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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

SCANNED

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending NATIVE MOVEMENT Check if applicable C Name of organization D Employer identification number use IRS Address change Doing Business As 68-0535413 label or print or Name change Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number type. Initial return **408 E ROUTE 66** See (928) 213-9063 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-FLAGSTAFF Amended return 86001 G Gross receipts \$ 542,407 Application pending Name and address of principal officer: X H(a) Is this a group return for affiliates? EVON S. PETER 408 E ROUTE 66, FLAGSTAFF, AZ 86001 H(b) Are all affiliates included? Tax-exempt status: | X | 501(c) (If "No," attach a list (see instructions) 3) **◄** (insert no) 4947(a)(1) or Website: ► WWW.NATIVEMOVEMENT ORG H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2005 M State of legal domicile ΑZ Part I Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENGAGE YOUNG LEADERS MOTIVATING THE WORLD'S PEOPLES TOWARDS BALANCED RELATIONS WITH EACH Activities & Governance OTHER AND MOTHER EARTH. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of employees (Part V, line 2a) . . . 17 Total number of volunteers (estimate if necessary) . . . 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34, **Prior Year Current Year** 537,177 Contributions and grants (Part VIII, line 1h) 562,393 Program service revenue (Part VIII, line 2g) 9 5,565 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 143 67 Other revenue (Part VIII, column (A), lines 5, 6d, 8¢, 9c, 10c, and 11 -4.3623,578 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin 563,739 542,407 13 Grants and similar amounts paid (Part IX, column (A) / lines 1-3). 14 Benefits paid to or for members (Part IX, column (A); line 4). V. 2.4.2016 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 293,360 282,724 16a Professional fundraising fees (Part IX, column (A), line 1)1e) Total fundraising expenses (Part IX, column (D), line-25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 308,151 265,314 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 601.511 548.038 19 Revenue less expenses. Subtract line 18 from line 12 -37,772 -5,631 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 56,636 35,488 21 Total liabilities (Part X, line 26) . . . 21,146 5,629 Net assets or fund balances. Subtract line 21 from line 20 35,490 29,859 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 Signature of officer Here Executive Director Type or print name and title Preparer's Check if Preparer's identifying number signature (see instructions) self-Paid 9/17/2010 employed P00090603 Preparer's Firm's name (or yours ROBERTA MOTTER, CPA, PLLC ΕIΝ ▶ 26-4179475 **Use Only** ıf self-employed), address, and ZIP + 4 119 E TERRACE AVE SUITE D, FLAGSTAFF, AZ 86001 ▶ (928) 774-8078 Phone no May the IRS discuss this return with the preparer shown above? (see instructions). X Yes No

Form 990 (2009)

Ρć	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS YOUNG LEADERS MOTIVATING THE WORLD'S PEOPLES
	TOWARDS BALANCED RELATIONS WITH EACH OTHER AND MOTHER EARTH.
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2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
- ∙a	
	THE BLACK MESA WATER COALITION PROJECT PROMOTES SOCIAL AND ENVIRONMENTAL JUSTICE
	FOR THE NAVAJO AND HOPI TRIBES. 3 MAIN PROGRAMS ARE ENERGY AND WATER, JUST
	TRANSITION CAMPAIGN & YOUTH SUMMITS AND TRAINING. PROGRAMS PROMOTE SUSTAINABILITY
	ON COMMUNITY & INDIVIDUAL LEVEL. EDUCATION/OUTREACH SERVED OVER 90 INDIGENOUS
	HIGH SCHOOL AND COLLEGE AGE STUDENTS AND 500 COMMUNITY MEMBERS.
	•
4h	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	THE BIOREGIONAL LIFEWAYS NETWORK PROJECT SERVED 28 YOUTH AGES 14-24 ON NATIVE
	AMERICAN RESERVATIONS AND IN ELACOTAGE AS ESPACIATION AND STREET STREET
	AMERICAN RESERVATIONS AND IN FLAGSTAFF, AZ EDUCATING AND RESTORING CONNECTIONS
	TO NATIVE CULTURE, LANGUAGE AND FOOD SYSTEMS. YOUTH PARTICIPATED IN BUILDING AND
	MAINTAINING 3 COMMUNITY GARDENS, ATTENDING 7 FIELD TRIPS THAT DEMONSTRATE
	SUSTAINABLE AND/OR LOCAL AGRICULTURE.
	•

	•
4c	(Code: 0) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	THE ALASKA PROJECT SERVED 75 YOUNG ALASKA NATIVE LEADERS DURING 2009 THROUGH
	ITS ARCTIC INSTITUTE FOR INDIGENOUS LEADERSHIP. THE NATIVE REVOLUTION FILM FESTIVAL
	REACHED OVER 55 PEOPLE. AN ADDITIONAL 2300 PEOPLE ARE SERVED THROUGH OUTREACH
	EFFORTS. THIS PROJECT IS GEARED TOWARDS EDUCATION AND COMMUNITY LEADERSHIP
	BUILDING TO EMPOWER ALASKA NATIVE PEOPLE.

	•
4 -	Other program and the Charles of the
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses > 460.444

Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 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 I 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 I 7 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 I I 7 Did the organization maintain no collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I I I I I I I I I I I I I I I I I
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 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? If "Yes," complete Schedule D, Part X.
12 Did the organization obtain congrate independent audited financial etatements for the tay year? If "Vee " complete
The difference of the disparation obtain separate, independent additional statements for the tax year? If Yes, complete
Schedule D, Parts XI, XII, and XIII.
12A Was the organization included in consolidated, independent audited financial statements for the tax Yes No
year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
Ada Diddha assaniasta a saistain an affici
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance
to individuals located outside the United States? If "Yes," complete Schedule F, Part III
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
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
IIV II
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19? Note. All Form 990 filers are required to complete Schedule O

Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			[
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			l
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			ĺ
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	·.,	193	· .
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	, ,	和强	į.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ĺ
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32				
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Form 990 (2009) NATIVE MOVEMENT Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 31 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 17 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. 4a If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Χ q Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? а Х Did the organization make a distribution to a donor, donor advisor, or related person? þ Х 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Form 990 (2009) NATIVE MOVEMENT Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body . . . 1a Enter the number of voting members that are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 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 organizational documents since the prior Form 990 was filed? . Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 . . Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b h Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b 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.) No **10a** Does the organization have local chapters, branches, or affiliates? . . . 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 14 Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official. 15a 15b 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► AZ 17
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 - X Upon request X Another's website
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ORGANIZATION (928) 213-9063 408 W ROUTE 66, FLAGSTAFF, AZ 86001

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(8)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
RITA CRUZ BEGAY DIRECTOR	5.	х						0	0	0
BILL PRESTON DIRECTOR	5.	х						0	0	0
EVON S. PETER EXEC DIR	25.			x	х			44,003	0	0
6										

	990 (2009) NATIVE MOVEMENT										35413		Page 8
Pa	rt VII Sèction A. Officers, Directors, Tru	istees, Key En	ploy	/ees	, and	l Hiç	ghest	t Co	mpensated Em	ployees (co.	ntinue	d)	
	. (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	_	_	(checl		hat app		Reportable compensation from	Reportable compensation from related		Estima amoun othe	t of
			Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			he ation ated
					ļ								
											\perp		
										 			
										· · · · · · · · · · · · · · · · · · ·	\perp		
													
											\perp		
											\bot		
											+		
											+		
1b	Total		<u> </u>	<u> </u>				•	29,029		0		0
2	Total number of individuals (including but no reportable compensation from the organizat		se list	ted a	bove 0	e) wl	ho red	ceive	ed more than \$1	00,000 in			
	reportable compensation from the organization	-								-		Yes	No
3	Did the organization list any former officer, of employee on line 1a? <i>If</i> "Yes," <i>complete Sch</i>										3		X
4	For any individual listed on line 1a, is the su the organization and related organizations g												
	ındıvidual										4		Х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yes										5		X
Sec	tion B. Independent Contractors	50, 00p.0.0	0.100	<u> </u>	,		, porc	3011	• • • •				
1	Complete this table for your five highest con compensation from the organization.	npensated inde	pend	ent d	contr	acto	rs tha	at re	ceived more tha	n \$100,000 d	of		
	(A) Name and business a	ddress							(B) Description of serv	nces	Compe	(C) ensation	
													0
													0
													0
													0
2	Total number of independent contractors (in more than \$100,000 in compensation from t			ed to	thos	e lis	ted a	bov	e) who received				

Part	: VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Str	1a	Federated campaigns	1 0		· ·	a . 3	ecitates i
gifts, grants ar amounts	b	Membership dues 11	0			14 T	
	С	Fundraising events	: 0	J	1,000		
gifts, Iar an	d	Related organizations	1 0				
	e	Government grants (contributions) 16		1			
ributions, other simi	f	All other contributions, gifts, grants, and					, , ,
her but	•	similar amounts not included above	537,177	,			* *.
걸	~	Noncash contributions included in lines 1a-1f: \$	<u> </u>				
Contributions, and other simi	y h	-		507.477			
		Total. Add lines 1a-1f		537,177	10, 10		
an .	2-	DAATI WAXA GATOL DUNI DEGIGEDATION	Business Code				
eve	2a	PAATUWAQATSI RUN REGISTRATION		1,585	1,585		
e R	b	•		0		<u> </u>	
Σic	С			0			
Sel	d			0			
Tam.	е			0			
Program Service Revenue	f	All other program service revenue		0			
<u> </u>	<u>g</u>	Total. Add lines 2a–2f	<u></u>	1,585		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3	Investment income (including dividends, interest, a	nd				
		other similar amounts)		67			
	4	Income from investment of tax-exempt bond proceed		0	·		
	5	Royalties		0	· · · · · · · · · · · · · · · · · · ·		
		(ı) Real	(II) Personal	. (8)		4.4	***
	6a	Gross Rents	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			ori .
	b	Less: rental expenses					
	C	· · · · · · · · · · · · · · · · · · ·					ř (c
	d	Net rental income or (loss)	<u> </u>		<u></u>		<u> </u>
	7a	_ `. `. ´. 	(u) Other	U 30 4		7. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	/ ///
	<i>i</i> a		(II) Other				
	_		0			, , , , , ,	
	D	Less: cost or other basis				se ii	
		and sales expenses	0				, A. P
	C		0			<u> </u>	
	d	Net gain or (loss)	. <u> </u>	0	-		
ம	8a	Gross income from fundraising			* * * * * * * * * * * * * * * * * * *	m , 69 , 87 , 8	
2		events (not including \$ 0		\$			
Š		of contributions reported on line 1c).			· · · * 🐧 ` · · ·		
~ ~		See Part IV, line 18	0				
Other Revenue	b	Less direct expenses b	0	% \s		***	
₹	C	Net income or (loss) from fundraising events .	. >	0			***************************************
	9a	Gross income from gaming activities.		V.		*9,×	Ŷ\.
		See Part IV, line 19	o	*	* **	;*	*
	b	Less: direct expenses b				s -	
	C	Net income or (loss) from gaming activities		0			
ļ		Gross sales of inventory, less	·				
		returns and allowances a	3,578				
	b	Less cost of goods sold b		1 ,			
		Net income or (loss) from sales of inventory		3,578			
		Miscellaneous Revenue	Business Code	3,376			
	11a			0			
	b			0			
	C			0			
	ď	All other revenue					
	e	Total. Add lines 11a–11d		0			
	12			540,407			
	14	Total revenue. See instructions	🟲	542,407	1,585	ol	0

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) but are not req	uired to complete	columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			300 12 13 1000	
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				2.8
	the U.S. See Part IV, line 22	0			24 Table 1
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	,			
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	44,003	37,403	2,200	4,400
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	213,685	176,781	32,364	4,540
8	Pension plan contributions (include section 401(k)	\Box			
	and section 403(b) employer contributions)	0			
9	Other employee benefits [0			
10	Payroll taxes [25,036	21,708	2,644	684
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	725		725	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	¥.; , , , , , , , , , , , , , , , , , , ,		
f	Investment management fees [0			
g	Other	53,489	52,619	870	
12	Advertising and promotion [183	183		
13	Office expenses	20,110	14,838	5,272	
14	Information technology [9,490	6,989	2,501	
15	Royalties [0			
16	Occupancy	21,297	15,717	5,580	
17	Travel	93,919	88,166	5,753	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	. 0	0	0
19	Conferences, conventions, and meetings [32,320	31,570	750	
20	Interest	0			
21	Payments to affiliates [0			
22	Depreciation, depletion, and amortization	2,599	0	2,599	0
23	Insurance	10,026	3,684	6,342	
24	Other expenses. Itemize expenses not	*		-	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			,	
	5% of total expenses shown on line 25 below.)	** ;	/	7	<i>}</i>
а	EQUIPMENT RENTAL	1,261	1,261		_
b	PERMITS & LICENSES	160	150	10	
C	PROGRAM SUPPLIES	14,552	14,471	81	
d	PRINTING	3,862	3,862		
8	DUES & SUBSCRIPTIONS	1,321	39	1,282	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	548,038	469,441	68,973	9,624
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising		}		
_	solicitation				
					Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 46,104 27,918 2 Savings and temporary cash investments 2 3 0 3 4 Accounts receivable, net. 138 4 -225 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 7 Notes and loans receivable, net 7 0 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 7,795 **b** Less accumulated depreciation . . . 10,394 10b 10c 11 11 0 0 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related. See Part IV, line 11..... Ol 13 0 14 0 14 0 15 ol 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 56,636 16 17 21,146 17 5,629 18 Grants payable 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 25 Other liabilities. Complete Part X of Schedule D. ol 25 0 26 Total liabilities. Add lines 17 through 25 5,629 21,146 26 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 35,490 32 29,859 33 35,490 33 29,859 56,636 34 35,488

Part	XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	#. is)	£5. 5	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O.		e.	**
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			<i>(</i> ,
	Schedule O.	` ~ ;	Ì	Z.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			K.
	issued on a consolidated basis, separate basis, or both.	2 400	. °, ≀	
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a		Х
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.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

► See separate instructions.

Employer identification number

	MOVEMENT						_		68-0)535 <u>413</u>		
Part I			harity Status (All or						nstructio	ons.		
	1		ation because it is: (F		_		-					
1 🖳	A church, co	nvention of chu	rches, or association	of church	es descrit	ed in sec	tion 170	(b)(1)(A)(i).			
2 📙	A school de:	scribed in sectio	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)							
3 🔛	A hospital or	r a cooperative t	hospital service organi	izatıon de	escribed in	section	170(b)(1)	(A)(iii).				
4	="	esearch organiza ime, city, and st	ation operated in conju ate:	unction wi	ith a hosp	ital descri	bed in se	ection 170)(b)(1)(A)(iii). En	ter the	
5			r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	ınıt desci	ribed	
6	A federal, st	ate, or local gov	ernment or governme	ntal unit o	described	in section	n 170(b)(1)(A)(v).				
7 X	An organiza	tion that normall	ly receives a substanti (1)(A)(vi). (Complete	ial part of					or from th	ne gener	al publ	ic
8 🗌	1		in section 170(b)(1)	•	Complete I	Part II.)						
9 🗍	An organiza receipts fron support from	tion that normall n activities relate n gross investme	ly receives: (1) more the dot its exempt function of the dot its exempt function of the dot income and unrelated a after June 30, 1975.	han 33 1/ ons—sub ted busin	3 % of its ject to cei ess taxab	support fi tain exce le income	ptions, ar (less sec	nd (2) no i ction 511	more tha	n 33 1/3	% of it	
10	1		and operated exclusive				-	-	(4).			
11 🗍	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											
			at describes the type of									
	a Type		1	_	e III–Fund					- Type III-	-Other	
е 🗌			y that the organization			•	•			• -		
			on managers and other									on
		section 509(a)(2						Ū				
f	If the organiz	zation received	a written determinatio	n from the	e IRS that	it is a Typ	oe I, Type	II, or Typ	e III sup	porting		
	_	, check this box										
g			the organization acce	pted any	gift or cor	tribution:	from any	of the				
	following per		ar indirectly controls	ماه ممطانم	4				1 :- (!!)			
			or indirectly controls, verning body of the su				persons	described	ı ın (ıı)	44~(i)	Yes	No
			person described in (i			<i>.</i>		•		11g(i) 11g(ii)		
			y of a person describe			 ∋?				11g(iii)		
h			ation about the suppor							· · · · · · · · · · · · · · · · · · ·		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the) Amount	of
	janization		(described on lines 1–9 above or IRC section		document?		nization in of your		tion in col ized in the		support	
			(see instructions))	J			port?		S ?			
				Yes	No	Yes	No	Yes	No			
												_
					 			<u> </u>	 			0
												0
					į.		-					0
												0
			_									0
Total												0

Pari	Support Schedule for Organia	zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	. (Complete only if you checked to	the box on line	5, 7, or 8 of	Part I.)	<u>.</u>		
	ion A. Public Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	69,289	319,938	595,135	562,393	537,177	2,083,932
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	69,289	319,938	595,135	562,393	537,177	2,083,932
5	The portion of total contributions by each	<u> </u>			1 4	,	
	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)	<i>9</i> **		,,	٥		207,269
6	Public support. Subtract line 5 from line 4.	'a. <i>1</i> 6.		·		z."	1,876,663
	ion B. Total Support	(1000) 744 4			*	<u></u>	1,010,000
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	69,289	319,938		562,393		2,083,932
8	Gross income from interest, dividends,	55,255	0.0,000		002,000	301,117	2,000,002
	payments received on securities loans,				1	i i	
	rents, royalties and income from similar						
_	sources	0	0	0	143	67	210
9	Net income from unrelated business	İ					
	activities, whether or not the business is regularly carried on	i					0
10	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part IV.)	o	o				0
11	Total support. Add lines 7 through 10.			àM	## 1 ° C	` ~ ~	2,084,142
12	Gross receipts from related activities, etc (s				[12	
13	First five years. If the Form 990 is for the o				th tax year as a	a section 501(c)(3)
	organization, check this box and stop here	<u>.</u>					. ▶∐
	on C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, o					14	90.04%
15	Public support percentage from 2008 Sched					15	80.19%
16a	33 1/3% support test-2009. If the organiza	tion did not che	ck the box on	line 13, and lin			
	and stop here. The organization qualifies as						► X
b	33 1/3% support test-2008. If the organiza						check this
47-	box and stop here . The organization qualified						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f the organization meets the "facts-and-circum	acts-and-circur	nstances" test	, cneck this box	k and stop her	re. Explain in Pa	art IV now
b	10%-facts-and-circumstances test–2008.						
~	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum	nstances" test	The organizati	, check this but Inn qualifies se	anu stop ner a nuhlick sun	e. Expiditi III F	att IV HOW
10			_		• •		
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	/a ,or 1/b, check	this box and se	e instructions	▶ [

68-0535413 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5..... ol 0 0 0 O 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. 0 **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 0 Add lines 7a and 7b. . n 0 0 0 8 Public support (Subtract line 7c from line 6.) 0 Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (c) 2007(f) Total Amounts from line 6 0 0 0 0 0 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 0 Add lines 10a and 10b 0 0 0 0 0 0 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly 0 Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV). . . . 0 13 Total support. (Add lines 9, 10c, 11, and 12). . . 0 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 0.00% Public support percentage from 2008 Schedule A, Part III, line 15. 16 16 0.00% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0.00% Investment income percentage from 2008 Schedule A, Part III, line 17 . . . 18 18 0.00% 19a 33 1/3% support tests-2009. 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-2008. 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

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

	990 or 990-EZ) 2009	NATIVE MOVEMENT	68-0535413	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 10);
•	Part II, line 17a	or 17b; and Part III, line 12. Provide any other additional information.	See instructions.	
			• • • • • • • • • • • • • • • • • • • •	
		•		
	• • • • • • • • • • • • • • • • • • • •	***************************************		
	••••••			
		••••••		

				· •

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATI	/E MOVEMENT				68-0535413			
Par	Organizations Maintaining Don	or Advised Funds or Othe	er Similar Fu	unds or Ac	counts. Complete if			
	the organization answered "Yes"	to Form 990, Part IV, line 6.						
		(a) Donor advised fund:	s	(b) Fu	inds and other accounts			
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year) .							
4	Aggregate value at end of year							
5	Did the organization inform all donors and	-						
	funds are the organization's property, subjection	-	•					
6	Did the organization inform all grantees, do							
	used only for charitable purposes and not f		lonor advisor,	or for any of	ther			
	purpose conferring impermissible private b				. Yes No			
Par	Conservation Easements. Com	plete if the organization ans	wered "Yes"	to Form 99	0, Part IV, line 7.			
1	Purpose(s) of conservation easements held	d by the organization (check al	I that apply).					
	Preservation of land for public use (e.g	., recreation or pleasure)	Preservation	of an histori	cally important land area			
	Protection of natural habitat				d historic structure			
	Preservation of open space	_		0. 0 00				
2	Complete lines 2a through 2d if the organize	ration hold a qualified conson	ation contribut	tion in the fo	rm of a conconvation			
-	easement on the last day of the tax year.	ation held a qualified conserva	ation continual	uon in the io	ill of a conservation			
	casemoni on the last day of the tax your.			* *	Uald at the End of the Tay Vacs			
а	Total number of conservation easements .			. 2a	Held at the End of the Tax Year			
b	Total acreage restricted by conservation ea							
c	Number of conservation easements on a conservation							
ď	· · · · · · · · · · · · · · · · · · ·							
3								
	during the tax year							
4	Number of states where property subject to	conservation easement is loc	ated •					
5	Does the organization have a written policy			on, handling	of			
	violations, and enforcement of the conserva-	ation easements it holds? .			Yes No			
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing	g conservatio	n easements	during the year			
	•							
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing cor	nservation eas	sements dur	ing the year			
	▶ \$							
8	Does each conservation easement reporte		e requirements	s of section	r			
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?				Yes No			
9	In Part XIV, describe how the organization							
	balance sheet, and include, if applicable, the		ganization's fi	inancial state	ements that describes			
Par	the organization's accounting for conservat			0::	4-			
Fall	Organizations Maintaining Collect Complete if the organization answere			r Similar As	sets.			
та	If the organization elected, as permitted un art, historical treasures, or other similar ass							
	service, provide, in Part XIV, the text of the							
b	If the organization elected, as permitted un							
	historical treasures, or other similar assets	held for public exhibition, educ	cation, or rese	arch in furth	erance of public			
	service, provide the following amounts rela	ting to these items:			•			
	(i) Revenues included in Form 990, Part V (ii) Assets included in Form 990, Part X	III, line 1			▶ \$			
	(ii) Assets included in Form 990, Part X				▶ \$			
2	If the organization received or held works of	f art, historical treasures, or ot	her similar as	sets for final	ncial gain, provide the			
	following amounts required to be reported to				- · ·			
а	Revenues included in Form 990, Part VIII,				▶ \$			
b	Assets included in Form 990, Part X				▶ \$			

Part	Organizations Maintaining	<u>ı Collections of</u>	Art, His	torical	<u>Treasures,</u>	<u>or Oth</u>	<u>er Similar As</u>	ssets (c	<u>ontinι</u>	леd)
3	Using the organization's acquisition, use of its collection items (check all		ther reco	,	-		-	gnifican	t	
а	Public exhibition		d [Loan	or exchange	progra	ms			
b	Scholarly research		в	Other						
С	Preservation for future genera	tions								
4	—— Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
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									
Dart				-						
rait	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table [.]					
						<u> </u>	<i>,</i>	Amount		
С	Beginning balance					. <u>1c</u>				0
d	Additions during the year			•		. <u>1d</u>				
е	Distributions during the year						ļ .			
f	Ending balance					. 1f				0
2a	Did the organization include an amo	unt on Form 990,	Part X, II	ne 21? .				□ Ye	es X	No
b	If "Yes," explain the arrangement in	Part XIV.						·——		
Part	V Endowment Funds. Comp	lete if the organ	ization a	answere	d "Yes" to F	orm 9	90, Part IV, lir	ne 10.		
		(a) Current year		ог уеаг	(c) Two years		(d) Three years bad	_	ur years	back
1a	Beginning of year balance	0			N. M.) voj.		*	• £*	
b	Contributions				3 757	У.			wi a	a.,
С	Net investment earnings, gains,				4 4A () X	## ## T	· " *	4	· 730	
	and losses							Esta.		
d	Grants or scholarships		-		į.				7.	
е	Other expenditures for facilities					~~*** : ·		Àř.	*	#402
	and programs					\$ 40 mm	#	1 `	- 7	\$ #** }***
f	Administrative expenses			-					*	
g	End of year balance	0	•	0	.53.				- 3	
2	Provide the estimated percentage of	the year end bala	ance held	as:						
а	Board designated or quasi-endowme		%							
b	Permanent endowment	%								
С	Term endowment %									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by:	•	ŭ						Yes	No
	(i) unrelated organizations.							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related orga		s reauire	d on Sch	edule R?			3b		
4	Describe in Part XIV the intended us		-			•				
Part						t X. lin	e 10.			
	Description of investment	(a) Cost or oth			st or other		ccumulated	(d) Bo	ok value	
		(investme			s (other)		reciation	(4) 50	OK Value	•
1a	Land		0		0					0
b	Buildings	. ———	0		0		0			0
c	Leasehold improvements		0		0		0			- 0
d	Equipment		0		12,993		5,198		 :	7,795
e	Other		0		12,993		5,196	 -		
	ther									
		,	, -	, 001		10/./			,	

Part VII Investments—Other Securitie	s. See Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma		
Financial derivatives	0)		
Closely-held equity interests	0	 		
Other	0	 	·	
	0 0			
				
	0	· · · · · · · · · · · · · · · · · · ·		
	0	,		
	0			
•••••	0			
	0			
Total (Column (h) must a real Form 000 Part V and (D) (ma 42)	0	,		
Part VIII Investments—Program Relate	<u> </u>	'L		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value		
	0			
	0			
	0	,		
7.1	0			
	0	`		
	0			
	0			
	1 0			
	0	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	* ;	
Part IX Other Assets. See Form 990, F	Part X, line 15.			
	(a) Description		(b) Book value	
			0	
	*		0	
			0	
	·		<u>0</u> 0	
	-		0	
			0	
			0	
			0	
T-t-1 (O-t (t)1	1 (5)		0	
Total. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. See Form 99	COI (B) line 15.)	<u></u> ▶	0	
Other Liabilities. See Form 99 1. (a) Description of liability	(b) Amount			
Federal income taxes	(b) Allount	<u> </u>		
- Oddraf Modific taxoo	<u></u>	0		
		0		
		0		
		0		
	<u> </u>	_0		
<u> </u>	-	0		
	 			
		0 0		
	 	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	 			
2. FIN 48 Footnote. In Part XIV, provide the text of	of the footnote to the organiz		reports the	
organization's liability for uncertain tax positions u			•	

NATIVE MOVEMENT 68-0535413

Schedule D (Form	990) 2009	Page 5
Part XIV	Supplemental Information (continued)	

	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIVE MOVEMENT	[68-0535413
Form 990 Part VI Section A Line 10 TREASURER AND FINANCE CO	MMITTEE PERFORM DETAILED REVIEW OF 990
AND ALL RELATED SCHEDULES. THEN 990 IS FORWARDED TO E	NTIRE BOARD FOR ADDITIONAL REVIEW.
Form 990 Part VI Section B Line 12C CONFLICT OF INTEREST POLI	CY IS GIVEN TO EACH NEW BOARD MEMBER
WHEN TERM BEGINS. ADDITIONALLY, ANNUAL REVEIW OF THE	POLICY IS PERFORMED BY EVERY BOARD MEMBER EA
IS ASKED TO REVIEW, DISCLOSE POTENTIAL CONFLICTS AND S	IGN THE POLICY. ALSO AS POTENTIAL CONFLICTS
MAY ARISE THROUGHOUT THE YEAR, THEY ARE PROMPTLY AD	DRESSED AT REGULARLY SCHEDULED BOARD MEETING
Form 990 Part VI Section B Line 15 ALL EMPLOYEE COMPENSATION	N IS REVIEWED UPON HIRING AND ANNUALLY IN
CONJUNCTION WITH PERFORMANCE REVIEWS. COMPENSATION	N IS DETERMINDED BY 1) ONLINE NATIONAL SALARY
SURVEYS OF NON-PROFITS 2) INFORMAL SURVEY OF OTHER LO	OCAL NON-PROFIT SALARIES. ADDITIONALLY, THE
EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE	EXECUTIVE AND FINANCE COMMITTEES.
Form 990 Part VI Section C Line 19 THE ORGANIZATION MAKES IT	GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON REQUEST.