESERVATION ELDERS, COMMUNITIES, AND SHELTERS, AND TO SUPPORT TRIBAL READINESS TO RESPOND WHEN DISASTER STRIKES.

SITUATION: AS GLOBAL WARMING INCREASES DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS, AND TORNADOES, IT IS CRITICAL THAT PWNA CONTINUE TO SERVE AS A FIRST RESPONDER FOR THE RESERVATIONS AND EQUIP NATIVE COMMUNITIES TO PLAN, TRAIN, AND RESPOND TO SUCH EVENTS WHEN THEY STRIKE LOCALLY. WINTER WARMTH IS ALWAYS A CONCERN FOR THE ELDERS TOO. ON ANY GIVEN NIGHT, 68,000 NATIVE AMERICANS ARE HOMELESS (SHELTERED, UNSHELTERED) OR LIVING IN OVERCROWDED CONDITIONS, AND 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD HOMES. IN ADDITION, 75% OF HOPI RESIDENTS RELY ON WATER (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,976,603 including grants of \$ 160,958) (Revenue \$)

EDUCATION SERVICES:
PURPOSE OF THE PROGRAM: TO INCREASE RESOURCES FOR NATIVE AMERICAN EDUCATION, SUPPORT ACCESS AND RETENTION OF NATIVE STUDENTS FROM PRE-KINDERGARTEN THROUGH COLLEGE, AND SUPPORT COLLEGE AND CAREER READINESS.

SITUATION: EDUCATION IS A CORNERSTONE OF ECONOMIC MOBILITY. HOWEVER, DUE TO SYSTEMIC FAILURES AND UNREALIZED TREATY PROMISES, HALF OF NATIVE AMERICAN STUDENTS ARE NOT FINISHING HIGH SCHOOL. ABOUT 8% OF NATIVE STUDENTS ATTEND RESERVATION SCHOOLS OPERATED BY THE BUREAU OF INDIAN EDUCATION (BIE) OR OPERATED BY TRIBES WITH BIE FUNDING. MUCH LIKE THE INDIAN HEALTH SERVICE, THESE FEDERALLY RUN SCHOOLS ARE UNDERSTAFFED AND UNDERFUNDED, LEAVING STUDENTS WITH THE LOWEST READING SCORES IN AMERICA. STUDENTS WHO GRADUATE HIGH SCHOOL THEN FACE BARRIERS TO HIGHER (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,809,976 including grants of \$ 1,590,069) (Revenue \$ 308,265)

4e Total program service expenses 15,443,649

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	75		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 8		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
[JULIE SOLO, 16415 ADDISON ROAD, STE 200, ADDISON, TX 75001, \(214\) 217-2600](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSHUA ARCE PRESIDENT & CEO	55.0 0.0			✓				212,903	0	32,253
(2) MISTY RHODES COO	55.0 0.0			✓				161,603	0	28,418
(3) JULIE SOLO CONTROLLER	55.0 0.0					✓		126,151	0	5,208
(4) JASEY JONES MISSION ADVANCEMENT DIRECTOR	55.0 0.0					✓		101,939	0	26,309
(5) JACLYN (JACKIE) BLACKBIRD CHAIRWOMAN	2.0 0.0	✓		✓				0	0	0
(6) CHRISTINA KAZHE VICE CHAIRWOMAN	2.0 0.0	✓		✓				0	0	0
(7) COREY MZHICKTENO TREASURER	2.0 0.0	✓		✓				0	0	0
(8) DR. NICOLE BEEN SECRETARY	2.0 0.0	✓		✓				0	0	0
(9) MAKENLEY BARTON DIRECTOR	2.0 0.0	✓						0	0	0
(10) EMILY MCDONALD DIRECTOR	2.0 0.0	✓						0	0	0
(11) JOE CLAUNCH DIRECTOR	2.0 0.0	✓						0	0	0
(12) MATT HORINEK DIRECTOR	2.0 0.0	✓						0	0	0
(13)										
(14)										

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							602,596	0	92,188	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							602,596	0	92,188	

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 4

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

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
CONCORD LITHO, 92 OLD TURNPIKE RD, CONCORD, NM 03301	DIRECT MAIL	4,067,405
3 RIVERS LOGISTICS INC, 60 DOUGHBOY RD, GILLETT, AR 72005	SHIPPING	238,504
BEYOND DIRECT, 12158 TRYTON WAY, RESTON, VA 20190	DONOR RESEARCH AND DATA SERVICES	214,477
SOUTHWEST PUBLISHING & MAILING, 4000 SE ADAMS STREET, TOPEKA, KS 66609	PRINTING AND MAILING	159,430
DIRECT MAIL PROCESSORS INC, 1150 CONRAD COURT, HAGERSTOWN, MD 21740	DONATION PROCESSING	154,148
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	8	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,712,618			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,289,022			
	h	Total. Add lines 1a-1f		22,712,618			
Program Service Revenue	2a	PROGRAM SERVICE FEES	Business Code 900099	308,245	308,245		
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . .		0	0	0	
	g	Total. Add lines 2a-2f		308,245			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		154,056		154,056	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		188,950		188,950	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	6,536,351	38,705		
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	6,536,828			
	c	Gain or (loss)	7c	(477)	38,705		
	d	Net gain or (loss)		38,228		38,228	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code 900099	15,620	20	15,600	
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		15,620			
12	Total revenue. See instructions		23,417,717	308,265	0	396,834	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	63,500	63,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,681,558	7,681,558		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	435,177	126,599	271,583	36,995
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,472,866	1,479,185	835,280	1,158,401
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,463	51,813	19,350	39,300
9 Other employee benefits	382,382	169,984	67,718	144,680
10 Payroll taxes	275,186	119,047	70,585	85,554
11 Fees for services (nonemployees):				
a Management				
b Legal	4,178		4,178	
c Accounting	79,993		79,993	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	211,680			211,680
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	941,907	660,428	18,903	262,576
12 Advertising and promotion	443,941	193	57,881	385,867
13 Office expenses	5,455,674	3,392,917	33,233	2,029,524
14 Information technology	469,482	131,433	104,107	233,942
15 Royalties				
16 Occupancy	358,588	163,954	73,777	120,857
17 Travel	325,999	251,839	34,147	40,013
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,464	17,594	22,814	3,056
20 Interest	2,416	919	453	1,044
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	496,840	355,153	7,606	134,081
23 Insurance	190,397	148,719	16,235	25,443
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MAIL HOUSE	1,020,982			1,020,982
b DONOR RESEARCH & DATA SVCS	212,292			212,292
c EQUIPMENT RENTAL & MAINTENANCE	41,554	30,341	3,442	7,771
d SHIPPING & GIFTING EXPENSES	408,972	408,924	48	
e All other expenses	207,989	189,549	3,289	15,151
25 Total functional expenses. Add lines 1 through 24e	23,337,480	15,443,649	1,724,622	6,169,209
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,878,704	1,678,638	0	2,200,066

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,487,372	1	6,983,251
	2 Savings and temporary cash investments	3,125,113	2	5,300,977
	3 Pledges and grants receivable, net	549,307	3	580,544
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,296,124	8	11,429,866
	9 Prepaid expenses and deferred charges	315,597	9	319,112
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,249,007		
	b Less: accumulated depreciation	10b 6,681,640	4,733,236	10c 4,567,367
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	422,136	15	304,507
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,928,885	16	29,485,624	
Liabilities	17 Accounts payable and accrued expenses	466,148	17	670,664
	18 Grants payable		18	
	19 Deferred revenue	1,073,751	19	484,839
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	516,660	25	378,282
	26 Total liabilities. Add lines 17 through 25	2,056,559	26	1,533,785
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,036,603	27	27,268,776
	28 Net assets with donor restrictions	835,723	28	683,063
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,872,326	32	27,951,839
33 Total liabilities and net assets/fund balances	29,928,885	33	29,485,624	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,417,717
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,337,480
3	Revenue less expenses. Subtract line 2 from line 1	3	80,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,872,326
5	Net unrealized gains (losses) on investments	5	(724)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,951,839

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,582,771	45,144,747	29,033,851	24,798,755	22,712,618	145,272,742
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	23,582,771	45,144,747	29,033,851	24,798,755	22,712,618	145,272,742
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,975,354
6 Public support. Subtract line 5 from line 4						142,297,388

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	23,582,771	45,144,747	29,033,851	24,798,755	22,712,618	145,272,742
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189,468	201,114	144,605	185,970	343,006	1,064,163
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,026	6,560	8,544	85,853	15,600	118,583
11 Total support. Add lines 7 through 10						146,455,488
12 Gross receipts from related activities, etc. (see instructions)					12	373,709
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.16 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.92 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) MISCELLANEOUS REVENUE	2,026	6,560	8,544	9,640	15,600	42,370
	(2) INSURANCE PROCEEDS	0	0	0	76,213	0	76,213
	Total	2,026	6,560	8,544	85,853	15,600	118,583

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number 47-3730147

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 760,163	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,126,653	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 612,616	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 3,856,447	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.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	FOOD AND HEALTH SUPPLIES PERSONAL CARE ----- ----- -----	\$ 760,163	12/31/2023 -----
2	HOUSEHOLD CLOTHING, FOOD, BOOKS & PET FOOD ----- ----- -----	\$ 1,126,653	12/31/2023 -----
3	HEALTH SUPPLIES, SCHOOL SUPPLIES, HOUSEHOLD, PERSONAL CARE, OTHER ----- ----- -----	\$ 612,616	12/31/2023 -----
4	HOUSEHOLD, FOOD AND HEALTH SUPPLIES PERSONAL CARE ----- ----- -----	\$ 3,856,447	12/31/2023 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for donor advisement questions.

Part II Conservation Easements

Form for conservation easements with multiple rows for details and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for art collections with rows for revenue and assets included in Form 990, Part VIII and Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
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? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,082	69,082	68,507	67,638	66,408
b Contributions					
c Net investment earnings, gains, and losses	3,051		575	869	1,230
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	72,133	69,082	69,082	68,507	67,638

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 100.00 %
- c** Term endowment 0.00 %

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

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

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

	Yes	No
3a(i)		✓
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		657,863		657,863
b Buildings		5,161,554	2,267,279	2,894,275
c Leasehold improvements		432,350	155,768	276,582
d Equipment		3,021,461	2,909,289	112,172
e Other		1,975,779	1,349,304	626,475
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,567,367

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	378,282
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	378,282

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	DECREASE IN NET ASSETS WITH DONOR RESTRICTIONS	- 152,660

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	A PERMANENT ENDOWMENT FOR \$50,000 WAS ESTABLISHED WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT NAVAJO ELDERS. ALSO, A PERMANENT ENDOWMENT FOR \$15,000 WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT DIALYSIS THROUGH THE NORTHERN PLAINS RESERVATION AID PROGRAM (FORMERLY AMERICAN INDIAN RELIEF COUNCIL). THE CORPUS OF \$65,000 IS INVESTED IN INTEREST-BEARING ACCOUNTS.
SCHEDULE D, PART X, LINE 2 - ASC 740 FOOTNOTE	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	1	6	FUNDRAISING	FUNDRAISING	86,304
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	6			86,304
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	6			86,304

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

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

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	SOUTH ASIA -ACCRUAL

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

PARTNERSHIP WITH NATIVE AMERICANS

47-3730147

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CONCORD LITHO GROUP, 92 OLD TURNPIKE RD, CONCORD, NM 03301	DIRECT MAIL		✓	7,910,257	211,680	7,698,577
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				7,910,257	211,680	7,698,577

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B -	GROSS RECEIPTS FROM ACTIVITY: CONCORD PROVIDES CONSULTING AND MODELING SERVICES TO ASSIST WITH PWNA'S DIRECT MAILING EFFORTS. PWNA IS UNABLE TO CALCULATE THE RECEIPTS DIRECTLY RELATED TO CONCORD'S SERVICES, SO WE ARE REPORTING THE TOTAL GROSS RECEIPTS OF \$7,910,257 FROM BOTH EXTERNAL AND INTERNAL DIRECT MAILING ACTIVITIES.

Return Reference	Identifier	Explanation					
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT	<table border="1"> <thead> <tr> <th data-bbox="670 132 1094 170">Name</th> <th data-bbox="1094 132 1528 170">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 170 1094 212">CONCORD LITHO GROUP</td> <td data-bbox="1094 170 1528 212">NO</td> </tr> </tbody> </table>		Name	Description	CONCORD LITHO GROUP	NO
		Name	Description				
		CONCORD LITHO GROUP	NO				
CONCORD LITHO GROUP	NO						

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TAILS OF LOVE RESCUE 769 CLUB STRAIGHT LANE, SHOW LOW, AZ 85901	84-3701877	501 (C) (3)	10,000				VETERINARY CARE
(2) LAKE TRAVERSE ANIMAL REZCUE 46381 EASTMAN RD, SISSETON, SD 57262	27-4582954	501 (C) (3)	7,500				ANIMAL WELFARE
(3) WOLF POINT POUND PUPPIES ANIMAL RESCUE 726 KNAPP STREET, WOLF POINT, MT 59201	47-1706723	501 (C) (3)	6,500				FUNDING FOR VACCINATIONS
(4) 4 LUV OF DOG RESCUE PO BOX 9283, FARGO, ND 58106	39-2075804	501 (C) (3)	6,000				VETERINARY CARE
(5) BRO AND TRACY ANIMAL WELFARE PO BOX 404, CORRALES, MN 87048	85-0467886	501 (C) (3)	10,000				VETERINARY CARE
(6) GOOD DOG REZ-Q PO BOX 2882, ST. JOHNS, AZ 85936	46-3395854	501 (C) (3)	8,000				VETERINARY CARE
(7) 12 HILLS DOG RESCUE 3175 H AVE, WALTHILL, NE 68067	45-3368698	501 (C) (3)	9,500				ANIMAL RESCUE SUPPLIES
(8) TUBA CITY ANIMAL RESCUE P.O. BOX 1016, TUBA CITY, AZ 86045	86-0715785	501 (C) (3)	5,000				VETERINARY CARE
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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 VERIFICATION OF EXPENDITURES. IN ADDITION TO DETAILING THE EXPENDITURES, THE GRANTEE DETAILS ACCOMPLISHMENTS, AND PROGRESS TOWARD GOALS ON THE PROJECTS THE GRANT WAS INTENDED TO SUPPORT. PWNA WORKS DIRECTLY WITH EDUCATIONAL INSTITUTIONS TO MONITOR STUDENT SCHOLARSHIP RECIPIENTS ENROLLMENT STATUS.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOSHUA ARCE PRESIDENT & CEO	(i) 207,903	(ii) 5,000	(iii) 0	8,960	23,293	245,156	0
		(ii) 0	0	0	0	0	0	0
2	MISTY RHODES COO	(i) 145,103	(ii) 16,500	(iii) 0	6,761	21,657	190,021	0
		(ii) 0	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)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	✓		1,693,506	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	6	388,969	MARKET VALUE
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	✓	22	903,878	MARKET VALUE
20 Drugs and medical supplies	✓	32	3,927,236	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SUPPLIES</u>)	✓	18	375,433	MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

29	
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	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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.		

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I -	OTHER INFORMATION ON DONORS: PWNA RECEIVED PRODUCTS FROM 13 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS).
SCHEDULE M, PART I - COLUMN B	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED: THE NUMBER DISCLOSED IN THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
PARTNERSHIP WITH NATIVE AMERICANS

Employer Identification Number
47-3730147

Return Reference - Identifier	Explanation
- ITEM C	<p>DOING BUSINESS AS: AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN), AMERICAN INDIAN EDUCATION FUND (AIEF), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF), NATIVE AMERICAN AID (NAA), NATIONAL RELIEF CHARITIES (NRC), RESERVATION ANIMAL RESCUE (RAR), NORTHERN PLAINS RESERVATION AID (NPRA) & SOUTHWEST RESERVATION AID (SWRA).</p>
FORM 990, PART I, LINE 1 - & PART III, LINE 1	<p>ORGANIZATION'S MISSION: PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY: PWNA IS A TRUSTED RESOURCE AND INTERMEDIARY FOR PHILANTHROPIC SOLUTIONS IN INDIGENOUS COMMUNITIES. ENTRUSTED BY NATIVE PARTNERS AND FUNDERS ALIKE, PWNA IS ONE OF THE LARGEST NATIVE-LED NONPROFITS IN THE U.S. A 501 (C)(3) FOUNDED IN 1990, PWNA INVESTS IN THE MOST GEOGRAPHICALLY ISOLATED AND IMPOVERISHED TRIBAL COMMUNITIES, REACHING NAVAJO, PINE RIDGE, ROSEBUD AND MORE TO CHAMPION HOPE FOR A BRIGHTER FUTURE.</p> <p>FOR OVER THREE DECADES, WE'VE ACHIEVED OUR MISSION BY RESPECTING THE SELF DETERMINED GOALS OF THE TRIBES, CONNECTING THEM WITH OUTSIDE RESOURCES, AND PARTNERING WITH NATIVE PROFESSIONALS WHO CAN DRIVE SOCIAL CHANGE IN TRIBAL COMMUNITIES. WE ADDRESS IMMEDIATE NEEDS BY PROVIDING FOOD, WATER, SCHOOL SUPPLIES, AND OTHER CRITICAL MATERIALS. TO SUSTAINABLY ADDRESS THE CORE SYMPTOMS OF POVERTY AND SUPPORT SELF-SUFFICIENCY, PWNA TAKES AN ASSET-BASED COMMUNITY DEVELOPMENT (ABCD) APPROACH, BRINGING TOGETHER INDIVIDUALS, TRIBAL PROGRAMS, AND OUTSIDE COLLABORATORS TO INCREASE MATERIAL AID, CAPACITY BUILDING, AND COMMUNITY INVESTMENT.</p> <p>THE SEVERITIES CREATED BY COLONIZATION, THE RESERVATION SYSTEM, BROKEN TREATY PROMISES, AND RACIAL AND SYSTEMIC BIAS ARE NOT EASILY OVERCOME. HOWEVER, 2023 BROUGHT ADVANCES IN CONGRESSIONAL REPRESENTATION, THE INDIAN CHILD WELFARE ACT, NATIVE TV AND FILM, AND POPE FRANCIS DISAVOWING THE 'DOCTRINE OF DISCOVERY' (THE BASIS FOR TAKING NATIVE LANDS DURING THE WESTWARD EXPANSION). WITHIN PWNA'S SERVICE AREA, THE TRIBES MADE ADVANCES TOO. EVEN AS THEY STRUGGLED WITH ECONOMICS AND HEALTH DISPARITIES, THEY EXERCISED TRIBAL SOVEREIGNTY AND SELF-DETERMINATION, WHICH IS CRITICAL IF TRIBES ARE TO REMAIN SOCIALLY, CULTURALLY, AND ECONOMICALLY VIABLE LONG-TERM.</p> <p>IN ADDITION, WHILE 2023 NEWS CYCLES FOCUSED HEAVILY ON DISASTERS AND WAR-TORN COUNTRIES, DONORS HERE IN THE U.S. KEPT SOME OF THEIR ATTENTION ON THE NEEDS OF INDIAN COUNTRY. THIS ALLOWED US TO BRING IMMEDIATE RELIEF AND SUPPORT LONG-TERM SOLUTIONS SUCH AS LEADERSHIP DEVELOPMENT, FOOD SECURITY, HIGHER EDUCATION, AND EMERGENCY PREPAREDNESS. WE KNOW THAT NONE OF OUR WORK WOULD BE POSSIBLE WITHOUT OUR PARTNERSHIPS AND THE GENEROSITY OF DONORS AND MAJOR FUNDERS WHO BELIEVE IN OUR MISSION.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>RESPOND TO A HEALTHCARE CRISIS, AND 19% OF NATIVE AMERICANS LACK ANY FORM OF HEALTH INSURANCE FOR OUTSIDE CARE. THUS, TRIBAL HEALTH AND WELLNESS PROGRAMS OFTEN TAKE THE LEAD ON PREVENTATIVE HEALTH CARE, AS WELL AS EFFORTS TO SUPPORT HEALTHIER DIETS.</p> <p>PWNA RESPONSE: THROUGH NEW INITIATIVES IN 2023, PWNA HIGHLIGHTED THE NEED FOR COATS ON #GIVINGTUESDAY, RAISING FUNDS TO PROVIDE COATS FOR K-12 CHILDREN. MEANWHILE, PWNA CONTINUED SUPPORTING TRIBAL PROGRAMS THAT OFFER PREVENTATIVE CARE, HOME VISITS, AND HEALTH SCREENINGS, HELPING 295 HEALTH AND WELLNESS PARTNERS ADDRESS DIABETES AT EPIDEMIC LEVELS, OBESITY EVEN FOR YOUTH, TUBERCULOSIS SEVEN TIMES HIGHER THAN FOR WHITES, AND MORE CANCER-RELATED DISPARITIES THAN ANY MINORITY GROUP IN THE U.S. THROUGH THESE PARTNERS, WE SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND EDUCATION FOR APPROXIMATELY 54,071 PEOPLE, INCLUDING COVID CHECK-INS, PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH, SCREENINGS AND EDUCATION FOR DIABETES, HIGH BLOOD PRESSURE, TB, CANCER, AND HEART HEALTH, SUICIDE AWARENESS AND PREVENTION, IMMUNIZATIONS, MEDICATION MONITORING, AND CARE FOR THE HOMEBOUND OR OTHERS UNABLE TO ACCESS SERVICES. IN ADDITION, 70 OF THESE PARTNERS FOCUSED ON ADULT AND YOUTH DEVELOPMENT, SUCH AS SUICIDE PREVENTION AND LANGUAGE/CULTURE PRESERVATION THROUGH COMMUNITY EVENTS.</p> <p>ON THE HEALTHY NUTRITION FRONT, THE MODERN DIET IS DETRIMENTAL - ESPECIALLY IN THE FACE OF POVERTY AND LIMITED FOOD ACCESS. THROUGH OUR TRAIN THE TRAINER (T3) SERVICE, PWNA CONDUCTED HEALTHY FOOD DEMONSTRATIONS AND FOOD TASTINGS WITH 480 PARTICIPANTS FROM 4 RESERVATIONS, INCLUDING PINE RIDGE, STANDING ROCK, NAVAJO, AND TOHONO O'ODHAM. WE ACCOMPLISHED THIS WITH SUPPORT FROM OLO FOR GOOD AND TIDES FOUNDATION, ALONG WITH 10 FORMER GRADUATES OF OUR 4D PROGRAM WHO HELPED OUR PARTNERS COOK AND SERVE THE FOOD. WE ALSO GATHERED 4D ALUMNI FOR A FOOD DEMO, WITH SUPPORT FROM BANK OF AMERICA.</p> <p>*DBA PROGRAMS OF PWNA FOR HEALTH SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NPRA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>CONTAMINATED WITH ARSENIC, AND 30% OF NAVAJO FAMILIES HAUL WATER DUE TO 521 ABANDONED URANIUM MINES. IN A 2023 CASE, THE SUPREME COURT RULED THAT "TRIBES HAVE RIGHTS TO AS MUCH WATER AS THEY NEED TO ESTABLISH A PERMANENT HOMELAND, AND THOSE RIGHTS STRETCH BACK AT LEAST AS LONG AS ANY GIVEN RESERVATION HAS EXISTED." YET THEY RULED THERE IS NO PROMISE OR OBLIGATION ON THE PART OF THE U.S. GOVERNMENT TO AID TRIBES IN SECURING WATER ACCESS. SO, WHILE CLEAN DRINKING WATER IS A BASIC HUMAN RIGHT, WATER ACCESS REMAINS A HARDSHIP FOR 48% OF HOMES ON THE RESERVATIONS.</p> <p>PWNA RESPONSE: PWNA CAN'T PREDICT EVERY EMERGENCY, SO WE GIVE SEASONAL AID TO HELP PREPARE FOR THEM. IN 2023, THIS INCLUDED YEAR-ROUND AID TO 56 SHELTERS FOR THE AGED, HOMELESS, DISABLED, AND DOMESTIC ABUSE VICTIMS, AIDING APPROXIMATELY 6,673 PEOPLE. WE ALSO PROVIDED FIREWOOD, COAL, OR WINTER FUEL VOUCHERS TO NORTHERN CHEYENNE AND NAVAJO ELDERS WITH SUPPORT FROM THE BLACK HILLS COMMUNITY FOUNDATION, AS WELL AS WINTER AND/OR SUMMER EMERGENCY BOXES TO 29 PARTNERS ON 16 RESERVATIONS. THESE EMERGENCY KITS EQUIPPED NATIVE ELDERS WITH SUPPLIES SUCH AS BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD, AND OTHER ITEMS HELPFUL DURING WINTER STORMS, AND WATER, SUNSCREEN, BUG SPRAY, FIRE EXTINGUISHERS, AND OTHER ITEMS HELPFUL DURING THE SUMMER HEAT, STORMS, AND OUTAGES. PWNA ROTATES ITS SEASONAL READINESS SERVICES TO DIFFERENT TRIBAL COMMUNITIES EACH YEAR TO AVOID CREATING DEPENDENCY, BUT THE LEVEL OF NEED SUGGESTS INCREASING THESE SERVICES AS FUNDING PERMITS.</p> <p>LIFE ON THE RESERVATION OFTEN MEANS LESS ACCESS TO OUTSIDE AID WHEN DISASTER STRIKES - AND IT STRUCK 5 TIMES FOR THE OGLALA SIOUX AND THE NAVAJO IN 2023. PWNA PROVIDED DISASTER RELIEF FOR A WATER SHORTAGE, WINTER STORM, FLOODING INCIDENT, HEAT EMERGENCY, AND COVID, INFUSING OVER 266,740 POUNDS OF STAPLE FOODS, BOTTLED WATER, HYGIENE KITS, DIAPERS, BLANKETS, PPE, AND OTHER ESSENTIALS TO ASSIST ABOUT 1,737 PEOPLE. THIS WAS DONE WITH SUPPORT FROM MARGARET A. CARGILL PHILANTHROPIES, BOEING, FREEPORT-MCMORAN, LEVI STRAUSS, AND AT&T.</p> <p>PWNA ALSO INVESTS IN EMERGENCY PLANNING AND TRAINING WITH TRIBAL COMMUNITIES. WITH SUPPORT FROM THE MARGARET A. CARGILL PHILANTHROPIES, WE FACILITATED TRAINING ON SMOKE SAFETY, MENTAL HEALTH, SHELTER, SEARCH AND RESCUE, FIRST AID/CPR, CERT, FEMA INSTRUCTOR, AND OTHER FIRST RESPONDER SKILLS SO THAT CROW CREEK, CHEYENNE RIVER, LAKE TRAVERSE, LOWER BRULE, PINE RIDGE, ROSEBUD, SANTEE, STANDING ROCK, TURTLE MOUNTAIN, AND YANKTON RESERVATIONS CAN BETTER RESPOND TO DISASTERS. WITH ADDITIONAL SUPPORT FROM BOEING, FREEPORT-MCMORAN, AND LEVI STRAUSS, PWNA FACILITATED EMERGENCY PREPAREDNESS COHORTS WITH THE WHITE MOUNTAIN APACHE AND SAN CARLOS APACHE COMMUNITIES, FOCUSING ON ASSET MAPPING, FIRST AID/CPR, ACTIVE SHOOTER, 72-HOUR SURVIVAL, CERT TRAINING, AND MORE. WITH SUPPORT FROM FEEDING AMERICA, PWNA FACILITATED THE NATIVES PREPARED PROJECT FOR ASSET MAPPING AND EMERGENCY PLANNING WITH SISSETON WAHPETON AND HUALAPAI COMMUNITY LEADERS AND CITIZENS. ALTOGETHER, 1,211 TRIBAL CITIZENS WERE TRAINED AND/OR ENGAGED AROUND DISASTER READINESS IN 2023.</p> <p>*DBA PROGRAMS OF PWNA FOR EMERGENCY SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>EDUCATION, SUCH AS POVERTY AND RACIAL DISCRIMINATION - EVEN WHILE MANY PEOPLE BELIEVE COLLEGE IS FREE FOR NATIVE AMERICANS. ONLY 19% OF NATIVE AMERICANS AGED 18-24 START COLLEGE, AND ONLY 16% OF NATIVE AMERICANS HOLD A COLLEGE DEGREE (COMPARED TO 40% OF WHITES). THE DIGITAL DIVIDE IS ALSO A BARRIER, AS 65% OF ALL JOBS IN THE ECONOMY REQUIRE POST-SECONDARY EDUCATION OR TRAINING BEYOND HIGH SCHOOL, INCLUDING TECHNOLOGY, AND SOFT SKILLS.</p> <p>PWNA RESPONSE: IN 2023, PWNA'S AMERICAN INDIAN EDUCATION FUND (AIEF) PROGRAM INVESTED IN NATIVE STUDENTS FROM CRADLE TO COLLEGE AND CAREER. APPROXIMATELY 13,280 K-12 STUDENTS AT 52 PARTNER SCHOOLS RECEIVED SCHOOL SUPPLIES AND BACKPACKS, WITH SUPPORT FROM THE BRAD LEMONS FOUNDATION AND THE WALMART FOUNDATION. IN ADDITION, 603 CHILDREN FROM THE LAKE TRAVERSE, OMAHA, PINE RIDGE, AND ROSEBUD RESERVATIONS BENEFITED FROM BOOKS AND OTHER SUPPLIES, MOTIVATING READING AND PARENT-CHILD READING TIME AND SUPPORTING READING COMPREHENSION.</p> <p>ON THE COLLEGE FRONT, MANY NATIVE STUDENTS NEED EQUITABLE ACCESS TO RESOURCES FOR A 21ST-CENTURY EDUCATION, FROM SCHOOL SUPPLIES TO LAPTOPS, SOFTWARE, AND INTERNET ACCESS. SO, PWNA'S STRENGTH-BASED SERVICES HELP FUEL SELF-SUFFICIENCY. PWNA AWARDED \$550,000 IN UNDERGRADUATE AND GRADUATE SCHOLARSHIPS, PRIORITIZING SCHOLARS IN THE MIDDLE RANGE OF THE ACADEMIC RANKING WHO MAY NOT BE CONSIDERED BY OTHER PROVIDERS DESPITE THEIR SERIOUS DRIVE. THE ACADEMIC-YEAR COMPLETION RATE FOR STUDENTS WHO RECEIVE OUR SCHOLARSHIPS IS 90-95%, MUCH HIGHER THAN THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO INDIVIDUALIZED MENTORING PROVIDED BY THE PEPSICO RISE NATIVE AMERICAN EMPLOYEE WORKFORCE GROUP AND SELECTING CANDIDATES WITH A LIKELIHOOD OF OVERCOMING THE FIRST-YEAR CHALLENGES UNIQUE TO NATIVE STUDENTS. THIS AWARD LEVEL WAS MADE POSSIBLE WITH SUPPORT OF THE GROW WITH GOOGLE INDIGENOUS CAREER READINESS PROGRAM, WHICH ALSO HELPED US AWARD 58 VOCATIONAL SCHOLARSHIPS AND PROVIDE FREE DIGITAL TRAINING TO 1,520 STUDENTS. THE WALMART FOUNDATION HELPED US PROVIDE LAPTOPS TO FIRST-YEAR STUDENTS. WE ALSO PROVIDED STUDENT CARE PACKS AND HOLIDAY GIFTS TO SCHOLARS AND THEIR FAMILY MEMBERS.</p> <p>OUR FOUR DIRECTIONS DEVELOPMENT PROGRAM (4D) TRAINS EMERGING LEADERS WHO WANT TO MAKE A GREATER IMPACT IN THEIR TRIBAL COMMUNITIES. THE CURRICULUM FOR A SIX-MONTH COHORT OF EXPERIENTIAL LEARNING MAY ENCOMPASS CPR AND SELF-DEFENSE, HEALTHY ANCESTRAL FOOD AS MEDICINE, LEADERSHIP DEVELOPMENT, PERSONAL BRANDING, AND MORE. WITH THE SUPPORT OF GENERAL MOTORS AND THE WALMART FOUNDATION, WE CONDUCTED 3 ADULT COHORTS AND 4 ALUMNI EVENTS WITH YOUTH AND/OR ADULTS. ACROSS THE NORTHERN PLAINS AND SOUTHWEST REGIONS, WE GRADUATED 33 NEW 4D PARTICIPANTS IN 2023 AND REGATHERED 61 PRIOR GRADS FOR A REFRESH AND NETWORKING.</p> <p>*DBA PROGRAMS OF PWNA FOR EDUCATION: AMERICAN INDIAN EDUCATION FUND (AIEF)</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,431,791 INCLUDING GRANTS OF \$901,410)(REVENUE)</p> <p>HOLIDAY: PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY CHEER, ENGAGEMENT, AND ACTIVE INVOLVEMENT AT TIMES WHEN FAMILIES MAY BE EXPERIENCING MORE DISENFRANCHISEMENT AND SEASONAL STRESS.</p> <p>SITUATION: THE HOLIDAYS CAN BE AN EXTRA HARDSHIP FOR MANY NATIVE FAMILIES. THE ELDERS AND CHILDREN ON THE RESERVATIONS PWNA SERVES ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT MANY FAMILIES CANNOT AFFORD HOLIDAY GIFTS OR CELEBRATIONS. ABOUT 38% OF NATIVE AMERICAN CHILDREN LIVE IN POVERTY OR LOW-INCOME HOUSEHOLDS, BUT THIS IMPACTS UP TO 61% OF NATIVE CHILDREN. IN FACT, COMPARED TO WHITES, NATIVE CHILDREN ARE OVER THREE TIMES AS LIKELY TO EXPERIENCE DEEP POVERTY. MANY NATIVE CHILDREN ARE BEING RAISED BY GRANDPARENTS LIVING ON SOCIAL SECURITY - AND NATIVE JOBLESSNESS IS TWICE THAT OF WHITES. THE OVERALL RATE OF IMPOVERISHMENT ACROSS THE HUNDREDS OF TRIBAL COMMUNITIES PWNA SERVES RANGES FROM 15% TO 54%.</p> <p>PWNA RESPONSE: HAPPY HOLIDAYS CONTRIBUTE TO OVERALL WELL-BEING. DURING THE 2023 HOLIDAYS, PWNA HELPED PROGRAM PARTNERS SPREAD HOLIDAY CHEER BY DELIVERING STOCKINGS AND HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS. THESE GIFTS WERE GIVEN TO 13,894 DELIGHTED CHILDREN AND ELDERS ACROSS 14 RESERVATIONS IN THE NORTHERN PLAINS AND 12 RESERVATIONS IN THE SOUTHWEST.</p> <p>*DBA PROGRAMS OF PWNA FOR HOLIDAY SUPPORT: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF) AND NATIVE AMERICAN AID (NAA).</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,221,786 INCLUDING GRANTS OF \$579,442)(REVENUE \$308,265)</p> <p>FOOD & WATER: PURPOSE OF THE PROGRAM: TO EASE FOOD INSECURITY BY INCREASING LOCAL FOOD SUPPLY FOR NATIVE AMERICAN ELDERS, CHILDREN AND FAMILIES, AND SUPPORTING FOOD SOVEREIGNTY THROUGH GARDENING AND LOCAL ACCESS TO HEALTHY FOODS ON THE RESERVATIONS WE SERVE.</p> <p>SITUATION: FOOD ON THE TABLE IS A BASIC HUMAN RIGHT, BUT IT'S NOT THAT SIMPLE FOR THE PEOPLE PWNA SERVES. WITH MORE AMERICANS NOW EXPERIENCING FOOD INSECURITY AND FOOD HARDSHIP, MANY ARE REALIZING FOR THE FIRST TIME WHAT NATIVE AMERICANS HAVE BEEN UP AGAINST SINCE THE RESERVATIONS BEGAN IN 1851. LOW FOOD SECURITY - DEFINED AS INSUFFICIENT FOOD QUALITY OR VARIETY FOR DIETARY HEALTH - HAS IMPACTED RESERVATIONS FOR DECADES, FUELING HIGH RATES OF NUTRITION-RELATED DISEASES SUCH AS DIABETES AND OBESITY BECAUSE LESS EXPENSIVE FOODS TEND TO HAVE MORE FAT AND CARBOHYDRATES. THE U.S. DEPARTMENT OF AGRICULTURE DESIGNATES MANY TRIBAL COMMUNITIES AS "FOOD DESERTS" DEVOID OF FRESH FRUITS AND VEGETABLES, AND 51% OF NATIVE RESIDENTS TRAVEL OFF-RESERVATION FOR GROCERY SHOPPING. FOOD HARDSHIP - THE INABILITY TO AFFORD ENOUGH FOOD FOR YOURSELF AND YOUR FAMILY - HAS INCREASED IN FAMILIES WITH CHILDREN, ACCORDING TO A 2018 STUDY BY THE FOOD & ACTION CENTER. THE FOOD HARDSHIP RATE IS 23% FOR NATIVE FAMILIES (COMPARED TO 16-19% NATIONWIDE). TODAY, RATHER THAN AN EMERGENCY SOLUTION, FOOD AID HAS BECOME A LONG-TERM SOLUTION WITH MORE FAMILIES CONSISTENTLY NEEDING AID. THIS IS CERTAINLY THE CASE FOR MANY FAMILIES AND FOOD BANKS IN THE COMMUNITIES PWNA SERVES, ALONG WITH ANOTHER HARDSHIP - CONTAMINATED DRINKING WATER. 48% OF HOMES ON NATIVE AMERICAN RESERVATIONS LIVE WITH WATER INSECURITY YEAR-ROUND.</p> <p>PWNA RESPONSE: AREAS WITH HIGH POVERTY AND MINORITY POPULATIONS ARE MORE LIKELY TO BE FOOD DESERTS. ACCORDINGLY, WE PROVIDED FRESH PRODUCE AND/OR ANCESTRAL FOODS SUCH AS BISON AND MUTTON TO 1,850 PEOPLE FROM CHEYENNE RIVER, PINE RIDGE, NAVAJO, SAN CARLOS, TOHONO O'ODHAM, AND YAVAPAI APACHE RESERVATIONS. THESE DISTRIBUTIONS WERE DONE WITH SUPPORT FROM BANK OF AMERICA, OLO FOR GOOD, AND THE MELBA BAYERS MEYER CHARITABLE TRUST. WE PROVIDED EMERGENCY FOOD BOXES TO 3,665 PEOPLE, HELPING ELDERS WORRIED ABOUT BILLS AND GAS FOR THE GROCERY STORE THAT IS OFTEN AN HOUR AWAY, WITH SUPPORT FROM KROGER. PWNA ALSO PROVIDED STAPLE FOODS TO 93 FOOD BANKS AND/OR SENIOR CENTERS FOR 21,974 PEOPLE AND THANKSGIVING AND CHRISTMAS MEALS FOR 18,021, WITH SUPPORT FROM THE JIM FOOTE FOUNDATION. ROSEBUD ELDERS PICKED UP 1,087 BAGS OF BREAKFAST GROCERIES. IN ADDITION, WE PROVIDED NEARLY 200,000 BOTTLES OF WATER TO COMMUNITIES WITH UNSAFE DRINKING WATER. OUR DRIVERS TRAVERSED 122,935 MILES TO DELIVER THIS FOOD, WATER, AND OTHER BASICS IN 2023.</p> <p>*DBA PROGRAMS OF PWNA FOR FOOD SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$156,399 INCLUDING GRANTS OF \$109,217)(REVENUE)</p> <p>ANIMAL WELFARE: PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE AND RELATED HUMAN HEALTH RISK IN REMOTE, UNDERSERVED TRIBAL COMMUNITIES.</p> <p>SITUATION: INDIGENOUS PEOPLES HAVE A LONG HISTORY OF RELATIONSHIP WITH ANIMALS; MORE THAN JUST PETS, THEY ARE VIEWED AS BROTHERS AND SISTERS IN NATIVE CULTURES. BUT TODAY, AS FAMILIES STRUGGLE WITH POVERTY, SO TOO DO THE ANIMALS, AND THE PROBLEMS ARISING FROM STRAYS AND OVERPOPULATION ARE IMMENSE FOR SOME RESERVATIONS. PETA CITES THAT, IN JUST 6 YEARS, ONE FEMALE DOG AND HER OFFSPRING CAN PRODUCE 67,000 PUPS; IN JUST 7 YEARS, ONE FEMALE CAT AND HER OFFSPRING CAN PRODUCE 370,000 KITTENS. THE RESERVATIONS WE SERVE ARE UNABLE TO CARE FOR THAT MANY ANIMALS, SO SOME PARTNERS HOLD SPAY/NEUTER CLINICS MONTHLY. STILL, ABOUT 88% OF PETS LIVING IN UNDERSERVED COMMUNITIES ARE NOT SPAYED OR NEUTERED, AND 69% HAVE NEVER SEEN A VETERINARIAN. ON TOP OF THIS, MANY SHELTERS ARE NOW OVERRUN WITH ANIMALS BECAUSE DOGS ADOPTED DURING THE PANDEMIC WERE SENT BACK WHEN PEOPLE RETURNED TO WORK - OUR RESERVATION PARTNERS STILL HOPE TO FIND HOMES FOR EACH ONE.</p> <p>PWNA RESPONSE: PWNA'S RESERVATION ANIMAL RESCUE (RAR) PROGRAM SUPPORTS GROUPS THAT RESCUE, REHABILITATE, AND REHOME ANIMALS, ENSURING THEY HAVE WHAT THEY NEED FOR A GOOD QUALITY OF LIFE. SUPPORTING POTENTIAL FOSTER FAMILIES IS OFTEN A KEY TO REHOMING, SO WE SUPPLIED NEARLY 8,100 POUNDS OF SUPPLIES TO OUR PARTNERS ON THE CHEYENNE RIVER, NORTHERN CHEYENNE, OMAHA, PINE RIDGE, NAVAJO, AND ZUNI RESERVATIONS. WITH YOUR SUPPORT, RAR ALSO AWARDED 9 NEW GRANTS IN 2023 AND CONTINUED SPEND-DOWN ON 4 OTHERS, PROVIDING \$82,500 IN SUPPORT FOR SPAY/NEUTER, VACCINATION AND TRANSPORT FOR ADOPTION THAT BENEFITED 637 ANIMALS ACROSS 11 RESERVATIONS.</p> <p>*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: RESERVATION ANIMAL RESCUE (RAR)</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$0 INCLUDING GRANTS OF \$0)(REVENUE \$0)</p> <p>PURPOSE OF THE PROGRAM: TO PROVIDE ACCURATE INFORMATION ABOUT NATIVE AMERICAN HISTORY, MODERN-DAY LIFE ON THE RESERVATIONS, AND PWNA PROGRAMS AND IMPACT, WHILE ADDRESSING PERSISTENT MISCONCEPTIONS THAT DETER OPPORTUNITY AND RACIAL/SOCIAL EQUITY FOR NATIVE PEOPLES.</p> <p>SITUATION: THE NEED FOR NATIVE VOICES TO BE HEARD HAS NEVER BEEN GREATER. HARMFUL STEREOTYPES AND LACK OF ACCURATE INFORMATION ABOUT NATIVE PEOPLE, HISTORY, ISSUES, AND FUNDING CONTRIBUTE TO RACIAL/SOCIAL INEQUITY AND INADEQUATE SUPPORT FOR TRIBAL COMMUNITIES. MANY AMERICANS BELIEVE NATIVE AMERICANS GO TO COLLEGE FOR FREE OR RECEIVE A GOVERNMENT CHECK EVERY MONTH JUST FOR BEING NATIVE. SO, FOR ALL THE BILLIONS GIVEN FOR PHILANTHROPY IN THE UNITED STATES, LESS THAN ONE-HALF OF 1 PERCENT IS AIDING NATIVE AMERICAN CAUSES. MEANWHILE, TRIBAL NATIONS FACE CHALLENGES THAT ARE INEXTRICABLY TIED TO BROKEN TREATIES, A CENSUS UNDERCOUNT THAT LIMITS FEDERAL FUNDING TO TRIBES, AND SYSTEMIC FAILURES IN THE EDUCATION SYSTEM THAT ARE DETRIMENTAL TO NATIVE STUDENTS. AMIDST THE RICH CULTURE AND UNITY OF TRIBAL COMMUNITIES, AMERICANS SEEM TO QUICKLY FORGET THE SPOTLIGHT THAT COVID-19 SHINED ON FOOD AND WATER INSECURITY, LACK OF HEALTH CARE AND HOUSING, AND EDUCATION AND TECHNOLOGY BARRIERS - CHALLENGES THAT HAVE PERSISTED FOR DECADES.</p> <p>PWNA RESPONSE: INCREASING PUBLIC EDUCATION TO HELP INDIVIDUALS AND ORGANIZATIONS IN THE U.S. BECOME MORE NATIVEAWARE® IS A CRUCIAL STEP TOWARD POSITIVE CHANGE. PWNA REACHED A POTENTIAL READING, LISTENING, AND VIEWING AUDIENCE OF ABOUT 574.2 MILLION PEOPLE WITH NEWS MEDIA ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH 83 NEWS ARTICLES, 1 TV AIRING, 6 PRESS RELEASES, SOCIAL MEDIA ENGAGEMENT, FRESH CONTENT ON OUR WEBSITE, AND TIMELY ORIGINAL CONTENT ON OUR BLOG. PWNA ALSO SPONSORED SEASON 2 OF THE PBS "NATIVE AMERICA" SERIES FOR ACCURATE PUBLIC EDUCATION ON ISSUES FACING TRIBES TODAY, REACHING UP TO 112 MILLION VIEWERS. IN ADDITION, AS A TIRELESS ADVOCATE FOR INDIGENOUS PEOPLES, OUR PRESIDENT & CEO CONTRIBUTED TO PUBLIC EDUCATION THROUGH THESE EFFORTS IN 2023:</p> <ul style="list-style-type: none"> -FOOD SECURITY AT THE 2023 COURAGEOUS CONVERSATIONS EVENT (PEPSICO RISE) -TRIBAL SOVEREIGNTY FOR FACULTY AND STUDENTS (UNIVERSITY OF TEXAS AT ARLINGTON) -DOCTRINE OF DISCOVERY (WESTSIDE CHURCH) -NATIVE HISTORY & MISCONCEPTIONS (COMCAST) -HISTORY NOT TAUGHT IN SCHOOLS (IPG MEDIABRANDS) -FOOD & WATER INSECURITY, DETERMINANTS & SOLUTIONS (INSTACART) -TRIBAL SOVEREIGNTY & DUAL CITIZENSHIP (DHS BORDER PATROL) -TRIBAL HEALTH EQUITY (MOLINA HEALTH CARE) -U.S.-TRIBAL RELATIONS & POLICIES (VITALYST FOUNDATION) -FOOD SECURITY & DETERMINANTS (MCKESSON) -HEALTH EQUITY PRIORITIES & SOLUTIONS (VITALYST FOUNDATION) -SOCIAL EQUITY ROUNDTABLE MODERATOR (SOCIAL INNOVATION SUMMIT)
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990. ONCE PREPARED, THE CONTROLLER, SR. DIRECTOR BUSINESS & FINANCIAL OPERATIONS, AND CEO REVIEW THE FORM WITH THE FINANCE COMMITTEE AND THEN THE BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE BOARD OF DIRECTORS, THE CEO AND ALL SENIOR EMPLOYEES AND OTHER EMPLOYEES SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. ADDITIONALLY, OUR EMPLOYEE REFERENCE GUIDE HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY AND NEW EMPLOYEES RECEIVE AND SIGN AN ACKNOWLEDGMENT OF THE POLICY AND COMPLETED QUESTIONNAIRE UPON HIRE. CONFLICTS OF INTEREST, IF ANY, ARE RESOLVED AS THEY ARISE. IF ANY DIRECTOR DISCLOSES A CONFLICT OF INTEREST, THEY ARE ALSO ASKED TO ABSTAIN FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A FORMAL PERFORMANCE APPRAISAL OF THE CEO, INCLUDING THE CEO'S COMPENSATION. EVERY 2-3 YEARS COMPENSATION DATA FOR CEO'S OF SIMILARLY SIZED NON-PROFITS IS GATHERED AND COMPARED WITH THE COMPENSATION PROVIDED TO THE ORGANIZATION'S CEO. THE FINAL PERFORMANCE REVIEW IS PRESENTED TO THE BOARD AND ANY COMPENSATION ADJUSTMENTS ARE DOCUMENTED IN THE MINUTES.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	AN EXTERNAL CONSULTING FIRM CONCLUDED AN ANNUAL COMPREHENSIVE COMPENSATION REVIEW TO INCLUDE ALL OTHER OFFICERS AND EMPLOYEES' JOB FUNCTIONS AND COMPENSATION, INCLUDING COMPARISONS TO SIMILAR ORGANIZATIONS IN SIZE AND FUNCTION. THE COMPENSATION STUDY WAS REVIEWED BY THE BOARD AND EACH EMPLOYEE RECEIVED INFORMATION ABOUT THEIR ROLE WITHIN THE CONTEXT OF THE STUDY. THE STUDY IS UPDATED TO ADD NEW POSITIONS OR MODIFY EXISTING POSITIONS THAT HAVE CHANGED.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	AUDITED FINANCIAL STATEMENTS, 990'S, AND ANNUAL REPORTS ARE AVAILABLE ON PWNA'S WEBSITE. THE ORGANIZATION PRESENTLY DOES NOT PUBLISH ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY BUT WILL PROVIDE THEM UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

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

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

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

JULIE SOLO

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

Telephone No. 214 217-2600 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box, . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2023 or
 tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

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

