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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2015 calendar year, or tax year beginning****01/07, 2015, and ending****12/31, 2015****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

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

16415 ADDISON ROAD

200

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

ADDISON, TX 75001

F Name and address of principal officer

ROBBI RICE DIETRICH

16415 ADDISON ROAD, SUITE 200 ADDISON, TX 75001

D Employer identification number

47-3730147

E Telephone number

(214) 217-2600

G Gross receipts \$ 25,430,052.**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.

VISION: STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES.

2 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)****3** 9.**4 Number of independent voting members of the governing body (Part VI, line 1b)****4** 9.**5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)****5** 102.**6 Total number of volunteers (estimate if necessary)****6** 625.**7a Total unrelated business revenue from Part VIII, column (C), line 12****7a** 0.**b Net unrelated business taxable income from Form 990-T, line 34****7b** 0.**Revenue****8 Contributions and grants (Part VIII, line 1h)****Prior Year****Current Year**

0. 24,979,589.

9 Program service revenue (Part VIII, line 2g)

0. 0.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0. 19,322.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0. 328,486.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

0. 25,327,397.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0. 13,915,113.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0. 2,917,843.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0. 0.

b Total fundraising expenses (Part IX, column (D), line 25)

0. 8,676,087.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

0. 25,509,043.

18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)

0. -181,646.

19 Revenue less expenses - Subtract line 18 from line 12

0. 21,868,881.

Net Assets or Fund Balances**20 Total assets (Part X, line 16)**

0. 23,183,517.

21 Total liabilities (Part X, line 26)

0. 1,314,636.

22 Net assets or fund balances - Subtract line 21 from line 20

0. 21,868,881.

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

Type or print name and title

09/13/2016

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JEANETTE VERRELLI

Jeanette Verrelli

9/12/2016

P00742631

Preparer Use Only

Firm's name ▶ BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 14241 DALLAS PARKWAY, STE. 1100 DALLAS, TX 75254

Phone no 972-702-8262

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,675,884 including grants of \$ 4,923,065) (Revenue \$ 329,496)

ATTACHMENT 2

4b (Code:) (Expenses \$ 2,754,739 including grants of \$ 2,021,403) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 5,280,998 including grants of \$ 3,890,942) (Revenue \$)

ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5

(Expenses \$ 4,167,093 including grants of \$ 3,079,803) (Revenue \$)

4e Total program service expenses 18,878,704.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
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.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
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 II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 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.	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
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.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
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.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
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 (see instructions).	17	X
18 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.	18	X
19 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.	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
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.		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 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		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.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
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.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
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.		X
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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	51
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	102
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country. ► PHILIPPINES		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .		X
6 Did the organization have members or stockholders?		X
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?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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? .	X	
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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
15b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►

AMBER KINNEY 16415 ADDISON ROAD, SUITE 200 ADDISON, TX 75001

(214) 217-2600

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. JAMES PETE CHAIRMAN OF THE BOARD	2.00 0.	X		X				0.	0.	0.
(2) KEVIN DIEPHOLZ VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) ALYCE SADONGEI SECRETARY	2.00 0.	X		X				0.	0.	0.
(4) TRACY ZEPHIER DIRECTOR	2.00 0.	X						0.	0.	0.
(5) CHRISTINA KAZHE DIRECTOR	2.00 0.	X						0.	0.	0.
(6) RONETTA BRIGGS DIRECTOR	2.00 0.	X						0.	0.	0.
(7) DR. JOSHUA TOMPKINS DIRECTOR	2.00 0.	X						0.	0.	0.
(8) RODNEY TRAHAN DIRECTOR	2.00 0.	X						0.	0.	0.
(9) ANN MARIE COLLINS TREASURER	2.00 0.	X		X				0.	0.	0.
(10) ROBBIE RICE DIETRICH PRESIDENT & CEO	40.00 0.			X				119,088.	0.	9,904.
(11) MARIO R PORRO CHIEF FINANCIAL OFFICER	40.00 0.			X				63,720.	0.	0.
(12) RICHARD MILLER PROGRAM MANAGER - SOUTHWEST	40.00 0.					X		58,114.	0.	10,879.
(13) CHARLES SMITH DIRECTOR OF FUNDRAISING	40.00 0.					X		52,162.	0.	6,612.
(14)										

[illegible]

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 ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,979,599			
	g	Noncash contributions included in lines 1a-1f \$		13,300,423			
	h	Total. Add lines 1a-1f		24,979,599			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		11,072.			11,072
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)			0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses		110,905		
		c	Gain or (loss)		102,655		
		d	Net gain or (loss)		9,250.		8,250
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events		0.		
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue			Business Code				
11a	OTHER INCOME		600049	328,486.	328,486		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			328,486.			
12	Total revenue. See instructions			25,327,397	328,486	19,322	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,858.	4,858.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,910,255.	13,910,255.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	192,712.		192,712.	
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	2,367,627.	825,300.	244,350.	1,297,977.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,542.	20,176.	6,828.	14,538.
9 Other employee benefits	169,892.	76,575.	21,540.	71,777.
10 Payroll taxes	146,070.	64,446.	24,619.	57,005.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	64,864.		46,794.	18,070.
c Accounting	22,388.		17,076.	5,312.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	604,184.	158,046.	158,449.	287,639.
12 Advertising and promotion	585,714.	16,634.		569,080.
13 Office expenses	4,378,710.	2,692,642.	35,125.	1,650,943.
14 Information technology	374,617.	53,883.	52,940.	267,794.
15 Royalties	0.			
16 Occupancy	225,278.	34,432.	47,301.	143,545.
17 Travel	219,621.	70,811.	85,363.	63,447.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	7,025.	7,025.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	209,989.	108,632.	10,115.	91,241.
23 Insurance	97,884.	67,676.	4,747.	25,461.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & FEES	64,297.	22,495.	227.	41,575.
b EQUIPMENT RENTAL & MAINT	112,397.	101,644.	2,716.	8,037.
c GIK & SHIPPING FEES	619,194.	619,194.		
d MAIL HOUSE	938,307.			938,307.
e All other expenses	151,619.	23,980.	99,249.	28,390.
25 Total functional expenses. Add lines 1 through 24e	25,509,043.	18,878,704.	1,050,151.	5,580,188.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	5,224,540.	2,647,417.		2,577,123.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	2,604,713.
	2 Savings and temporary cash investments	0.	2	1,024,628.
	3 Pledges and grants receivable, net	0.	3	30,000.
	4 Accounts receivable, net	0.	4	681,931.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	7,902,173.
	9 Prepaid expenses and deferred charges	0.	9	257,353.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		11,711,994.
	b Less accumulated depreciation	10b		4,650,432.
	11 Investments - publicly traded securities	0.	11	3,621,157.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	23,183,517.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	1,252,440.
	18 Grants payable	0.	18	20,545.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	41,651.
	26 Total liabilities. Add lines 17 through 25	0.	26	1,314,636.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0.	27	21,684,445.
	28 Temporarily restricted net assets	0.	28	118,571.
	29 Permanently restricted net assets	0.	29	65,865.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	0.	33	21,868,881.
	34 Total liabilities and net assets/fund balances	0.	34	23,183,517.

Form **990** (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,327,397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,509,043.
3	Revenue less expenses Subtract line 2 from line 1	3	-181,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	-69,680.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	22,120,207.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,868,881.

Part XII Financial Statements and ReportingCheck 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
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

The organization is not a private foundation because it is. (For lines 1 through 11, 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(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 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0.	0.	0.	0	24,979,589	24,979,589
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3					24,979,589	24,979,589
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						2,361,554.
6 Public support. Subtract line 5 from line 4						22,618,035

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4					24,979,589	24,979,589
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					11,072.	11,072
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 Total support. Add lines 7 through 10						24,990,661
12 Gross receipts from related activities, etc. (see instructions)					12	328,486
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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 Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a 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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 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).	7	
8 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).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
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 Part VI .	9b	
c 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 Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	
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.)	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
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? 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.
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D --Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE A, PART II, SECTION C, LINE 14

PUBLIC SUPPORT PERCENTAGE FOR 2015:

ALTHOUGH THE ORGANIZATION WAS REQUIRED TO FILE AN INITIAL RETURN AS A
RESULT OF INCORPORATING IN A NEW STATE, FOR FINANCIAL STATEMENT PURPOSES
NATIONAL RELIEF CHARITIES AND PARTNERSHIP WITH NATIVE AMERICANS ARE
TREATED AS THE SAME ENTITY. USING THE DATA FROM THE PRIOR NATIONAL RELIEF
CHARITIES RETURNS, PWNA HAS A PUBLIC SUPPORT PERCENTAGE OF 96.72% FOR THE
5 YEAR PERIOD.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2015

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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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	65,865.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	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 ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	750,000.	814,938.		1,564,938.
b Buildings		6,267,593.	1,505,447.	4,762,146.
c Leasehold improvements		664,087.	435,489.	228,598.
d Equipment		1,423,039.	1,079,183.	343,856.
e Other		1,792,337.	1,630,313.	162,024.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				7,061,562.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, 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) _____		
Total. (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) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	41,651.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	41,651.

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.

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

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.

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

ENDOWMENT FUNDS - PERMANENT ENDOWMENT FOR \$50,000 WHERE PROCEEDS WILL BE DISTRIBUTED TO SUPPORT NAVAJO ELDERS. ALSO PERMANENT ENDOWMENT FOR \$15,000 WHERE PROCEEDS WILL BE DISTRIBUTED TO SUPPORT DIALYSIS THROUGH THE AMERICAN INDIAN RELIEF COUNCIL. THE CORPUS OF \$65,000 WAS INVESTED IN CERTIFICATES OF DEPOSIT, WHICH DID NOT MATURE DURING 2015. UPON MATURITY, EARNINGS WILL BE DISTRIBUTED ACCORDING TO DONOR STIPULATIONS. PWNA CONTINUES TO RECEIVE DONATIONS FOR AN ADDITIONAL ENDOWMENT PRINCIPAL OF \$865 IN 2015. EARNINGS ON THIS ADDITIONAL PRINCIPAL WILL BE UTILIZED FOR THE AMERICAN INDIAN EDUCATION FUND.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

47-3730147

PARTNERSHIP WITH NATIVE AMERICANS

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	1.	152.	FUNDRAISING	N/A	1,411,367
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	1.	152.			1,411,367
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	152			1,411,367

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

Schedule F (Form 990) 2015

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

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

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

3 Enter total number of other organizations or entities. ▶

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2015

Part V **Supplemental Information**

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

SCHEDULE I
(Form 990)

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

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

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

Employer identification number

47-3730147

Part I General Information on 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(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							
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (2015)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1	HEALTH	143,815.		4,923,065.	FMV	PT III, LN 4A, P 48
2	FOOD & WATER	96,547	5,000	2,016,403	FMV	PT III, LN 4B, P 50
3	HOLIDAY	50,909.		3,890,842.	FMV	PT III, LN 4C, P 51
4	EMERGENCY SERVICES	38,013.		826,569.	FMV	PT III 4D SCH O P 41
5	EDUCATION SERVICES	53,858.	551,476	1,647,898.	FMV	PT III 4D SCH O P 42
6	ANIMAL WELFARE	30,750		49,002	FMV	PT III 4D SCH O P 44
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.:

FOR EACH OF OUR GRANTS, WE ACCEPT APPLICATIONS FOR FUNDS ON A STANDARD APPLICATION FORM. THAT FORM OUTLINES THE REPORTING REQUIREMENTS OF THE GRANT FOR WHICH THE ORGANIZATION IS APPLYING. ONCE AN ORGANIZATION IS

SELECTED FOR A GRANT, OUR PROGRAM TEAM DEVELOPS A SUPPORT PLAN FOR THE INSTITUTION. THIS PLAN OUTLINES THE SCHEDULE OF FOLLOW-UP CALLS, PERSONAL

VISITS, AND EXPECTED DELIVERABLES FROM THE GRANTEE. AT A MINIMUM, A

SEMI-ANNUAL REPORT IS REQUIRED FROM EACH GRANTEE. THE REPORT DETAILS HOW

THE GRANT FUNDS WERE EXPENDED AND REQUIRES PHYSICAL BACKUP FOR

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

VERIFICATION OF EXPENDITURES. IN ADDITION TO DETAILING THE EXPENDITURES,

THE GRANTEE DETAILS ACCOMPLISHMENTS AND PROGRESS TOWARD GOALS ON THE

PROJECTS THE GRANT WAS INTENDED TO SUPPORT.

SCHEDULE I, PART III, COLUMN (F)

ADDITIONAL INFORMATION: PUBLIC EDUCATION ABOUT LIVING CONDITIONS ON THE

REMOTE AND ISOLATED RESERVATION COMMUNITIES PWNA SERVES. SEE PAGE 45 ON

SCHEDULE O.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

▶ Attach to Form 990.

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

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**Open To Public
Inspection**

PARTNERSHIP WITH NATIVE AMERICANS

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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		6,713,992.	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	44.	930,768.	FMV
20 Drugs and medical supplies	X	47.	5,655,663.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2015)

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Part II **Supplemental Information.** Complete this part to 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.

SCHEDULE M, PART I

OTHER INFORMATION ON DONORS:

PWNA RECEIVED PRODUCTS FROM 23 DIFFERENT ORGANIZATIONS (NOT DIFFERENT INDIVIDUALS).

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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**Open to Public
Inspection**

Employer identification number

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47-3730147

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

PROCESS TO REVIEW FORM 990:

THE ORGANIZATION WORKS WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE
990. ONCE PREPARED, THE CFO AND CEO REVIEW THE FORM WITH THE FINANCE
COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE BOARD OF DIRECTORS AND THE CEO SIGN CONFLICT OF INTEREST STATEMENTS
ANNUALLY. ADDITIONALLY, FOR OUR EMPLOYEES, OUR EMPLOYEE REFERENCE GUIDE
HAS A SECTION ON OUR CONFLICT OF INTEREST POLICY. CONFLICTS OF INTEREST
ARE RESOLVED AS THEY ARISE.

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.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

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THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

EMERGENCY SERVICES:

PURPOSE OF THE PROGRAM: TO PROVIDE DISASTER RELIEF FOR TRIBES, SEASONAL WEATHERIZATION, HOUSING ASSISTANCE FOR NATIVE AMERICAN ELDERS AND CRITICAL SUPPLIES FOR SHELTERS.

SITUATION: THE PHYSICAL ENVIRONMENT ON THE RESERVATIONS PWNA SUPPORTS IS OFTEN HARSH, GIVING RISE TO A WIDE RANGE OF ENVIRONMENTAL DISASTERS SUCH AS FLOODS, FOREST FIRES, BLIZZARDS, ICE STORMS, TORNADOS AND HURRICANES. WE ARE QUICK TO RESPOND TO THE TRIBES IN AND BEYOND OUR NORMAL SERVICE AREA WHEN DISASTER RELIEF IS NEEDED. SOME COMMUNITIES ALSO EXPERIENCE ACUTE OR CHRONIC CONTAMINATED-WATER EMERGENCIES. IN ADDITION, 90,000 NATIVE AMERICANS ARE HOMELESS AND 40% OF NATIVE AMERICANS LIVE IN SUB-STANDARD, OVERCROWDED HOUSING AND THE TYPICAL WAIT TIME FOR TRIBAL HOUSING ASSISTANCE IS THREE YEARS OR MORE.

PWNA RESPONSE: PWNA PROVIDED SUPPLIES TO RESIDENTIAL SHELTERS FOR THE AGED, HOMELESS, DISABLED AND DOMESTIC ABUSE VICTIMS, ASSISTING 21,634 PEOPLE, AND WE PROVIDED SUPPLIES FOR 877 CHILDREN IN FOSTER CARE OR OTHER TRAUMA. IN THE LATE FALL, PWNA REPAIRED AND WEATHERIZED 30 HOMES FOR ZUNI ELDERS. WE SUPPLIED WINTER FUEL FOR 220 ELDERS, AND DISTRIBUTED WINTER EMERGENCY KITS CONTAINING BLANKETS, BATTERIES, CANDLES, WATER, NONPERISHABLE FOOD AND OTHER ITEMS HELPFUL DURING WINTER STORMS AND OUTAGES, TO 900 ELDERS ON THE SAN CARLOS APACHE, FORT PECK,

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PINE RIDGE AND NAVAJO RESERVATIONS, AND THE TAOS PUEBLO. PWNA ROTATES OUR WINTER READINESS AND HOUSING SERVICES TO DIFFERENT COMMUNITIES IN THE PLAINS AND SOUTHWEST TO AVOID CREATING DEPENDENCY. IN AUGUST OF 2015, NAVAJO PARTNERS REACHED OUT TO PWNA FOR DISASTER RELIEF, AFTER THE GOLD KING MINE SPILL CAUSED CONTAMINATION OF THE SAN JUAN RIVER, A KEY WATER SOURCE FLOWING THROUGHOUT THE NAVAJO NATION. PWNA DELIVERED CRITICAL WATER AND OTHER SUPPLIES FOR TRIBAL COMMUNITY MEMBERS IN WINDOW ROCK, ARIZONA, AND MONUMENT VALLEY, MEXICAN HAT AND HALCHITA IN UTAH, ASSISTING 14,352 PEOPLE.

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

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

EDUCATION SERVICES:

PURPOSE OF THE PROGRAM: TO INVEST SIGNIFICANT RESOURCES TOWARD NATIVE AMERICAN EDUCATION AND ASSIST STUDENTS OF ALL AGES IN PRE-KINDERGARTEN TO COLLEGE.

SITUATION: EDUCATION IS ONE OF THE MOST IMPORTANT CORNERSTONES OF SELF-SUFFICIENCY AND QUALITY OF LIFE. IT IS ALSO A CRUCIAL FACTOR IN ADDRESSING THE LONG-TERM POVERTY AND OTHER CHALLENGES ON THE RESERVATIONS PWNA SERVES. HIGH SCHOOL DROPOUT RATES RANGE FROM 30 TO 70%. ONLY 17% OF

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NATIVE AMERICAN STUDENTS START COLLEGE AND ONLY 13% COMPLETE COLLEGE.

MANY NATIVE STUDENTS BELIEVE COLLEGE IS NOT AN OPTION FOR THEM.

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

PWNA RESPONSE: BY ADDRESSING BOTH IMMEDIATE AND LONG-TERM EDUCATIONAL NEEDS, PWNA HELPS OUR PARTNER SCHOOLS AND COLLEGES MOTIVATE STUDENTS AND RETENTION. IN THE SECOND HALF OF 2015, PWNA FURNISHED SCHOOL SUPPLIES FOR 25,580 K-12 STUDENTS, AND ESSENTIAL SUPPLIES TO SUPPORT LITERACY FOR 10,253 CHILDREN ON 15 RESERVATIONS, MOTIVATING READING AND PARENT-CHILD READING TIME. TO SUPPORT EARLY CHILDHOOD EDUCATION, PWNA PROVIDED SUPPLIES TO HELP OUR PARTNERS MOTIVATE 17,668 PEOPLE TO PARTICIPATE IN PROGRAMS FOCUSED ON OBESITY, EXERCISE AND OTHER HEALTHY ACTIVITIES FOR YOUTH OR ELDERS. PWNA ALSO SUPPORTS NATIVE AMERICAN STUDENTS PURSUING A HIGHER EDUCATION, AWARDING SCHOLARSHIPS TO APPLICANTS WHO ARE MOST OFTEN IN THE MIDDLE RANGE OF THE ACADEMIC RANKING BUT WHO HAVE SERIOUS DRIVE AND A DEMONSTRATED ABILITY TO OVERCOME OBSTACLES. THE ACADEMIC-YEAR COMPLETION RATE FOR STUDENTS WHO RECEIVE PWNA SCHOLARSHIPS IS 90-95%, CONSIDERABLY HIGHER THAN THE NATIONAL AVERAGE. PWNA CREDITS THIS SUCCESS TO OUR INDIVIDUALIZED MENTORSHIP PROGRAM AND OUR UNIQUE SELECTION PROCESS OF TARGETING STUDENTS WITH A RECORD OF OVERCOMING CHALLENGES. IN 2015, PWNA AWARDED \$444,890 IN SCHOLARSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS. WE SUPPLIED 16 LAPTOPS AND GRANTED ANOTHER \$12,000 TO TRIBAL COLLEGES, UNIVERSITIES, AND OTHER GROUPS COMMITTED TO NATIVE EDUCATION, TO INCREASE FUNDING AVAILABLE FOR NATIVE AMERICAN SCHOLARS AND SUPPORT

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RETENTION. ADDITIONALLY, PWNA INVESTED MORE THAN \$93,000 IN PERSONAL AND PROFESSIONAL DEVELOPMENT TRAINING TO SUPPORT 42 GRASSROOTS LEADERS WANTING TO MAKE A GREATER CONTRIBUTION TO THEIR COMMUNITIES.

*DBA PROGRAMS OF PWNA FOR EDUCATION: AIEF.

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

ANIMAL WELFARE:

PURPOSE OF THE PROGRAM: TO SUPPORT PROGRAMS CONCERNED WITH ANIMAL WELFARE ON THE RESERVATIONS AND RELATED HUMAN HEALTH RISK IN THEIR COMMUNITIES.

SITUATION: ANIMAL WELFARE AND THE PROBLEMS CREATED FROM OVERPOPULATED AND STRAY ANIMALS ARE IMMENSE FOR SOME RESERVATION COMMUNITIES, INCLUDING DISEASE, ANIMAL BITES, RABIES AND OTHER SAFETY CONCERNS. THE NAVAJO NATION ALONE HAS ESTIMATES REACHING AS HIGH AS 6,000 STRAY DOGS AND CATS, DEPENDING ON THE COMMUNITY. BECAUSE OF THIS, PWNA SUPPORTS RESERVATION PROGRAMS THAT SPAY, NEUTER AND VACCINATE ANIMALS OF THE RESERVATION; EDUCATE COMMUNITIES ON PROPER CARE OF ANIMALS; AND ENABLE ANIMAL GROUPS TO CARE FOR MORE ANIMALS.

PWNA RESPONSE: IN THE SECOND HALF OF 2015, PWNA SUPPORTED IMMEDIATE AND LONG-TERM COMMUNITY CONCERNS RELATED TO ANIMAL WELFARE. WE SUPPLIED VETERINARY PROGRAMS WITH THOUSANDS OF POUNDS OF FOOD, BENEFITING 30,750 ANIMALS THROUGH THIS ADDED CARE. OUR SUPPORT REDUCED ANIMAL HEALTH RISK

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AND RELATED COMMUNITY HEALTH RISK FOR PEOPLE ON 10 RESERVATIONS.

*DBA PROGRAMS OF PWNA FOR ANIMAL WELFARE: ROAR.

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

PUBLIC EDUCATION:

PURPOSE OF THE PROGRAM: TO PROVIDE ACCURATE INFORMATION ABOUT NATIVE AMERICAN CULTURES AND CONDITIONS ON THE RESERVATIONS, AS WELL AS PWNA SERVICES AND PROGRAM RESULTS.

SITUATION: THE LIVING CONDITIONS IN THE REMOTE AND ISOLATED RESERVATION COMMUNITIES PWNA SERVES ARE COMPARABLE TO THOSE FOUND IN THE DEVELOPING WORLD. MANY AMERICANS ARE UNAWARE OF THE EXTENT OF POVERTY AND HARDSHIP THAT EXIST ON THE RESERVATIONS. MISCONCEPTIONS ALSO EXIST, FUELING FALSE SPECULATION THAT NATIVE AMERICAN PEOPLE RECEIVE SPECIAL GOVERNMENT ENTITLEMENTS SUCH AS FREE HOUSING, HEALTH CARE AND EDUCATION UNDER THE STATUS OF TREATIES. PWNA IS COMMITTED TO EDUCATING THE AMERICAN PUBLIC AND DISPELLING THE PUBLIC'S MISPERCEPTIONS REGARDING NATIVE AMERICANS.

PWNA RESPONSE: IN THE SECOND HALF OF 2015, PWNA REACHED A READING, LISTENING AND VIEWING AUDIENCE OF NEARLY 271 MILLION PEOPLE WITH PUBLIC EDUCATION ABOUT CURRENT CHALLENGES AND REALITIES ON THE RESERVATIONS. WE ACHIEVED THIS THROUGH NEWS ARTICLES, PRESS RELEASES, RADIO INTERVIEWS, EXPANDED SOCIAL MEDIA CHANNELS, VIDEOS, AND RELEVANT CONTENT ON OUR WEB

Name of the organization	Employer identification number
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SITE AND BLOG.

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

FORM 990, ITEM C

DOING BUSINESS AS:

AMERICAN INDIAN RELIEF COUNCIL (AIRC), COUNCIL OF INDIAN NATIONS (CIN), AMERICAN INDIAN EDUCATION FOUNDATION (AIEF), SOUTHWEST INDIAN RELIEF COUNCIL (SWIRC), SIOUX NATION RELIEF FUND (SNRF), NAVAJO RELIEF FUND (NRF), NATIVE AMERICAN AID (NAA), & RESCUE OPERATION FOR ANIMALS OF THE RESERVATION (ROAR).

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

INITIAL TRANSFER FROM NATIONAL RELIEF CHARITIES

EIN: 58-1888256

\$22,120,207

FORM 990, ITEM A

FISCAL YEAR:

THE ORGANIZATION WAS INCORPORATED JANUARY 7, 2015 AND WAS GRANTED TAX EXEMPT STATUS AS OF THIS DATE. HOWEVER, OPERATIONS BEGAN JULY 1, 2015 AND THEREFORE ONLY SIX MONTHS OF ACTIVITY IS REFLECTED ON THIS RETURN.

Name of the organization	Employer identification number
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FORM 990, PART VII, SECTION A

COMPENSATION OF HIGHEST COMPENSATED EMPLOYEES:

THE INDIVIDUALS REPORTED ON PART VII RECEIVED THEIR W-2 FORMS FROM PARTNERSHIP WITH NATIVE AMERICANS, BUT SHOWED 6 MONTHS OF THEIR COMPENSATION ON THE FINAL NATIONAL RELIEF CHARITIES TAX RETURN. WE ARE ONLY REPORTING THE 6 MONTHS OF COMPENSATION ATTRIBUTABLE TO TIME DEVOTED TO PARTNERSHIP WITH NATIVE AMERICANS AS TO NOT DOUBLE COUNT THEIR COMPENSATION.

FORM 990, PART IV, LINE 12 & PART XII, LINE 2

AUDITED FINANCIAL STATEMENTS:

FOR GAAP PURPOSES, THE CHANGING OF THE NAME FROM NATIONAL RELIEF CHARITIES TO PARTNERSHIP WITH NATIVE AMERICANS DID NOT TRIGGER A REQUIREMENT TO AUDIT TWO SEPARATE ENTITIES, SO THERE WAS AN AUDIT OF THE FINANCIALS FOR THE 12 MONTH PERIOD ENDING DECEMBER 31, 2015. WE ARE MARKING THESE QUESTIONS AS "NO" ON THE TAX RETURN, BECAUSE WE ARE ONLY REPORTING 6 MONTHS OF ACTIVITY WITHIN THE 12 MONTH AUDITED PERIOD. THE AUDITED FINANCIAL STATEMENTS CAN BE FOUND AT WWW.NATIVEPARTNERSHIP.ORG ON THE PWNA REPORTS PAGE.

ATTACHMENT 1

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

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

VISION: STRONG, SELF-SUFFICIENT NATIVE AMERICAN COMMUNITIES.

PWNA'S DUAL ROLE AND HUMANITARIAN SERVICE STRATEGY:

IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME FROM NATIONAL RELIEF

Name of the organization

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

CHARITIES TO PARTNERSHIP WITH NATIVE AMERICANS (PWNA). THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

PWNA BELIEVES THAT NATIVE AMERICAN PEOPLES HAVE THE POWER WITHIN THEMSELVES TO BUILD STRONG COMMUNITIES. THE COMMUNITY MEMBERS WE WORK WITH KNOW THE CHALLENGES THAT EXIST AND ARE FINDING SOLUTIONS TO THEM. WE ARE A CONSISTENT, RELIABLE SOURCE TO LIFT UP THEIR EFFORTS - TO PROVIDE HOPE AND SUPPORT FOR THEIR SUCCESS TODAY AND TOMORROW.

WE TAKE A DUAL APPROACH TO SERVING NATIVE AMERICANS, RESPONDING TO IMMEDIATE NEEDS IN RESERVATION COMMUNITIES BY PROVIDING FOOD, WATER AND OTHER CRITICAL MATERIALS, AND SUPPORTING COMMUNITY-BASED PROJECTS THAT SUSTAINABLY ADDRESS THE CORE SYMPTOMS OF POVERTY AND CONTRIBUTE TO SELF-SUFFICIENCY.

OUR ORGANIZATION APPROACHES HUMANITARIAN SERVICE THROUGH AN ASSET BASED COMMUNITY DEVELOPMENT (ABCD) STRATEGY. ABCD ENCOMPASSES ALL STRANDS OF SERVICES IN OUR PROGRAM LOGIC MODEL (MATERIAL SERVICES, CAPACITY BUILDING, COMMUNITY BUILDING AND HIGHER EDUCATION) ENSURING WE BUILD ON ASSETS PRESENT IN THE COMMUNITIES WE SERVE AND BRING TOGETHER INDIVIDUALS, PROGRAMS, AND OUTSIDE RESOURCES TO FOCUS ON SOLUTIONS. THIS COMMUNITY-DRIVEN MODEL LEVERAGES THE SOCIAL CAPITAL OF A MUCH LARGER NETWORK MOBILIZING TOWARD A COMMON SOLUTION. IN ADDITION, LOCAL PARTICIPATION AND EMPOWERMENT LIE AT THE CORE OF ABCD

Name of the organization	Employer identification number
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AND LEAD TOWARD SUSTAINABLE COMMUNITY GAINS FOR THE RESERVATIONS AND PEOPLE WE SERVE.

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

HEALTH:

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

SITUATION: THE PEOPLE PWNA SERVES ON REMOTE AND ISOLATED RESERVATIONS RELY ON LIMITED INDIAN HEALTH SERVICES (I.H.S.) FOR MEDICAL CARE. TRANSPORTATION IS A MAJOR PROBLEM BECAUSE OF THE LONG DISTANCES TO CLINICS AND THE LACK OF TRANSPORTATION. SEVERELY UNDERFUNDED AND UNDERSTAFFED FOR THE SIZE AND LOCATION OF THE POPULATIONS IT SERVES, IHS FOCUSES ON HEALTHCARE CRISES RATHER THAN PREVENTIVE CARE. DUE TO HIGHER INFANT MORTALITY, LOWER LIFE EXPECTANCY, DIABETES AT EPIDEMIC LEVELS, TUBERCULOSIS SEVEN TIMES HIGHER FOR NATIVE AMERICANS, AND CANCER-RELATED DISPARITIES HIGHER THAN FOR ANY MINORITY GROUP IN THE U.S., PWNA SUPPORTS RESERVATION PROGRAMS THAT ADDRESS PREVENTATIVE AND LONG-TERM HEALTHCARE NEEDS. IN ADDITION, A LONG HISTORY OF OPPRESSION HAS CONTRIBUTED TO THE LIMITED VIEW OF OPPORTUNITIES MANY NATIVE AMERICANS ENVISION FOR THEMSELVES AND THEIR FAMILIES. SUPPORTING SELF-DETERMINATION AND REQUIRING PEOPLE TO TAKE PART ACTIVELY IN COMMUNITY PROJECTS AND

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ATTACHMENT 2 (CONT'D)

SERVICES IN ORDER TO RECEIVE OUR MATERIALS AND SERVICES ADDS TO INDIVIDUAL AND COMMUNITY WELL-BEING.

PWNA RESPONSE: IN THE SECOND HALF OF 2015, PWNA SUPPORTED HEALTHY LIFESTYLE PROGRAMS AND COMMUNITY ACTIVITIES FOR 143,815 PEOPLE. AMONG THEM, 141,724 PEOPLE PARTICIPATED IN HEALTH EVENTS OR OTHER PROJECTS DESIGNED TO INCREASE COMMUNITY INVOLVEMENT IN SCHOOLS, ELDERLY SERVICE PROGRAMS AND WELLNESS INITIATIVES. NEW MOMS EARNED 571 BABY BASKETS FULL OF ESSENTIAL PRODUCTS BY PARTICIPATING IN PRE- AND POST-NATAL CARE, PARENTING AND BEHAVIORAL HEALTH PROGRAMS, AND 1,390 ELDERS PARTICIPATED IN CONGREGATE ACTIVITIES SUCH AS SEWING CIRCLES. PWNA SUPPORTED NEARLY 500 RESERVATION PARTNERS WHO CONDUCTED HEALTH SCREENINGS FOR DIABETES, HIGH BLOOD PRESSURE, TUBERCULOSIS AND CANCER; EDUCATION CLASSES ON DIABETES PREVENTION, HEALTHY NUTRITION AND HEART HEALTH; YOUTH PROGRAMS SUCH AS CULTURAL CAMPS OR SUICIDE AWARENESS AND PREVENTION; HEALTH APPOINTMENTS FOR IMMUNIZATIONS, HOSPITAL POST-RELEASE AND MEDICATION MONITORING; AND HOME VISITS WITH THOSE WHO ARE HOMEBOUND OR OTHERWISE UNABLE TO ACCESS SERVICES. ADDITIONALLY, PWNA SUPPORTED COMMUNITY INVESTMENT PROJECTS RELATED TO YOUTH DEVELOPMENT AND HEALTHY NUTRITION ON THE PINE RIDGE, ROSEBUD, HOPI AND NAVAJO RESERVATIONS, BENEFITING 130 NATIVE AMERICAN YOUTH.

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

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND

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ATTACHMENT 2 (CONT'D)

STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON
REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE,
VISIT WWW.NATIVEPARTNERSHIP.ORG.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FOOD & WATER:

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

SITUATION: NEARLY ONE IN FOUR (23%) NATIVE AMERICAN HOUSEHOLDS
EXPERIENCE LOW FOOD SECURITY, MEANING NOT ENOUGH FOOD QUALITY,
VARIETY, OR DESIRABILITY OF DIETARY INTAKE. BECAUSE LOW FOOD
SECURITY IS AN EVERYDAY ISSUE ON THE RESERVATIONS PWNA SERVES,
NUTRITION-RELATED DISEASE RATES ARE HIGH. CONTAMINATED DRINKING
WATER IS ALSO AN ISSUE IN MANY OF THE COMMUNITIES PWNA SERVES.
ALTHOUGH MANY FOOD BANKS OPERATE WITHIN OUR SERVICE AREA, A STUDY
BY AMERICA'S SECOND HARVEST SHOWS THAT THE MAJORITY OF FOOD BANKS
LACK AN ADEQUATE SUPPLY OF FOOD TO MEET DEMAND.

PWNA RESPONSE: PWNA HELPED MEET IMMEDIATE NEEDS BY INCREASING OUR
FOOD DELIVERIES AND NUTRITION SUPPORT IN THE SECOND HALF OF 2015.
OUR FOOD BOXES HELPED FOOD PANTRIES FEED 22,738 PEOPLE. THE STAPLE
FOODS WE SUPPLIED FOR ELDERLY NUTRITION PROGRAMS AND SOUP KITCHENS
FED AN ADDITIONAL 11,866 PEOPLE HOT MEALS 5 DAYS A WEEK. WE
PROVIDED EMERGENCY AND BREAKFAST FOOD FOR NEARLY 4,000 PEOPLE;

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ATTACHMENT 3 (CONT'D)

MUCH NEEDED FRESH PRODUCE FOR 1,100 TRIBAL MEMBERS, FOOD FOR 11,350 PEOPLE AT COMMUNITY-WIDE BULK DISTRIBUTIONS AND THANKSGIVING AND CHRISTMAS MEALS FOR 45,142 PEOPLE. TO DISTRIBUTE THESE ESSENTIAL PRODUCTS, OUR TRUCKS AND STAFF TRAVELED MORE THAN 158,000 MILES IN THE SECOND HALF OF 2015. TAKING A LONG-TERM VIEW OF FOOD SOVEREIGNTY AND DIETARY HEALTH, PWNA SUPPORTED 4 COMMUNITY GARDEN PROJECTS ON THE HOPI, NAVAJO, WHITE MOUNTAIN AND PASCUA YAQUI RESERVATIONS.

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

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

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

HOLIDAY:

PURPOSE OF THE PROGRAM: TO HELP OUR RESERVATION PARTNERS SPREAD COMMUNITY CHEER AND PARTICIPATION AT TIMES WHEN MANY FAMILIES ARE EXPERIENCING MORE STRESS AND DISENFRANCHISEMENT.

SITUATION: NATIVE AMERICAN ELDERS AND CHILDREN ON THE RESERVATIONS WE ASSIST ARE CERTAINLY AWARE OF HOLIDAYS CELEBRATED ACROSS THE U.S., BUT FREQUENTLY THEIR FAMILIES CANNOT AFFORD SPECIAL HOLIDAY

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ATTACHMENT 4 (CONT'D)

GIFTS OR EXTRAS. UP TO 43% OF NATIVE AMERICAN CHILDREN LIVE IN POVERTY, MANY OF THEM RAISED BY GRANDPARENTS ON SEVERELY LIMITED, FIXED INCOMES. POVERTY RATES ON THE 60 RESERVATIONS SERVED BY PWNA RANGE FROM 38% TO 63%.

PWNA RESPONSE: DURING THE 2015 HOLIDAYS, 50,909 DELIGHTED CHILDREN, TEENS AND ELDERS RECEIVED HOLIDAY GIFT STOCKINGS FILLED WITH PRACTICAL ITEMS TO MEET IMMEDIATE NEEDS. THESE TYPES OF HOLIDAY EVENTS ALSO HELP PARTNERS AND LOCAL VOLUNTEERS DEVELOP SKILLS FOR FUTURE EVENT PLANNING AND COMMUNITY SERVICE.

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

*IN JULY 2015, OUR ORGANIZATION CHANGED ITS NAME TO PARTNERSHIP WITH NATIVE AMERICANS. THIS BETTER COMMUNICATES OUR PURPOSE AND STRENGTHENS OUR RESOURCES FOR SERVING NATIVE AMERICANS LIVING ON REMOTE, ISOLATED AND IMPOVERISHED RESERVATIONS. TO LEARN MORE, VISIT WWW.NATIVEPARTNERSHIP.ORG.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SEE SCHEDULE O	3,079,803.	4,167,093.	
TOTALS	<u>3,079,803.</u>	<u>4,167,093.</u>	

ATTACHMENT 6

Name of the organization

PARTNERSHIP WITH NATIVE AMERICANS

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ATTACHMENT 6 (CONT'D)FORM 990, PART VI, LINE 17 - STATES

AK, AZ, AR, CA, CT,

DC, FL, GA, HI, IN, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, TX, UT, VT, WA, WV, WI,

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATIONMDI IMAGING & MAIL
21955 CASCADES PKWY
STERLING, VA 20166

MAILING SERVICE

340,346.