

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
Partnership with Native Americans

% AMBER E KINNEY SVP AND CFO  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
16415 ADDISON ROAD Suite 200

City or town, state or province, country, and ZIP or foreign postal code  
ADDISON, TX 75001

**D** Employer identification number  
47-3730147

**E** Telephone number  
(214) 217-2600

**G** Gross receipts \$ 23,813,751

**F** Name and address of principal officer  
JOSHUA ARCE  
16415 ADDISON ROAD SUITE 200  
ADDISON, TX 75001

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW NATIVEPARTNERSHIP ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 2015

**M** State of legal domicile TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
MISSION SERVING IMMEDIATE NEEDS SUPPORTING LONG-TERM SOLUTIONS PWNA ADDRESSES NUTRITION, HEALTH, EDUCATION, EMERGENCY SERVICES, (continued on schedule o)

**2** Check this box  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)	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	8
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	67
<b>6</b> Total number of volunteers (estimate if necessary)	388
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	27,451,435	23,582,771
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,548	3,530
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,603	227,450
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,643,586	23,813,751
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,304,404	11,626,874
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,674,044	3,723,782
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,998,795		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,871,123	9,350,899
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	31,849,571	24,701,555
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-4,205,985	-887,804
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	18,593,691	17,571,807
<b>21</b> Total liabilities (Part X, line 26)	984,663	850,658
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	17,609,028	16,721,149

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2020-11-16

JOSHUA ARCE PRESIDENT AND CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Check  if self-employed PTIN P00742631

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 14241 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254 Phone no (972) 702-8262

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

MISSION SERVING IMMEDIATE NEEDS SUPPORTING LONG-TERM SOLUTIONS VISION STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES See Schedule O (page 42) and WWW NATIVEPARTNERSHIP ORG to learn more

**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 \$ 7,369,165 including grants of \$ 5,008,105 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 3,501,437 including grants of \$ 2,379,586 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 2,028,903 including grants of \$ 1,378,848 ) (Revenue \$ )  
See Additional Data

(Code ) (Expenses \$ 4,202,433 including grants of \$ 2,855,985 ) (Revenue \$ 38,636 )  
SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 4,202,433 including grants of \$ 2,855,985 ) (Revenue \$ 38,636 )

**4e Total program service expenses** ▶ 17,101,938

**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	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<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		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<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		No
<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		No
<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		No
<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		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<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	Yes	
<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		No
<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		No
<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		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<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		No
<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	Yes	
<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		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<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		No
<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		No
<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		No
<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)		No
<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		No
<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		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Box, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, deductible contributions, and charitable trusts.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBBI RICE DIETRICH PRESIDENT AND CEO	55 0 0 0			X				190,882	0	14,815
(2) AMBER E KINNEY SR. VICE PRESIDENT AND CFO	55 0 0 0			X				163,903	0	17,910
(3) LUCRETIA ANN WINTER DIRECTOR OF FINANCE AND ACCOUN	55 0 0 0					X		117,668	0	9,822
(4) RICHARD WAYNE MILLER PROGRAMS MANAGER	55 0 0 0					X		109,913	0	9,083
(5) RAFAEL F TAPIA JR VICE PRESIDENT PROGRAMS	55 0 0 0					X		101,399	0	9,709
(6) CHRISTINA KAZHE BOARD CHAIR	2 0 0 0	X		X				0	0	0
(7) JACLYN BLACKBIRD VICE CHAIR	2 0 0 0	X		X				0	0	0
(8) KEVIN DIEPHOLZ SECRETARY	2 0 0 0	X		X				0	0	0
(9) MARK NADOLNY TREASURER	2 0 0 0	X		X				0	0	0
(10) ANN MARIE COLLINS DIRECTOR	2 0 0 0	X						0	0	0
(11) NICOLE PITRE DIRECTOR	2 0 0 0	X						0	0	0
(12) ALYCE SADONGEI DIRECTOR	2 0 0 0	X						0	0	0
(13) CARLA KNAPP DIRECTOR	2 0 0 0	X						0	0	0
(14) LEONARD SMITH DIRECTOR - END 11/19	2 0 0 0	X						0	0	0
(15) JOSHUA ARCE DIRECTOR - END 11/19	2 0 0 0	X						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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							683,765	0	61,339	

**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 or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
<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> . . . . .	4	Yes
<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> . . . . .	5	No

**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
LEGACY MAIL MANAGEMENT, 1615 E WASHINGTON ST MOUNT PLEASANT, IA 52641	PRINTING, MAILING	1,037,827
MDI IMAGING MAIL, 21955 CASCADES WAY DULLES, VA 20166	PRINTING, MAIL HOUSE	191,492

**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 ▶ 2



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	23,582,771		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .	<b>1g</b>	9,534,840		
<b>h Total.</b> Add lines 1a-1f . . . . .		23,582,771			

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .			0			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,680		2,680	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			186,788		186,788	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal			
			<b>6b</b> Less rental expenses	<b>6b</b>			
		<b>6c</b> Rental income or (loss)	<b>6c</b>	0	0		
		<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other	850		
			<b>7b</b> Less cost or other basis and sales expenses	<b>7b</b>			
		<b>7c</b> Gain or (loss)	<b>7c</b>	850			
		<b>d</b> Net gain or (loss) . . . . .			850		850
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>8a</b>			0		
			<b>8b</b> Less direct expenses . . . . .	<b>8b</b>	0		
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>9a</b>			0		
			<b>9b</b> Less direct expenses . . . . .	<b>9b</b>	0		
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0		
			<b>10b</b> Less cost of goods sold . . . . .	<b>10b</b>	0		
		<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
Miscellaneous Revenue		Business Code					
<b>11a</b> Miscellaneous Income		900099	40,662	38,636	2,026		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			40,662				
<b>12 Total revenue.</b> See instructions . . . . .			23,813,751	38,636	192,344		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	65,350	65,350		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	11,561,524	11,561,524		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	387,510		387,510	
<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) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	2,698,825	1,205,698	600,901	892,226
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	71,870	32,407	18,072	21,391
<b>9</b> Other employee benefits . . . . .	349,678	187,989	60,874	100,815
<b>10</b> Payroll taxes . . . . .	215,899	81,304	71,599	62,996
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	4,438		4,438	
<b>c</b> Accounting . . . . .	46,593		46,593	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	684,594	229,393	124,467	330,734
<b>12</b> Advertising and promotion . . . . .	444,042		5,072	438,970
<b>13</b> Office expenses . . . . .	4,208,516	2,565,911	28,636	1,613,969
<b>14</b> Information technology . . . . .	602,552	66,860	55,303	480,389
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	348,279	96,419	85,611	166,249
<b>17</b> Travel . . . . .	157,798	137,047	10,489	10,262
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	8,767		8,767	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	568,607	296,318	25,743	246,546
<b>23</b> Insurance . . . . .	166,768	81,969	58,756	26,043
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b> MAIL HOUSE	1,139,651			1,139,651
<b>b</b> Donor Research & Data Svcs	374,782			374,782
<b>c</b> Equipment Rental & Maintenance	40,749	33,088	3,158	4,503
<b>d</b> Shipping & Gifting Expenses	432,270	432,270		
<b>e</b> All other expenses	122,493	28,391	4,833	89,269
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,701,555	17,101,938	1,600,822	5,998,795
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,714,481	2,146,790		2,567,691

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,773,048	<b>1</b>	2,732,504
	<b>2</b> Savings and temporary cash investments . . . . .	17,275	<b>2</b>	72,567
	<b>3</b> Pledges and grants receivable, net . . . . .	168,438	<b>3</b>	401,703
	<b>4</b> Accounts receivable, net . . . . .	567,538	<b>4</b>	324,000
	<b>5</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>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 . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	9,918,354	<b>8</b>	8,358,850
	<b>9</b> Prepaid expenses and deferred charges . . . . .	279,988	<b>9</b>	267,975
	<b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	<b>10a</b> 10,520,372		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 5,106,164	5,869,050	<b>10c</b> 5,414,208
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities—See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related—See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets—See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,593,691	<b>16</b>	17,571,807	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	725,442	<b>17</b>	604,889
	<b>18</b> Grants payable . . . . .	2,124	<b>18</b>	994
	<b>19</b> Deferred revenue . . . . .	154,449	<b>19</b>	134,015
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to 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 . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	102,648	<b>25</b>	110,760
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	984,663	<b>26</b>	850,658	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	16,692,933	<b>27</b>	15,995,776
	<b>28</b> Net assets with donor restrictions . . . . .	916,095	<b>28</b>	725,373
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 . . . . .	17,609,028	<b>32</b>	16,721,149	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	18,593,691	<b>33</b>	17,571,807	

**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>	23,813,751
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	24,701,555
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-887,804
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,609,028
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-75
<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 in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,721,149

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-3730147

**Name:** Partnership with Native Americans

Form 990 (2019)

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### Form 990, Part III, Line 4a:

HEALTH PURPOSE OF THE PROGRAM TO SUPPORT PREVENTATIVE CARE AND HEALTH EDUCATION INITIATIVES OF RESERVATION PROGRAMS SERVING TRIBAL MEMBERS, AND TO HELP THEM MOTIVATE INVOLVEMENT IN HEALTHY LIFESTYLES AND COMMUNITY SERVICE SITUATION THE PEOPLE PWNA SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (I H S ) FOR MEDICAL CARE (CONTINUED ON SCHEDULE O)

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**Form 990, Part III, Line 4b:**

EDUCATION SERVICES PURPOSE OF THE PROGRAM TO INCREASE RESOURCES FOR NATIVE AMERICAN EDUCATION, AND SUPPORT ACCESS AND RETENTION OF NATIVE STUDENTS FROM PRE-KINDERGARTEN THROUGH COLLEGE SITUATION EDUCATION IS ONE OF THE MOST IMPORTANT CORNERSTONES OF SELF-SUFFICIENCY AND QUALITY OF LIFE, AND A KEY TO ADDRESSING THE LONG-TERM POVERTY AND OTHER CHALLENGES FACING THE RESERVATIONS PWNA SERVES HIGH SCHOOL DROPOUT RATES RANGE FROM 30 UP TO 70% (VARIES BY COMMUNITY) (CONTINUED ON SCHEDULE O)

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**Form 990, Part III, Line 4c:**

EMERGENCY SERVICES PURPOSE OF THE PROGRAM TO PROVIDE DISASTER RELIEF, SEASONAL SUPPORT AND CRITICAL SUPPLIES FOR RESERVATION SHELTERS, AND TO SUPPORT TRIBAL READINESS TO RESPOND WHEN DISASTERS STRIKE SITUATION THE NATURAL ENVIRONMENT ON THE RESERVATIONS PWNA SUPPORTS IS OFTEN HARSH, GIVING RISE TO A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS, ICE STORMS, TORNADOS AND HURRICANES (CONTINUED ON SCHEDULE O)

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

**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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Partnership with Native Americans

Employer identification number  
47-3730147

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s)

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



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	24,979,589	43,993,007	40,635,702	27,451,435	23,582,771	160,642,504
<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</b>	<b>Total.</b> Add lines 1 through 3	24,979,589	43,993,007	40,635,702	27,451,435	23,582,771	160,642,504
<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)						8,804,799
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						151,837,705

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4	24,979,589	43,993,007	40,635,702	27,451,435	23,582,771	160,642,504
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,072	77,096	213,271	169,074	189,468	659,981
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	0	0	10,900	22,453	2,026	35,379
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						161,337,864
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	947,656

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	<b>1</b>		
<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)? 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).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	<b>4b</b>		
<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)? 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</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>1</b>	
<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 (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</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 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2019 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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)

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, SECTION C, LINE 14	PUBLIC SUPPORT PERCENTAGE FOR 2019 PWNA has a public support percentage of 95.41% for the 5 year period. In 2015, the organization was required to file an initial return as a result of incorporating in a new state. For financial statement purposes, Partnership with Native Americans and National Relief Charities are treated as the same entity.

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

▶ 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.

Department of the Treasury  
Internal Revenue Service

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  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?  Yes  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)
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- 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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>

- 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?  Yes  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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- c** Beginning balance
  - d** Additions during the year
  - e** Distributions during the year
  - f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<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 . . . . .	66,408	66,325	66,325	65,865	0
<b>b</b> Contributions . . . . .				460	65,865
<b>c</b> Net investment earnings, gains, and losses	1,230	83			
<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 . . . . .	67,638	66,408	66,325	66,325	65,865

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 100 000 %
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 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 . . . . .		657,863		657,863
<b>b</b> Buildings . . . . .		5,175,495	5,106,164	69,331
<b>c</b> Leasehold improvements		242,768	101,204	242,768
<b>d</b> Equipment . . . . .		2,885,331	1,838,005	2,885,331
<b>e</b> Other . . . . .		1,558,915	1,419,263	1,558,915
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				5,414,208

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	110,760

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part 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>	24,268,158
<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>	-75
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	263,760
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	263,685
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	24,004,473
<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>	-190,722
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-190,722
<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>	23,813,751

**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>	24,965,315
<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>	263,760
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	263,760
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	24,701,555
<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>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<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>	24,701,555

**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	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-3730147

**Name:** Partnership with Native Americans

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS A PERMANENT ENDOWMENT FOR \$50,000 WAS ESTABLISHED WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT NAVAJO ELDERS ALSO, A PERMANENT ENDOWMENT FOR \$15,000 WITH PROCEEDS TO BE DISTRIBUTED TO SUPPORT DIALYSIS THROUGH THE NORTHERN PLAINS RESERVATION AID PROGRAM (FORMERLY AMERICAN INDIAN RELIEF COUNCIL) THE CORPUS OF \$65,000 IS INVESTED IN INTEREST-BEARING ACCOUNTS

## Supplemental Information

Return Reference	Explanation
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

## Supplemental Information

Return Reference	Explanation
schedule d, part xi, line 4b	reconciliation of revenue per audited financial statements with return    Decrease in Net Assets WITH DONOR RESTRICTIONS \$(190,722)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization  
Partnership with Native Americans

Employer identification number  
47-3730147

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_



**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	151023		5,008,105	FMV	PT III, LN 4A, P 43
(2) EDUCATION SERVICES	40987	112,027	2,246,559	fmv	PT III, LN 4b, P 45
(3) HOLIDAY	20513		1,742,663	FMV	PT III, LN 4d, P 48
(4) EMERGENCY SERVICES	28647		1,378,848	FMV	PT III, LN 4C, P 47
(5) FOOD AND WATER	50352		990,613	FMV	PT III, LN 4d, P 49
(6) ANIMAL WELFARE	3185		82,709	FMV	PT III, LN 4d, P 51
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S FOR EACH OF OUR GRANTS, WE ACCEPT APPLICATIONS FOR FUNDS ON A STANDARD APPLICATION FORM THAT FORM OUTLINES THE REPORTING REQUIREMENTS OF THE GRANT FOR WHICH THE ORGANIZATION IS APPLYING ONCE AN ORGANIZATION IS SELECTED FOR A GRANT, OUR PROGRAM TEAM DEVELOPS A SUPPORT PLAN FOR THE INSTITUTION THIS PLAN OUTLINES THE SCHEDULE OF FOLLOW-UP CALLS, PERSONAL VISITS, AND EXPECTED DELIVERABLES FROM THE GRANTEE AT A MINIMUM, A SEMI-ANNUAL REPORT IS REQUIRED FROM EACH GRANTEE THE REPORT DETAILS HOW THE GRANT FUNDS WERE EXPENDED AND REQUIRES PHYSICAL BACKUP FOR 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

**Additional Data****Software ID:****Software Version:****EIN:** 47-3730147**Name:** Partnership with Native Americans**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOUGHERTY FOUNDATION 3111 N CENTRAL AVE PHOENIX, AZ 85012	86-6051637	501(C)(3)	9,500				SCHOLARSHIP MATCHING GRANT
COLORADO STATE UNIVERSITY 8013 CAMPUS DELIVERY FORT COLLINS, CO 80523	23-7098397	GOVT	20,000				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	36-3377698	501(c)(3)	10,000				ANIMAL WELFARE
12 Hills Dog Rescue 3175 H Avenue Waithill, NE 68067	45-3368698	501(C)(3)	9,850				animal welfare

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wolf Point pound puppies animal rescue PO Box 164 Wolf Point, MT 59201	47-1706723	501(c)(3)	6,000				Funding for vaccinations and registration tags

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

# Compensation Information

OMB No 1545-0047

**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.**

# 2019

**Open to Public Inspection**

Name of the organization  
Partnership with Native Americans

Employer identification number  
47-3730147

## Part I Questions Regarding Compensation

	Yes	No								
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><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.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><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.</p>	<b>8</b>	No								
<p><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)?</p>	<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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBBI RICE DIETRICH PRESIDENT AND CEO	(i)	190,882 -----	0 -----	0 -----	5,877 -----	8,938 -----	205,697 -----	-----
	(ii)	0	0	0	0	0	0	-----
2 AMBER E KINNEY SR VICE PRESIDENT AND CFO	(i)	163,903 -----	0 -----	0 -----	5,199 -----	12,711 -----	181,813 -----	-----
	(ii)	0	0	0	0	0	0	-----

**Part III**    **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047

## 2019

**Open to Public Inspection**

Name of the organization  
Partnership with Native Americans

Employer identification number  
47-3730147

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		2,136,560	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	30	1,184,597	FMV
20 Drugs and medical supplies . . . . .	X	29	4,676,939	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
SUPPLIES FOR SCHOOLS, PETS, OFFICE, CANDLES,	X	22	1,536,744	FMV
25 Other ▶ ( TOYS )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			No
<b>b</b> If "Yes," describe in Part II			
<b>33</b> 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	Explanation
SCHEDULE M, PART I	Other information on Donors PWNA received products from 10 different organizations (not different individuals)
Schedule M, Part I, Column B	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE NUMBER DISCLOSED IN THIS COLUMN REFLECTS THE NUMBER OF contributions RECEIVED

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Partnership with Native Americans

Employer identification number

47-3730147

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990 ONCE PREPARED, THE CFO AND CEO REVIEW THE FORM WITH THE FINANCE COMMITTEE AND THEN THE BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE BOARD OF DIRECTORS, THE CEO AND ALL SENIOR EMPLOYEES SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY ADDITIONALLY, OUR EMPLOYEE REFERENCE GUIDE HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY AND NEW EMPLOYEES RECEIVE AND SIGN AN ACKNOWLEDGMENT OF THE POLICY AND COMPLETED QUESTIONNAIRE UPON HIRE CONFLICTS OF INTEREST, IF ANY, ARE RESOLVED AS THEY ARISE IF ANY DIRECTOR DISCLOSES A CONFLICT OF INTEREST, THEY ARE ALSO ASKED TO ABSTAIN FROM VOTING ON MATTERS RELATED TO THE POTENTIAL CONFLICT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION THE BOARD OF DIRECTORS ANNUALLY CONDUCTS A FORMAL PERFORMANCE APPRAISAL OF THE CEO, INCLUDING THE CEO'S COMPENSATION EVERY 2-3 YEARS COMPENSATION DATA FOR CEO'S OF SIMILARLY SIZED NON-PROFITS IS GATHERED AND COMPARED WITH THE COMPENSATION PROVIDED TO THE ORGANIZATION'S CEO THE FINAL PERFORMANCE REVIEW IS PRESENTED TO THE BOARD AND ANY COMPENSATION ADJUSTMENTS ARE DOCUMENTED IN THE MINUTES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15B	REVIEW OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION AN EXTERNAL CONSULTING FIRM CONCLUDED A COMPREHENSIVE COMPENSATION REVIEW IN 2016 TO INCLUDE ALL OTHER OFFICERS AND 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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	Availability of Documents 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, ITEM C	DOING BUSINESS AS AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN), AMERICAN INDIAN EDUCATION FUND (AIEF), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF), NATIVE AMERICAN AID (NAA), NATIONAL RELIEF CHARITIES (NRC), RESERVATION ANIMAL RESCUE (RAR), Northern Plains Reservation Aid (NPRA) & Southwest Reservation Aid (SWRA)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART I, LINE 1	<p>SIGNIFICANT ACTIVITIES (CONTINUED FROM PAGE 1) HOLIDAY SUPPORT AND ANIMAL WELFARE PWNA's Dual Role and Humanitarian Service Strategy In 2015, our organization's name was changed to Partnership With Native Americans to better communicate our mission and connection to tribal communities PWNA believes that Native American peoples have the power within themselves to build strong communities The community members we work with know the challenges that exist and are finding solutions to them We are a trusted partner and resource to lift their efforts - to champion hope and support for their success today and tomorrow pwna takes a dual approach to serving Native Americans, responding to immediate needs in reservation communities by providing food, water, and other critical materials, and supporting community-based projects that sustainably address the core symptoms of poverty and contribute to self-sufficiency Our organization approaches humanitarian service through an asset based community development (ABCD) framework which encompasses all strands of services in program logic model (material services, capacity building, community building and higher education) this ensures we build on assets present in the communities we serve and bring together individuals, programs, and outside resources to leverage the social capital of a much larger network mobilizing toward a common solution Local participation and empowerment lie at the core of ABCD and lead toward sustainable community gains for the reservations, communities, programs and people PWNA serves See <a href="http://www.nativepartnership.org">www nativepartnership org</a> to learn more</p>



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FORM 990, PART III, LINE 4A	<p>HEALTH (CONTINUED FROM PART III) SITUATION CONTINUED These clinics are often long distances away only 500 clinics serve the 574 federally recognized tribes (less than 1 per reservation) and lack of transportation is an issue for many Because this government-run health program is severely underfunded and understaffed for the population and need it was intended to address, IHS focuses on healthcare crises rather than preventive care PWNA thus supports reservation programs providing preventative care, home health visits and health education for long-term impact, helping them address diabetes at epidemic levels, obesity even for youth, tuberculosis seven times higher for Native Americans, more cancer-related disparities than any minority group in the U.S., higher infant mortality and lower life expectancy for some Native men (especially in the Northern Plains) A long history of oppression has contributed to the limited view of opportunities many Native Americans envision for themselves and their families Supporting self-determination and reservation partners that require people to take part actively in community projects/services to receive materials and services from PWNA adds to individual and community well-being PWNA RESPONSE In 2019, PWNA supported healthy lifestyle programs and community activities for approximately 151,023 people Among them, some 138,198 people participated in health events or other projects hosted by our reservation partners to increase community involvement in youth services, elderly service programs and wellness initiatives New mothers participated in pre- and post-natal care, parenting and behavioral health programs, receiving baby baskets full of essential products PWNA supported 397 reservation partners who conducted health screenings for diabetes, high blood pressure, tuberculosis and cancer, education classes on diabetes prevention, healthy nutrition and heart health, youth education such as suicide awareness and prevention, health appointments for immunizations, hospital post-release and medication monitoring, and home visits with those who are homebound or otherwise unable to access services We also supported 173 partners who hosted community-wide wellness events and flu clinics, youth and cultural camps, language preservation and more Additionally, with the support of Newmans Own Foundation, PWNA continued its critical Train-the-Trainer (T3) service, utilizing Native American chefs who emphasize preparing healthy meals with ancestral and locally available foods We trained 72 additional professionals who prepare meals for tribal members on remote reservations These T3 participants immediately demonstrated their newly acquired skills by preparing healthy public meals for approximately 415 people from 8 tribes, including Crow Creek, Cheyenne River, Northern Cheyenne, Pine Ridge, Hopi, Navajo, Southern Ute and Ute people who in turn have the potential to impact nutrition for six more people each (about</p>

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	2,490) *DBA programs of PWNA for Health services Southwest Reservation Aid (SWRA), Northern Plains Reservation Aid (NRPA), Southwest Indian Relief Council (SWIRC), Navajo Relief Fund (NRF), Sioux Nation Relief Fund (SNRF) and Native American Aid (NAA)

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4B	<p>education services (CONTINUED FROM PART III) situation continued About 17% of Native American students start college, and only 13% of Native Americans hold a college degree Contrary to public perception, college is not free for Native Americans, but Native students are often slow to ask for aid, believing college is not an option for them Thus, non-native students are twice as likely to achieve an undergraduate degree PWNA RESPONSE By addressing both immediate and long-term educational needs, PWNA helps our partner schools and colleges motivate students and improve retention In 2019, PWNA furnished school supplies for approximately 20,313 K-12 students at 68 schools, and essential supplies to support literacy for more than 8,700 children across 10 reservations, motivating reading and parent-child reading time and supporting reading comprehension TOMS shoes/footwear was distributed at Community Events serving More than 24,500 students PWNA also supports Native American students pursuing a higher education, awarding scholarships to applicants who are most often in the middle range of the academic ranking and may not be considered by other providers despite their serious drive and proven ability to overcome obstacles The academic-year completion rate for students who receive PWNA scholarships is 90-95%, considerably higher than the national average PWNA credits this success to our individualized mentorship program and our unique selection process of identifying candidates with a likelihood of overcoming the first-year challenges that are unique to Native students To increase funding for Native students, PWNA awarded nearly \$120,000 in undergraduate and graduate scholarships in 2019 and awarded nearly \$33,000 in grants to tribal colleges, universities, and other groups committed to Native education, impacting college access and retention for approximately 41 Native American scholars With the support of Walmart Foundation, we awarded several laptops to first-year students And with the support of the PepsiCo Foundation, PWNA completed the inaugural cohort of our Strong Native Women program Through this all-women cohort based on our Four Directions Development Program (4D), we provided personal and professional development training to Native women who are emerging leaders and want to make greater contributions to their tribal communities The cohort began in 2018 and completed in 2019, with graduates representing 7 tribes in Arizona and New Mexico *DBA programs of PWNA for Education American Indian Education Fund (AIEF)</p>

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FORM 990, PART III, LINE 4C	<p>emergency services (CONTINUED FROM PART III) situation continued PWNA is a reliable first responder quick to respond to tribes when disaster relief is needed Some communities also experience acute or chronic contaminated-water emergencies Additionally, 90,000 Native Americans are homeless and 40% of Native Americans live in sub-standard, overcrowded housing, with the typical wait time for tribal housing assistance at three years or more PWNA RESPONSE PWNA provided supplies to residential shelters for the aged, homeless, disabled and domestic abuse victims, assisting approximately 25,084 people in 2019 We supplied winter fuel for about 393 Elders of the Rosebud, Northern Cheyenne, Zuni and Navajo nations, as well as winter and summer emergency kits for about 2,182 Elders of the Cheyenne River, Gros Ventre and Assiniboine, Northern Cheyenne, Omaha, Rosebud, Standing Rock, Navajo and Quechan tribes, the Sisseton Wahpeton tribes on the Spirit Lake and Lake Traverse reservations, and the Hopi, Santa Clara, Kewa and Picuris pueblo peoples These emergency kits equipped Native Elders with supplies such as blankets, batteries, candles, water, nonperishable food and other items helpful during winter storms, and water, sunscreen, bug spray, fire extinguishers and other items helpful during summer heat, storms and outages PWNA rotates its seasonal readiness services to different communities in the Plains and Southwest to avoid creating dependency, but the level of need suggests increasing these services as funding permits In 2019, two tribal communities - Oglala Sioux and White Mountain Apache reached out to PWNA for disaster relief due to flooding and an extended power outage, respectively We responded with more than 17,000 pounds of MREs, bottled water, hygiene kits, diapers, blankets and other critical supplies as appropriate to each incident, aiding approximately 225 tribal citizens impacted by the emergencies Additionally, with support of Margaret A Cargill Philanthropies and a new Memorandum of Understanding (MOU) with the American Red Cross, PWNA expanded its capacity building to support tribal readiness to respond when disaster strikes This included 20 emergency preparedness trainings, often including CPR and AED certification training, for about 336 participants across 8 communities of the Pine Ridge, Crow Creek, Cheyenne River and Lake Traverse reservations We also completed 27 community engagement activities involving about 427 participants in 6 communities focused on tribal- and self-directed emergency preparedness *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>

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FORM 990, PART III, LINE 4D	<p>HOLIDAY (includes \$1,742,663 in material grants) PURPOSE OF THE PROGRAM To help our reservation partners spread community cheer and involvement at times when families may be experiencing more disenfranchisement and seasonal stress SITUATION Native American Elders and children on the reservations we assist are certainly aware of holidays celebrated across the U S , but frequently their families cannot afford holiday gifts or celebrations Up to 43% of Native American children live in poverty and 61% live in low-income households, many of them raised by grandparents on severely limited, fixed incomes such as social security Poverty rates in the hundreds of tribal communities served by PWNA range from 38% to 63% PWNA RESPONSE During the 2019 holidays, we helped 125 reservation partners address immediate needs by distributing stockings or holiday gift bags filled with practical items to about 20,503 delighted children and Elders Our partners also used these and other events to promote skill building and volunteerism across 20 different reservations in the Northern Plains and 15 reservations in the Southwest *DBA programs of PWNA for Holiday support Southwest Reservation Aid (SWRA), Northern Plains Reservation Aid (NRPA), Southwest Indian Relief Council (SWIRC) and Sioux Nation Relief Fund (SNRF) FOOD &amp; WATER (includes \$990,613 in material grants) PURPOSE OF THE PROGRAM To ease food insecurity by supporting food sovereignty and local access to healthy foods among Native American Elders, children and families on the reservations we serve SITUATION Low food security insufficient food quality or variety for dietary health is a key issue on the impoverished reservations in our service area, fueling high rates of nutrition-related diseases such as diabetes and obesity when families must turn to less expensive but fatty and high-carbohydrate foods and plates often devoid of fresh vegetables Food hardship - the inability to afford enough food for yourself and your family - is also on the rise, especially for homes with children, according to a 2018 study by the Food &amp; Action Center Nationwide, the food hardship rate is 16-19%, compared to 23% for Native American families A growing number of food banks lack enough food to meet demand, and now, rather than an emergency solution, food aid has become a staple or long-term solution for more and more people who consistently need extra help to obtain enough healthy food with their severely limited financial resources This is certainly the case for many families and food banks in the communities PWNA serves, along with another hardship - contaminated drinking water PWNA RESPONSE PWNA provided immediate relief by continuing our food deliveries in 2019, and our trucks and staff traveled approximately 168,500 miles to deliver these and other essential supplies Our food boxes helped food pantries feed about 23,162 people The staple foods we supplied for Elderly Nutrition Programs and soup kitchens</p>

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FORM 990, PART III, LINE 4D	<p>helped provide approximately 11,698 Native American Elders hot meals 5 days a week Our e mergency and breakfast foods supported about 3,947 people, and our Thanksgiving and Christ mas community meals helped feed about 11,545 people Taking a long-term view of food sover eighty and capacity building, PWNA continued supporting the Native American Food Cohort sp onsored by Newmans Own Foundation, working alongside other Native nonprofits to uncover po ssible enhancements of Native food systems See also Health section on Schedule O for our train-the-trainer (T3) initiatives to support healthier nutrition *DBA programs of PWNA f or Food services Southwest Reservation Aid (SWRA), Northern Plains Reservation Aid (NRPA) , Southwest Indian Relief Council (SWIRC), Navajo Relief Fund (NRF), Sioux Nation Relief F und (SNRF) and Native American Aid (NAA) ANIMAL WELFARE (Grants of \$122,709 including \$8 2,709 materials, plus \$40,000 in cash grants) PURPOSE OF THE PROGRAM To support programs concerned with animal welfare and related human health risk in tribal communities SITUATI ON Animal welfare and the problems created from overpopulated and stray animals are immen se for some reservation communities, including disease, animal bites, rabies and other saf ety concerns Because of this, PWNA supports reservation programs that spay, neuter and va ccinate animals of the reservation, educate communities on proper care of animals, and ena ble animal groups to care for more animals PWNA RESPONSE In 2019, PWNA supported immedia te and long-term community concerns related to animal welfare We supplied veterinary prog rams with nearly 15,000 pounds of supplies to help care for about 2,814 animals during res cue, rehab and placement by our animal welfare partners PWNA also awarded \$40,000 in gran ts, enabling spay/neuter services for 371 animals and countering overpopulation and relate d community health risk on the Omaha and Wind River reservations in the Northern Plains an d the Cocopah, Colorado River, Hopi and Navajo reservations in the Southwest *DBA program s of PWNA for Animal Welfare Reservation Animal Rescue (RAR) PUBLIC AWARENESS PURPOSE OF THE PROGRAM To provide accurate information about Native American cultures and condition s on the reservations, as well as PWNA programs and impact, while addressing persistent mi sconceptions that deter inclusivity and social equity for Native peoples SITUATION The l iving conditions in the remote and geographically isolated reservation communities that PW NA serves are comparable to those found in the developing world Amidst the rich culture a nd unity of tribal communities, many Americans miss the fact that poverty and hardship are the norm on many reservations Stereotypes and misconceptions also exist, fueling false s peculation that Native Americans receive special government entitlements such as free hous ing, health care and education under the status of treaties PWNA is committed to dispelli ng the public's misperceptions</p>

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FORM 990, PART III, LINE 4D	<p>regarding Native Americans, while generating a better understanding of Native culture and reservation life and encouraging others toward inclusivity and support of the self-determined goals of the tribes</p> <p><b>PWNA RESPONSE</b> In 2019, PWNA reached a potential reading, listening and viewing audience of more than 362,000 million people with public education about current challenges and realities on the reservations. We achieved this through news articles, press releases, TV coverage, radio interviews, expanded social media channels, videos, and relevant content on our web site and blog. Most notably, legendary and award-winning actor Wes Studi (Cherokee) partnered with PWNA to develop and release the five part PSA "Realities Video Series with Wes Studi" - to help break misconceptions about Native people, history and funding. As Wes shared at our press conference, "Native communities have found solutions that work within their cultures, but funding has not kept pace to support them. My hope is that together with PWNA we can increase awareness and show that supporting Native-led causes is the only way we can create change." PWNA also launched a disaster preparedness campaign to raise awareness about the differences in disaster support for reservation communities, including a landing page with downloadable resources for Native families.</p>