

## 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

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](http://www.irs.gov/Form990) for instructions and the latest information.**2024****Open to Public Inspection**

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning , <b>2024</b> , and ending , <b>20</b>																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td colspan="2"><b>C</b> Name of organization <b>PARTNERSHIP WITH NATIVE AMERICANS</b></td><td><b>D</b> Employer identification number <b>47-3730147</b></td></tr><tr><td colspan="2">Doing business as <b>SEE SCHEDULE O</b></td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td><b>E</b> Telephone number <b>(214) 217-2600</b></td></tr><tr><td><b>16415 ADDISON ROAD, SUITE 200</b></td><td></td><td></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>ADDISON, TX 75001</b></td><td><b>G</b> Gross receipts \$ <b>30,781,931</b></td></tr><tr><td colspan="2"><b>F</b> Name and address of principal officer: <b>JOSHUA ARCE</b> <b>SAME AS C ABOVE</b></td><td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number</td></tr><tr><td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td></td></tr><tr><td colspan="2"><b>J</b> Website: <a href="http://www.nativepartnership.org/">http://www.nativepartnership.org/</a></td><td></td></tr><tr><td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td><b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>TX</b></td></tr></table>	<b>C</b> Name of organization <b>PARTNERSHIP WITH NATIVE AMERICANS</b>		<b>D</b> Employer identification number <b>47-3730147</b>	Doing business as <b>SEE SCHEDULE O</b>			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(214) 217-2600</b>	<b>16415 ADDISON ROAD, SUITE 200</b>			City or town, state or province, country, and ZIP or foreign postal code <b>ADDISON, TX 75001</b>		<b>G</b> Gross receipts \$ <b>30,781,931</b>	<b>F</b> Name and address of principal officer: <b>JOSHUA ARCE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: <a href="http://www.nativepartnership.org/">http://www.nativepartnership.org/</a>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>TX</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MISSION AND VISION: SERVING IMMEDIATE NEEDS, SUPPORTING LONG-TERM SOLUTIONS FOR STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES. (TO LEARN MORE, SEE SCHEDULE O)</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>74</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>142</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 22,712,618	<b>Current Year</b> 26,874,658
	<b>9</b>	Program service revenue (Part VIII, line 2g)	308,245	149,512
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,284	395,430
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,570	81,450
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,417,717	27,501,050
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,745,058
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,676,074	4,874,403
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	211,680	177,840
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	5,750,559	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,704,668	8,859,867
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	23,337,480	23,612,441
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	80,237	3,888,609
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 29,485,624	<b>End of Year</b> 32,958,600
	<b>21</b>	Total liabilities (Part X, line 26)	1,533,785	1,118,152
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	27,951,839	31,840,448

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>JOSHUA ARCE, PRESIDENT AND CEO</b>		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANDREW GRAY</b>	Preparer's signature <i>ANDREW GRAY</i>	Date <b>08/19/2025</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01517705</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>	Firm's EIN <b>44-0160260</b>		
	Firm's address <b>14221 DALLAS PARKWAY SUITE 400, DALLAS, TX 75254</b>	Phone no. <b>(972) 702-8262</b>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 7,283,219 including grants of \$ 4,974,690 ) (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 INADEQUATE AND 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 TREK TO THEM IS AN ISSUE FOR MANY RESIDENTS. DESPITE CARES ACT FUNDING, I.H.S. REMAINS ILL-SITUATED  
(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 4,941,787 including grants of \$ 2,871,797 ) (Revenue \$ )

EMERGENCY SERVICES:

PURPOSE OF THE PROGRAM: TO PROVIDE WINTER WARMTH, SEASONAL SERVICES, SHELTER SUPPLIES, AND DISASTER RELIEF, AND TO SUPPORT TRIBAL READINESS TO RESPOND WHEN DISASTER STRIKES

SITUATION: WITH CLIMATE CHANGE DRIVING MORE FREQUENT AND DAMAGING DISASTERS SUCH AS FLOODING, FOREST FIRES, BLIZZARDS, AND TORNADOES, PWNA IS A CRITICAL FIRST RESPONDER FOR THE RESERVATIONS. WE ALSO 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. HOMELESSNESS IS RISING DISPROPORTIONATELY AMONG TRIBAL CITIZENS. NATIVE AMERICANS FACE OVERCROWDING 8 TIMES MORE OFTEN THAN WHITES. 40% OF NATIVE AMERICANS LIVE IN SUBSTANDARD HOMES, AND ON ANY GIVEN NIGHT, MORE THAN 21,000 ARE HOMELESS (SHELTERED, UNSHELTERED). IN ADDITION, LACK OF ACCESS TO CLEAN DRINKING  
(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 1,384,019 including grants of \$ 885,013 ) (Revenue \$ )

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

SITUATION: THE HOLIDAYS CAN BE AN EXTRA HARDSHIP FOR NATIVE FAMILIES IN OUR SERVICE AREA. THE ELDERS AND CHILDREN ON THE RESERVATIONS PWNA SERVES ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT SO OFTEN, FAMILIES CANNOT AFFORD HOLIDAY GIFTS OR CELEBRATIONS. NATIVE CHILD POVERTY RATES HAVE CONSISTENTLY EXCEEDED 40% FOR THE PAST 30 YEARS. IN FACT, COMPARED TO WHITES, NATIVE CHILDREN ARE OVER THREE TIMES AS LIKELY TO EXPERIENCE DEEP POVERTY. ABOUT HALF OF NATIVE GRANDPARENTS ARE RAISING GRANDCHILDREN WHILE LIVING ON SOCIAL SECURITY - AND NATIVE JOBLESSNESS IS TWICE THAT OF WHITES. THE OVERALL RATE OF IMPOVERISHMENT ACROSS THE HUNDREDS OF  
(CONTINUED ON SCHEDULE O)

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 16,039,330

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 27	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	74
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 9		
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.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .	<b>1b</b> 9		
<b>2</b> 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? . . .	<b>2</b>		✓
<b>3</b> 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? . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . .	<b>6</b>		✓
<b>7a</b> 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? . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . .	<b>8b</b>	✓	
<b>9</b> 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 . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .	<b>10a</b>	✓
<b>b</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? . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	<b>11a</b> ✓	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	<b>12a</b> ✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	<b>12b</b> ✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .	<b>12c</b> ✓	
<b>13</b> Did the organization have a written whistleblower policy? . . .	<b>13</b> ✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . .	<b>14</b> ✓	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . .	<b>15a</b> ✓	
<b>b</b> Other officers or key employees of the organization . . .	<b>15b</b> ✓	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	<b>16a</b>	✓
<b>b</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? . . .	<b>16b</b>	

### 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			✓				248,512	0	27,577
(2) MISTY RHODES COO	55.0 0.0			✓				177,334	0	29,141
(3) JASEY JONES DIRECTOR MISSION ADVANCEMENT	55.0 0.0					✓		110,765	0	28,144
(4) ANGELA SHARP SR DIRECTOR BUSINESS AND FINANCIAL OPERATIONS	55.0 0.0					✓		129,363	0	8,493
(5) JULIE SOLO CONTROLLER	55.0 0.0					✓		129,707	0	5,369
(6) COREY MZHICKTEN0 CHAIRMAN	2.0 0.0	✓		✓				0	0	0
(7) EMILY MCDONALD SECRETARY	2.0 0.0	✓		✓				0	0	0
(8) MAKENLEY BARTON VICE CHAIRWOMAN	2.0 0.0	✓		✓				0	0	0
(9) MATT HORINEK TREASURER	2.0 0.0	✓		✓				0	0	0
(10) DR. NICOLE BEEN DIRECTOR	2.0 0.0	✓						0	0	0
(11) JACLYN (JACKIE) BLACKBIRD DIRECTOR	2.0 0.0	✓						0	0	0
(12) JOE CLAUNCH DIRECTOR	2.0 0.0	✓						0	0	0
(13) ALISSA OLD CROW DIRECTOR	2.0 0.0	✓						0	0	0
(14) ELWOOD PIPESTEM-OTT DIRECTOR	2.0 0.0	✓						0	0	0



**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)										
<b>1b Subtotal</b>								795,681	0	98,724
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								795,681	0	98,724

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> 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>	✓	
<b>5</b> 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	1,905,934
SOUTHWEST PUBLISHING & MAILING, 4000 SE ADAMS STREET, TOPEKA, KS 66609	PRINTING AND MAILING	1,034,658
LEGACY MAIL MANAGEMENT, 1615 E. WASHINGTON ST, MOUNT PLEASANT, IA 52641	PRINTING AND MAILING	852,167
CELCO, 8001 FORBES PLACE SUITE# 211#74, SPRINGFIELD, VA 22151	MAILING AND FULFILLMENT SERVICES, DATA MANAGEME	317,213
BEYOND DIRECT, 12158 TRYTON WAY, RESTON, VA 20190	DONOR RESEARCH AND DATA SERVICES	255,829

**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 **14**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	26,874,658			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 9,079,393			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		26,874,658			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	PROGRAM SERVICE FEES	900099	149,512	149,512		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		149,512			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		310,591			310,591
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .		42,703			42,703
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .	4,119	80,720			
	<b>d</b>	Net gain or (loss) . . . . .		84,839			84,839
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	MISCELLANEOUS INCOME	900099	38,747			38,747
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		38,747				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			27,501,050	149,512	0	476,880

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	45,000	45,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	9,655,331	9,655,331		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	482,564	167,863	273,665	41,036
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,604,966	1,517,132	908,874	1,178,960
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	134,125	56,654	37,535	39,936
<b>9</b> Other employee benefits . . . . .	366,139	151,044	81,999	133,096
<b>10</b> Payroll taxes . . . . .	286,609	122,167	76,764	87,678
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	6,667	3,750	1,139	1,778
<b>c</b> Accounting . . . . .	56,754		56,754	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	177,840			177,840
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	614,895	142,954	114,257	357,684
<b>12</b> Advertising and promotion . . . . .	320,981	462	123	320,396
<b>13</b> Office expenses . . . . .	2,696,618	2,540,545	35,465	120,608
<b>14</b> Information technology . . . . .	442,882	128,912	90,228	223,742
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	295,609	103,288	71,164	121,157
<b>17</b> Travel . . . . .	231,932	145,719	30,688	55,525
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	35,437	6,467	14,479	14,491
<b>20</b> Interest . . . . .	1,989	604	345	1,040
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	416,399	388,800	5,085	22,514
<b>23</b> Insurance . . . . .	200,582	158,325	15,522	26,735
<b>24</b> 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.) . . . . .				
<b>a</b> SHIPPING & GIFTING EXPENSES . . . . .	2,263,330	410,555	888	1,851,887
<b>b</b> MAIL HOUSE . . . . .	558,551			558,551
<b>c</b> DONOR RESEARCH & DATA SVCS . . . . .	399,766			399,766
<b>d</b> EQUIPMENT RENTAL & MAINTENANCE . . . . .	166,178	164,393	251	1,534
<b>e</b> All other expenses . . . . .	151,297	129,365	7,327	14,605
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	23,612,441	16,039,330	1,822,552	5,750,559
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	3,561,977	1,346,580		2,215,397

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,983,251	<b>1</b>	9,020,459
	<b>2</b> Savings and temporary cash investments . . . . .	5,300,977	<b>2</b>	7,376,561
	<b>3</b> Pledges and grants receivable, net . . . . .	580,544	<b>3</b>	705,846
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	11,429,866	<b>8</b>	10,686,917
	<b>9</b> Prepaid expenses and deferred charges . . . . .	319,112	<b>9</b>	322,398
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 11,385,252		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 6,708,477	4,567,367	<b>10c</b> 4,676,775
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	304,507	<b>15</b>	169,644
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	29,485,624	<b>16</b>	32,958,600	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	670,664	<b>17</b>	564,949
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	484,839	<b>19</b>	351,851
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	378,282	<b>25</b>	201,352
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,533,785	<b>26</b>	1,118,152
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	27,268,776	<b>27</b>	27,188,939
	<b>28</b> Net assets with donor restrictions . . . . .	683,063	<b>28</b>	4,651,509
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	27,951,839	<b>32</b>	31,840,448
<b>33</b> Total liabilities and net assets/fund balances . . . . .	29,485,624	<b>33</b>	32,958,600	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	27,501,050
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	23,612,441
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	3,888,609
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	27,951,839
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	31,840,448

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	✓	
<b>c</b> 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.	✓	
<b>3a</b> 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>b</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	45,144,747	29,033,851	24,798,755	22,712,618	26,874,658	148,564,629
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	45,144,747	29,033,851	24,798,755	22,712,618	26,874,658	148,564,629
<b>5</b> 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) . . . . .						2,596,977
<b>6 Public support.</b> Subtract line 5 from line 4						145,967,652

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	45,144,747	29,033,851	24,798,755	22,712,618	26,874,658	148,564,629
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	201,114	144,605	185,970	343,006	353,294	1,227,989
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	6,560	8,544	85,853	15,600	38,747	155,304
<b>11 Total support.</b> Add lines 7 through 10						149,947,922
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	484,586
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	97.35 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.16 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . .			
<b>b</b> Excess from 2021 . . .			
<b>c</b> Excess from 2022 . . .			
<b>d</b> Excess from 2023 . . .			
<b>e</b> Excess from 2024 . . .			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS REVENUE	6,560	8,544	9,640	15,600	38,747	79,091
	(2) INSURANCE PROCEEDS	0	0	76,213	0		76,213
	Total	6,560	8,544	85,853	15,600	38,747	155,304

Schedule B  
(Form 990)

(Rev. January 2025)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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****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
<u>1</u>	----- ----- ----- -----	\$ <u>673,440</u>	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	----- ----- ----- -----	\$ <u>1,455,337</u>	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	----- ----- ----- -----	\$ <u>5,533,534</u>	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**PARTNERSHIP WITH NATIVE AMERICANS**

Employer identification number

**47-3730147****Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HOUSEHOLD, FOOD AND HEALTH SUPPLIES PERSONAL CARE	\$ 673,440	12/31/2024
2	HOUSEHOLD CLOTHING, FOOD, BOOKS & PET FOOD	\$ 1,455,337	12/31/2024
3	FOOD, PERSONAL CARE, HOUSEHOLD, EMERGENCY SUPPLIES, SPORTS EQUIPMENT	\$ 5,533,534	12/31/2024
		\$	
		\$	
		\$	

Name of organization

**PARTNERSHIP WITH NATIVE AMERICANS**

Employer identification number

**47-3730147**

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

Use duplicate copies of Part III if additional space is needed.

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

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

----- ----- -----	----- ----- -----
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SCHEDULE D  
(Form 990)

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year . . . . .	
2	Aggregate value of contributions to (during year) . . . . .	
3	Aggregate value of grants from (during year) . . . . .	
4	Aggregate value at end of year . . . . .	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements . . . . .	2a
b	Total acreage restricted by conservation easements . . . . .	2b
c	Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4	Number of states where property subject to conservation easement is located . . . . .	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . . \$	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$ (ii) Assets included in Form 990, Part X . . . . . \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 . . . . . \$ b Assets included in Form 990, 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	72,133	69,082	69,082	68,507	67,638
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	3,352	3,051		575	869
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	75,485	72,133	69,082	69,082	68,507

**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
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**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
<b>1a</b> Land	341,400	657,863		999,263
<b>b</b> Buildings		5,161,554	2,400,681	2,760,873
<b>c</b> Leasehold improvements		473,256	177,482	295,774
<b>d</b> Equipment		3,005,149	2,917,918	87,231
<b>e</b> Other		1,746,030	1,212,396	533,634
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,676,775



**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	201,352
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	201,352

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	23,986,987
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	454,383
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	454,383
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	23,532,604
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	3,968,446
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,968,446
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	27,501,050

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	24,066,824
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	454,383
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	454,383
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	23,612,441
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	23,612,441

**Part XIII Supplemental Information**

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

[SEE STATEMENT](#)

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
	INCREASE IN NET ASSETS WITH DONOR RESTRICTIONS	3,968,446

## 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, INCLUDING U.S. BONDS AND CERTIFICATES OF DEPOSIT (CDS).
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)

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization PARTNERSHIP WITH NATIVE AMERICANS	Employer identification number 47-3730147
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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			FUNDRAISING	FUNDRAISING	
(1)	0	6			78,458
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal . . . . .	0	6			78,458
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	0	6			78,458

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)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
Open to Public Inspection

Name of the organization: PARTNERSHIP WITH NATIVE AMERICANS
Employer identification number: 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment 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? [X] 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.

Table with 6 columns: (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. Includes data for CONCORD LITHO GROUP and a Total row.

- 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, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV** **Supplemental Information.** Provide the 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.

[SEE NEXT PAGE](#)



**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 \$8,255,389 FROM BOTH EXTERNAL AND INTERNAL DIRECT MAILING ACTIVITIES.

Return Reference	Identifier	Explanation	
SCHEDULE G, PART I, LINE 2B	DESCRIBE THE CUSTODY OR CONTROL ARRANGEMENT		
		Name	Description
		CONCORD LITHO GROUP	NO

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 instructions and the latest information.

OMB No. 1545-0047

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

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

Table with 8 columns: (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. Rows include 12 HILLS DOG RESCUE, LAKE TRAVERSE ANIMAL REZCUE, BRO AND TRACY ANIMAL WELFARE, ROSEBUD SIOUX TRIBE ANIMAL CLINIC, and TUBA CITY HUMANE SOCIETY, INCORPORATED.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 HEALTH	60,556		4,974,690	FMV	PT III, LN 4A, P.52
2 EDUCATION SERVICES	8,121		153,586	FMV	PT III, LN 4C, P.55
3 HOLIDAY	10,575		885,013	FMV	PT III, LN 4D, P.53
4 EMERGENCY SERVICES	13,680		2,871,797	FMV	PT III, LN 4B, P.53
5 FOOD AND WATER	26,850		715,720	FMV	PT III, LN 4D, P.54
6 ANIMAL WELFARE	1,092		54,525	FMV	PT III, LN 4D, P.56
7					

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

# Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	12 HILLS DOG RESCUE: FUNDING FOR BEHAVIOR TRAINING TO HELP "UNADOPTABLE" DOGS BECOME ADOPTABLE AND FOR SUPPLIES TO MAINTAIN KENNEL CLEANLINESS AND COMFORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LAKE TRAVERSE ANIMAL REZCUE: FUNDING FOR BEHAVIOR TRAINING TO HELP "UNADOPTABLE" DOGS BECOME ADOPTABLE AND FOR SUPPLIES TO MAINTAIN KENNEL CLEANLINESS AND COMFORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BRO AND TRACY ANIMAL WELFARE: FUNDING FOR SPAY AND NEUTER ASSISTANCE PROJECT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ROSEBUD SIOUX TRIBE ANIMAL CLINIC: FUNDING FOR SPAY AND NEUTER CLINIC
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TUBA CITY HUMANE SOCIETY, INCORPORATED: FUNDING FOR BEHAVIOR TRAINING TO HELP "UNADOPTABLE" DOGS BECOME ADOPTABLE AND FOR SUPPLIES TO MAINTAIN KENNEL CLEANLINESS AND COMFORT

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
<b>b</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 . . . . .	<b>1b</b>	
<b>2</b> 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? . . . . .	<b>2</b>	
<b>3</b> 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. <div><input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? . . . . . <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	   ✓ ✓ ✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	  ✓ ✓
<b>6</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	  ✓ ✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> 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 . . . . .	<b>8</b>	✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	



**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) 222,512	(ii) 26,000	(iii) 0	10,197	17,380	276,089	0
		(ii) 0	0	0	0	0	0	0
2	MISTY RHODES COO	(i) 177,334	(ii) 0	(iii) 0	7,400	21,741	206,475	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)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		3,477,212	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	5	116,980	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 . . . . .	✓	1	341,400	MARKET VALUE
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	32	797,219	MARKET VALUE
20 Drugs and medical supplies . . . . .	✓	41	4,106,222	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( SUPPLIES ) . . . . .	✓	22	240,360	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	0
30a During the year, did the organization receive by contribution any property reported on 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? . . . . .				Yes No 30a ✓
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? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
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 M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	REAL ESTATE - OTHER - LAND HELD FOR SALE

Name of the organization Partnership With Native Americans	Employer identification number 47-3730147
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Return Reference - Identifier	Explanation
- ITEM C	DOING BUSINESS AS: AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN), AMERICAN INDIAN EDUCATION FUND (AIEF), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF), NATIVE AMERICAN AID (NAA), NATIONAL RELIEF CHARITIES (NRC), RESERVATION ANIMAL RESCUE (RAR), NORTHERN PLAINS RESERVATION AID (NPRA) & SOUTHWEST RESERVATION AID (SWRA).
FORM 990, PART I, LINE 1 - & PART III, LINE 1	ORGANIZATION'S MISSION: PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY: PWNA IS A TRUSTED RESOURCE AND INTERMEDIARY FOR PHILANTHROPIC SOLUTIONS IN INDIGENOUS COMMUNITIES. ENTRUSTED BY NATIVE PARTNERS AND FUNDERS ALIKE, 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.  FOR OVER THREE DECADES, WE HAVE 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.  THE SEVERITIES CREATED BY COLONIZATION, THE RESERVATION SYSTEM, BROKEN TREATY PROMISES, AND RACIAL AND SYSTEMIC BIAS ARE NOT EASILY SURMOUNTABLE. HOWEVER, 2024 BROUGHT MORE NATIVE REPRESENTATION THROUGH ACCURATE STORIES IN TV AND FILM, THE INDIAN BOARDING SCHOOL INVESTIGATION AND APOLOGY BY PRESIDENT BIDEN, INCREASED FUNDING FOR MMIW AND PUBLIC SAFETY PROGRAMS, AND THE IMPACT OF LATE PRESIDENT JIMMY CARTER WHO ENACTED THE INDIAN CHILD WELFARE ACT AND THE TRIBALLY CONTROLLED COMMUNITY COLLEGE ASSISTANCE ACT. WITHIN PWNA'S SERVICE AREA, REMOTE TRIBAL COMMUNITIES MADE ADVANCES TOO. EVEN AS INFLATION STACKED ON TOP OF LONGSTANDING POVERTY, THEY MADE SIGNIFICANT ADVANCES IN EMERGENCY PREPAREDNESS AND ITS INTEGRAL LINK TO FOOD SECURITY. BOTH ISSUES ARE TOP PRIORITIES FOR TRIBES ACROSS THE COUNTRY.  IN ADDITION, WHILE THE 2024 NEWS CYCLES FOCUSED HEAVILY ON CLIMATE-DRIVEN DISASTERS, WAR, AND POLITICS, CARING PEOPLE HERE IN THE U.S. REMEMBERED NATIVE AMERICANS. THIS ALLOWED US TO BRING IMMEDIATE RELIEF AND SUPPORT LONG-TERM SOLUTIONS SUCH AS FOOD SECURITY, HIGHER EDUCATION, AND EMERGENCY PREPAREDNESS PLANNING AND TRAINING. WE KNOW THAT NONE OF OUR WORK WOULD BE POSSIBLE WITHOUT OUR PARTNERS AND THE GENEROSITY OF INDIVIDUAL AND ORGANIZATIONAL DONORS WHO BELIEVE IN OUR MISSION.

Name of the organization Partnership With Native Americans	Employer identification number 47-3730147
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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>TO 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 PREVENTIVE HEALTH CARE, AS WELL AS EFFORTS TO SUPPORT HEALTHIER DIETS.</p> <p>PWNA RESPONSE: THROUGH NEW INITIATIVES IN 2024, PWNA HELPED ADDRESS THE NEED FOR WINTER WARMTH ON #GIVINGTUESDAY, RAISING FUNDS TO PROVIDE BLANKETS, COATS, SCARVES, AND MITTENS FOR NATIVE CHILDREN AND ELDERS. MEANWHILE, PWNA CONTINUED SUPPORTING TRIBAL PROGRAMS THAT OFFER PREVENTATIVE CARE, HOME VISITS, AND HEALTH SCREENINGS, HELPING 336 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 47,960 PEOPLE, INCLUDING 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. PWNA HELPED TRIBAL PARTNERS BOOST PARTICIPATION BY PROVIDING INCENTIVE ITEMS SUCH AS SOAP, CLEANING SUPPLIES, TOILET PAPER, AND PERSONAL HYGIENE KITS, WITH THE SUPPORT OF TEGNA. IN ADDITION, 71 OF THESE AND OTHER 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 CONDUCTS HEALTHY FOOD DEMONSTRATIONS AND FOOD TASTINGS ON THE RESERVATIONS WE SERVE, UTILIZING NATIVE CHEFS TO ENSURE CULTURAL RELEVANCE. FORMER T3 AND 4D LEADERSHIP TRAINING GRADUATES OFTEN HELP US COOK, SERVE, AND CONDUCT FOOD DEMOS. WHILE T3 WAS INACTIVE IN 2024, WE HAVE GRADUATED A TOTAL OF 1,144 PEOPLE WHO EACH HAVE THE KNOWLEDGE TO TRAIN OTHERS AND IMPACT 6 PEOPLE WITH THE HEALTHIER MEALS THEY PREPARE. WE LOOK FORWARD TO OFFERING NEW COHORTS GOING FORWARD WHEN GRANT FUNDING IS AVAILABLE.</p> <p>*DBA PROGRAMS OF PWNA FOR HEALTH SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRPA), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA ).</p>

Name of the organization Partnership With Native Americans	Employer identification number 47-3730147
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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	<p>(EXPENSES \$1,332,646 INCLUDING GRANTS OF \$715,720)(REVENUE \$149,512)</p> <p>FOOD &amp; WATER: PURPOSE OF THE PROGRAM: TO EASE FOOD INSECURITY BY INCREASING THE 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, THEY 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 &amp; ACTION CENTER. NATIVE AMERICANS ARE 400% MORE LIKELY THAN NON-HISPANIC WHITES TO REPORT NOT HAVING ENOUGH TO EAT, AND 23% OF NATIVE FAMILIES FACE FOOD INSECURITY (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. NEARLY HALF (48%) OF HOMES ON NATIVE AMERICAN RESERVATIONS LACK ACCESS TO SAFE, CLEAN, AND DRINKABLE WATER YEAR-ROUND.</p> <p>PWNA RESPONSE: AREAS WITH HIGH POVERTY RATES AND MINORITY POPULATIONS ARE MORE LIKELY TO BE FOOD DESERTS. ACCORDINGLY, WE PROVIDED FRESH PRODUCE TO 1,650 HOUSEHOLDS ACROSS THE CHEYENNE RIVER, PINE RIDGE, NAVAJO, AND FORT APACHE RESERVATIONS. WE PROVIDED EMERGENCY FOOD BOXES TO 3,700 PEOPLE, HELPING ELDERS WORRIED ABOUT BILLS AND GAS FOR THE GROCERY STORE THAT IS OFTEN AN HOUR AWAY, WITH SUPPORT FROM GENERAL MOTORS, KROGER, AND THE JIM FOOTE FOUNDATION. PWNA ALSO PROVIDED STAPLE FOODS TO 100 FOOD BANKS AND/OR SENIOR CENTERS FOR 30,533 PEOPLE, WITH SUPPORT FROM KROGER AND THE JIM FOOTE, KOINONIA, AND BENSTON FOUNDATIONS. IN ADDITION, WE PROVIDED 22,715 THANKSGIVING AND CHRISTMAS MEALS, AND ROSEBUD ELDERS PICKED UP 1,342 BAGS OF BREAKFAST GROCERIES, WITH SUPPORT FROM THE TJX, BENTSON, AND PEPSICO FOUNDATIONS. WE ALSO PROVIDED MORE THAN 243,000 BOTTLES OF WATER TO COMMUNITIES WITH UNSAFE DRINKING WATER. OUR DRIVERS TRAVERSED 147,362 MILES TO DELIVER THIS FOOD, WATER, AND OTHER BASICS IN 2024. WE ALSO WON A \$50,000 GRANT COMPETITION SPONSORED BY NEWMAN'S OWN FOUNDATION TO KICK OFF FOOD SOVEREIGNTY INITIATIVES WITH NATIVE YOUTH IN 2025.</p> <p>*DBA PROGRAMS OF PWNA FOR FOOD SERVICES: SOUTHWEST RESERVATION AID (SWRA), NORTHERN PLAINS RESERVATION AID (NRP), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), NAVAJO RELIEF FUND (NRF), SIOUX NATION RELIEF FUND (SNRF) AND NATIVE AMERICAN AID (NAA).</p>



Name of the organization Partnership With Native Americans	Employer identification number 47-3730147
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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	<p>(EXPENSES \$944,844 INCLUDING GRANTS OF \$153,585)(REVENUE )</p> <p>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 LEADERSHIP DEVELOPMENT</p> <p>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. LIKE THE INDIAN HEALTH SERVICE, FEDERALLY RUN BIE SCHOOLS ARE UNDERSTAFFED AND UNDERFUNDED, LEAVING STUDENTS WITH THE LOWEST READING SCORES IN AMERICA. NATIVE STUDENTS WHO GRADUATE HIGH SCHOOL THEN FACE BARRIERS TO HIGHER EDUCATION, SUCH AS POVERTY AND RACIAL DISCRIMINATION - EVEN WHILE THE PUBLIC BELIEVES 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 2024, PWNA'S AMERICAN INDIAN EDUCATION FUND (AIEF) PROGRAM INVESTED IN NATIVE STUDENTS FROM CRADLE TO COLLEGE AND CAREER. APPROXIMATELY 14,620 K-12 STUDENTS AT 54 PARTNERS RECEIVED SCHOOL SUPPLIES AND BACKPACKS, WITH SUPPORT FROM THE BRAD LEMONS FOUNDATION, SANTA FE TOBACCO, AND PEPSICO FOUNDATION.</p> <p>ON THE COLLEGE FRONT, 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 \$370,500 IN UNDERGRADUATE AND GRADUATE SCHOLARSHIPS, PRIORITIZING SCHOLARS IN THE MIDDLE RANGE OF THE ACADEMIC RANKING WHO OTHER PROVIDERS MIGHT NOT CONSIDER 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 SYNCHRONY NATIVE AMERICAN EMPLOYEE WORKFORCE GROUP AND SELECTING CANDIDATES WITH A LIKELIHOOD OF OVERCOMING THE FIRST-YEAR CHALLENGES UNIQUE TO NATIVE STUDENTS. SUPPORT OF THE TOM RUSSELL FOUNDATION, WOLD FOUNDATION, SYNCHRONY FOUNDATION, AND PATHWARD MADE THIS AWARD LEVEL POSSIBLE. WE PROVIDED LAPTOPS TO FIRST-YEAR STUDENTS AND ASSISTED WITH CLASSROOM SUPPLIES AND CERTIFICATION FEES, THANKS TO THE SUPPORT OF TOM RUSSELL AND SYNCHRONY FOUNDATIONS AND A PRIOR-YEAR GRANT FROM THE GROW WITH GOOGLE INDIGENOUS CAREER READINESS PROGRAM . 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 ON 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. WHILE 4D WAS INACTIVE IN 2024, WE LOOK FORWARD TO OFFERING NEW COHORTS GOING FORWARD WHEN GRANT FUNDING BECOMES AVAILABLE. IN THE MEANTIME, ACROSS THE NORTHERN PLAINS AND SOUTHWEST, WE HAVE GRADUATED 209 4D PARTICIPANTS SINCE INCEPTION.</p> <p>*DBA PROGRAMS OF PWNA FOR EDUCATION: AMERICAN INDIAN EDUCATION FUND (AIEF)</p>

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FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	<p>(EXPENSES \$152,815 INCLUDING GRANTS OF \$99,526)(REVENUE )</p> <p>ANIMAL WELFARE: PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE AND RELATED HUMAN HEALTH RISKS IN REMOTE, UNDERSERVED TRIBAL COMMUNITIES</p> <p>SITUATION: INDIGENOUS PEOPLES HAVE A LONG HISTORY OF RELATIONSHIP WITH ANIMALS; MORE THAN JUST PETS, THEY ARE REGARDED AS RELATIVES 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 HAVE NOT BEEN SPAYED/NEUTERED, AND 69% HAVE NEVER SEEN A VETERINARIAN. ON TOP OF THIS, RESERVATION SHELTERS ARE CONGESTED BECAUSE PEOPLE WHO ADOPTED DURING THE PANDEMIC BROUGHT THE DOGS BACK WHEN THEY 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 QUALITY OF LIFE. SUPPORTING POTENTIAL FOSTER FAMILIES IS OFTEN A KEY TO REHOMING, SO WE SUPPLIED MORE THAN 20,000 POUNDS OF SUPPLIES TO OUR ANIMAL WELFARE PARTNERS ON THE CHEYENNE RIVER, OMAHA, NAVAJO, FORT APACHE, AND ZUNI RESERVATIONS. WITH YOUR SUPPORT, RAR ALSO AWARDED 6 NEW GRANTS IN 2024, PROVIDING \$50,000 IN SUPPORT FOR SPAY/NEUTER, VACCINATION, PARASITE PREVENTION, EMERGENCY CARE, AND TRANSPORT THAT BENEFITED 546 ANIMALS ACROSS 5 RESERVATIONS.</p> <p>*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: RESERVATION ANIMAL RESCUE (RAR)</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**Open to Public  
Inspection**

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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	<p>(EXPENSES INCLUDING GRANTS OF )(REVENUE )</p> <p>PUBLIC EDUCATION: 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 HINDER OPPORTUNITY AND EQUITY FOR NATIVE PEOPLES</p> <p>SITUATION: THE NEED FOR AMERICA TO BECOME MORE NATIVEAWARE® 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 RECEIVE FREE HOUSING AND HEALTHCARE, 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 STEM DIRECTLY FROM 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 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. AND NOW INFLATION IS STACKED ON TOP OF ALL THESE NEEDS.</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 827.1 MILLION PEOPLE WITH NEWS MEDIA ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH 51 NEWS ARTICLES, 5 PRESS RELEASES, SOCIAL MEDIA ENGAGEMENT, FRESH CONTENT ON OUR WEBSITE, AND TIMELY ORIGINAL CONTENT ON OUR BLOG. IN ADDITION, OUR PRESIDENT &amp; CEO CONTINUED PUBLIC EDUCATION THROUGH THESE AND OTHER EFFORTS IN 2024:</p> <ul style="list-style-type: none"><li>-EARNING ACCREDITATION WITH THE UN ECONOMIC &amp; SOCIAL COUNCIL (ECOSOC), AS ONE OF JUST A FEW NATIVE ORGANIZATIONS WITH SPECIAL CONSULTATIVE STATUS</li><li>-TRAINING ON EMERGENCY PREPAREDNESS WITH THE SALVATION ARMY, CENTER FOR DISASTER PHILANTHROPY AND THE FUNDER'S NETWORK PHILANTHROPIC PREPAREDNESS, RESILIENCY AND EMERGENCY PARTNERSHIP TEAMS</li><li>-WINNING A \$50,000 GRANT COMPETITION TO KICK OFF FOOD SOVEREIGNTY INITIATIVES WITH NATIVE YOUTH IN 2025</li><li>-SPEAKING AT MORE THAN A DOZEN ORGANIZATIONS SUCH AS INSTACART, BNSF RAILWAY, AND MORE</li><li>-SERVING AT 4 MAJOR SOCIAL IMPACT CONFERENCES, INCLUDING:<ul style="list-style-type: none"><li>-SOCIAL INNOVATION SUMMIT (MODERATOR AND PANELIST)</li><li>-NATIONAL DIVERSITY &amp; LEADERSHIP CONFERENCE (PANELIST)</li><li>-SOCIAL IMPACT ENTERTAINMENT CONFERENCE (PANELIST)</li><li>-MOLINA HEALTHCARE TRIBAL HEALTH SYMPOSIUM (KEYNOTE SPEAKER)</li></ul></li></ul>

**SCHEDULE O  
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FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>WATER IS AN ISSUE. 75% OF HOPI RESIDENTS RELY ON WATER 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 CANNOT PREDICT EVERY EMERGENCY, SO WE GIVE SEASONAL AID TO HELP PREPARE FOR THEM. IN 2024, THIS INCLUDED YEAR-ROUND AID TO 66 SHELTERS FOR THE AGED, HOMELESS, DISABLED, AND DOMESTIC ABUSE VICTIMS, AIDING APPROXIMATELY 8,549 PEOPLE. WE ALSO PROVIDED FIREWOOD, COAL, OR WINTER FUEL VOUCHERS TO SISSETON WAHPETON AND NAVAJO ELDERS, AS WELL AS WINTER AND/OR SUMMER EMERGENCY BOXES TO 26 PARTNERS ON 10 RESERVATIONS. THESE EMERGENCY KITS EQUIPPED NATIVE ELDERS WITH SUPPLIES SUCH AS BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOODS, 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 10 TIMES FOR THE NORTHERN CHEYENNE, NAVAJO, Mescalero APACHE, AND SAN CARLOS APACHE IN 2024. THE WATCH FIRE ON SAN CARLOS APACHE LANDS AND THE SOUTH FORK AND SALT FIRES ON Mescalero APACHE LANDS BURNED MORE THAN 19,000 ACRES OF NATIVE LANDS AND DISPLACED THOUSANDS OF THEIR CITIZENS. PWNA PROVIDED DISASTER RELIEF FOR WILDFIRES IN 3 COMMUNITIES, A WATER SHORTAGE, A WINTER STORM, FLOODING, AND COVID RELIEF IN 4 COMMUNITIES, DELIVERING 509,850 POUNDS OF STAPLE FOODS, BOTTLED WATER, HYGIENE KITS, DIAPERS, BLANKETS, PPE, AND OTHER ESSENTIALS TO ASSIST ABOUT 2,750 HOUSEHOLDS.</p> <p>PWNA ALSO INVESTS IN EMERGENCY PLANNING AND TRAINING WITH TRIBAL COMMUNITIES. WITH SUPPORT FROM MARGARET A. CARGILL PHILANTHROPIES, FEEDING AMERICA, AND PATHWARD, WE SUPPORTED A TRIBAL EMERGENCY MANAGEMENT SUMMIT AND FACILITATED TRAINING ON MENTAL HEALTH, LIFE-SAVING SKILLS, MASS FATALITY MANAGEMENT, FIRST AID/CPR, CERT, FEMA TRIBAL COURSES, AND OTHER FIRST RESPONDER SKILLS. THIS PLANNING AND TRAINING BENEFITED TRIBAL PARTICIPANTS REPRESENTING BLACKFEET, CHEYENNE RIVER, CROW, CROW CREEK, NAVAJO, FORT PECK, LOWER BRULE, NORTHERN CHEYENNE, OMAHA, PINE RIDGE, ROSEBUD, SANTEE, LAKE TRAVERSE, STANDING ROCK, WINNEBAGO, YAKIMA, AND YANKTON RESERVATIONS IN THE NORTHERN PLAINS AND FORT APACHE, KAIBAB, QUECHAN, AND SAN CARLOS RESERVATIONS IN THE SOUTHWEST.</p> <p>WITH ADDITIONAL SUPPORT FROM FEEDING AMERICA, PWNA EXTENDED THEIR SUPPORT OF THE NATIVES PREPARED PROJECT AS THE SISSETON WAHPETON AND HUALAPAI INITIATED THEIR IMPLEMENTATION OF FOOD ACCESS AND PREPAREDNESS PLANS DEVELOPED IN THE 2023 PHASE. AT&amp;T ALSO ASSISTED WITH COTS FOR THE Mescalero WILDFIRE RESPONSE. ALTOGETHER, 479 TRIBAL CITIZENS ACROSS 23 RESERVATIONS TRAINED AND/OR ENGAGED AROUND DISASTER READINESS IN 2024.</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>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>TRIBAL COMMUNITIES PWNA SERVES RANGES FROM 15% TO 54%.</p> <p>PWNA RESPONSE: HAPPY HOLIDAYS CONTRIBUTE TO OVERALL WELL-BEING. DURING THE 2024 HOLIDAYS, PWNA HELPED PROGRAM PARTNERS SPREAD HOLIDAY CHEER BY DELIVERING STOCKINGS AND HOLIDAY GIFT BAGS FILLED WITH PRACTICAL ITEMS. THESE GIFTS DELIGHTED 15,170 CHILDREN AND ELDERS ACROSS 15 RESERVATIONS IN THE NORTHERN PLAINS AND 11 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), AND NATIVE AMERICAN AID (NAA ).</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990. ONCE PREPARED, THE SR. DIRECTOR BUSINESS &amp; FINANCIAL OPERATIONS, COO, AND CEO, REVIEW THE FORM, AFTER WHICH IT IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE FORM 990 IS THEN PRESENTED TO THE FULL BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
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**Open to Public  
Inspection**

Name of the organization

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Return Reference - Identifier	Explanation
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, DC, 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.