*Form **990-ÉZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

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

Open to Public

		of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informat	ion. 141	2	Inspection	
A	For the	2019 calend	ar year, or tax year beginning , 2019, and ending			, 20	_
В	Check if a	pplicable	C Name of organization	D Emplo	yer ide	ntification number	į.
	Address	change	Native Future, Inc		45	3191642	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	E Teleph	one nu	mber	_
	Initial reti		34 Taylor St				
<u> </u>	i	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exen	notion	- 1
늗	Amended		Portland, ME 04102		oer ▶	•	
_		on pending iting Method.				the organization is no	- 1
	Website	•	nativefuture org			ch Schedule B	_
				•		-EZ, or 990-PF)	Ħ
_				(1 01111 001	0, 550	LL, 01 000 1 1 7	_
		f organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total	l accete			
			5500,000 or more, file Form 990 instead of Form 990-EZ	1 033613	• •	105,65	3
				un atri i at	<u> </u>		-
	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the				٦
	.		the organization used Schedule O to respond to any question in this Part I		$\overline{}$		<u> </u>
8			ons, gifts, grants, and similar amounts received	-	1	105,65	3
9		-	ervice revenue including government fees and contracts		2		_
5		Membersh	ip dues and assessments	· ·	3		_
8	2 4	Investment	t income	· · L	4		_
	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b	Less: cost	or other basis and sales expenses				
	C	Gain or (lo:	ss) from sale of assets other than inventory (subtract line 5b from line 5a)]	5c		
	6	Gaming an	d fundraising events.				
05	a	Gross inc	ome from gaming (attach Schedule G if greater than	r		SEOFWIED	
1 8 202	3	\$15,000)				RECEIVED	
တာ	Ы	Gross inco	me from fundraising events (not including \$ of contribution	ns .	4 ∏		၂ပ္ဟ
~ {	<u></u>		aising events reported on line 1) (attach Schedule G if the		8	OCT 2 2 2020	၂ဗ
<u></u> "	•		ch gross income and contributions exceeds \$15,000) 6b	1	E1-354	001 2 2 2020	RS-OSC
OCT	l c		et expenses from gaming and fundraising events 6c		ા∟∟		_]≌
_	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	(C	IGDEN. UT	_
Θ	"	line 6c)		' 	6d	<u> </u>	
岩	72	•	s of inventory, less returns and allowances		1		_
SCANNED	'b		of goods sold				
3			it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
Š	l °	•	nue (describe in Schedule O)		8		_
	8 9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· .	9	105,65	3
_	10		I similar amounts paid (list in Schedule O)	•	10	75,75	_
			aid to or for members	-	11	70,70	
	11				-		_
ğ	3 12		ther compensation, and employee benefits 22		12	12.50	<u>-</u>
Š	2 13		al fees and other payments to independent contractors 22		13	12,50	
0 0 0 0 0	[14	-	y, rent, utilities, and maintenance		14		_
Ц	· .0	•	ublications, postage, and shipping		15	60	_
	16	•	enses (describe in Schedule O) 🔯	_	16	11,64	_
_	17		enses. Add lines 10 through 16		17	. 100,50	_
9	18		(deficit) for the year (subtract line 17 from line 9)		18	5,15	3
Not Accept	ទ្ធ 19		or fund balances at beginning of year (from line 27, column (A)) (must agre				
Š	₹	end-of-yea	ar figure reported on prior year's return)		19	65,14	8
<u> </u>	20	Other char	nges in net assets or fund balances (explain in Schedule O)	[20		
			or fund balances at end of year. Combine lines 18 through 20		21)1

7

?1	Par	t II	Balance Sheets (see the instructions					
			Check if the organization used Schedule	O to respond to a	ny question in this			<u>.</u>
						(A) Beginning of year		(B) End of year
	22	Casl	n, savings, and investments			65,148	22	70,931
	23	Land	d and buildings				23	
	24	Othe	er assets (describe in Schedule O)				24	
	25	Tota	ıl assets			65,148	25	70,931
	26	Tota	Il liabilities (describe in Schedule O)			0	26	630
	27		assets or fund balances (line 27 of column			65,148	27	70,301
?	Part		Statement of Program Service Accom	•		,		
			Check if the organization used Schedule				/D -	Expenses
	What	is the	organization's primary exempt purpose?	To partner with indige	nous communities in	Panama to		quired for section (c)(3) and 501(c)(4)
			e organization's program service accompli				org	anizations, optional for ers)
			ed by expenses. In a clear and concise manefited, and other relevant information for ea		e services provide	a, the number of	0	
7			9, 90 Ngabe, Bugle students received education g					
			pment goals 4 local community organizations (3	farm and artisan coope	eratives and 1 boardi	ng school)		
	_		ed the grants which averaged \$4,000 each					
		(Grant					28	18,218
			9, Wounaan of Puerto Lara carried out their first o					
			ourism Bird identification training and cultural do					
			nunities, technical assistance was provided in tree					
		(Grant		includes foreign gra	ints, check here .	▶ ☑	298	73,249
	30	were o	carried out					
		(Grant		includes foreign gra		▶ ⊔	30a	3
			program services (describe in Schedule O)					
		(Grant	s \$) If this amount program service expenses (add lines 28a	includes foreign gra	ints, check here	<u> ▶ ⊔</u>	31	
	Part						32	
	r all l		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•		Ć
			Check if the organization used Schedule		(c) Reportable			· · · · · <u> </u>
			(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
				devoted to position	(Forms W-2/1099-MIS (If not paid, enter -0-			other compensation
	PAUL	BARR	FTT	-	(in the pare, enter o	, common componential	+-	
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		SURE		2		o	o	0
		ARCH				1	╫	
		CTOR		3		o	0	0
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							+	

•	Part					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	_		
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	· \	
77	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34			Q
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•	
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	1
	37a		100°27° 200°27°	-,,**	12	
	b	Did the organization file Form 1120-POL for this year?	37b		10300 0 1	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		- <u> </u>		67
	h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		√	Ū
	39	Section 501(c)(7) organizations. Enter:		94 ² 33		
	а	Initiation fees and capital contributions included on line 9		ر م م الاراد		
	b	Gross receipts, included on line 9, for public use of club facilities		ا منطقها منطقها		
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>✓</u>	G
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	* (5) 1 * (5)	7	
	41	List the states with which a copy of this return is filed ► NONE				
	42a	The organization o books are in early or ==	207-23		3	
		Localed at 7 17 17 17 17 17 17 17 17 17 17 17 17 1	041		•	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	
		If "Yes," enter the name of the foreign country ▶		ં કે સુકૃષ્ણ કે ક ્		
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).		ا او ترویز هره		
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		V	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u></u> 44a	Yes ্রেণ্ড	No V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1 1 1 1 1 1 1 1 1 1	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	\	V	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	المراجعة ال المراجعة المراجعة الم		

	0-EZ (2019)		· · · · · · · · · · · · · · · · · · ·					Rage 4
46	Did the organization engage, directly or in	adirectly in political c	eamnaign activities on	hehalf of or	ın annasıt	ion [Yes	No
46	to candidates for public office? If "Yes," of						-	
art			<u>, </u>			1 .0	_!	
	All section 501(c)(3) organization		stions 47-49b and	52, and cor	nplete the	e tables	for lin	es
	50 and 51.	·						
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI				
						. —	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		uring the		1	٠,
40	Is the organization a school as described in					· 47	 	1
48 49a	Did the organization make any transfers t		·			· —	, 	V
b	If "Yes," was the related organization a se	· · · · · · · · · · · · · · · · · · ·	_			491		1
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than office	ers, directo			
	employees) who each received more than	1 \$100,000 of compe	nsation from the organ			e, enter "	None.'	,
		(b) Average	(c) Reportable	(d) Health to		(e) Estima	ted amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a		other co	mpensa	tion
	NONE			Compens	sation			
	NONE							
	, , , , , , , , , , , , , , , , , , , ,						-	
	Total number of other employees paid ov	var \$100,000						
	Total number of other employees paid ov			contractors	who each	receive	d more	thar
	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp	ensated independent	contractors	who each	received	d more	e thar
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."			received		e thar
	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest companization. If there is no	ensated independent					e thar
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."					e thar
f 51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest companization. If there is no	ensated independent one, enter "None."					e thar
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51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent NONE	's five highest companization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv	rice	(c)	Compensa		e thar
51 d	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent NONE Total number of other independent contractions and the organization (a) Name and business address of each independent contraction (b) None	's five highest companization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serventer serv	P	(c)	Compensa		e thar
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d 52 Juder prue, co	Complete this table for the organization \$100,000 of compensation from the organization of preparer (other that I have examined this freet, and complete Declaration of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and the organization of preparer (other that I have examined this freet, and complete from the organization of preparer (other that I have examined this freet, and the organization of preparer (other that I have examined this freet, and the organization of preparer (other that I have examined this freet, and the organization of the organization of preparer (other that I have examined this freet, and the organization of the organization o	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return, including accompanions.	ensated independent one, enter "None." (b) Type of served over \$100,000 ection 501(c)(3) orgation	nizations m	ust attach	Compensa 0 1 a .▶✓ Ye	es 🗌	No
d 52	Complete this table for the organization \$100,000 of compensation from the organization from the organization state of each independent NONE NONE Total number of other independent contribid the organization complete Schedic completed Schedule A	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return, including accompanions.	ensated independent one, enter "None." (b) Type of service of the	nizations m	ust attach	Compensa 0 1 a .▶✓ Ye	es 🗌	No

Preparer

Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization NATIVE FUTURE, INC 45-3191642 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calehdar year (or fiscal year beginning in) ▶ (e) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants"). 29,175 34,729 75,380 86,874 105,653 331,791 2 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 . 29,175 34,729 75,380 86,874 105,653 331,791 The parties of services or facilities furnished by a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 3,003 Rection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 29,175 34,729 75,380 86,874 105,653 331,791 7 Amounts from line 4 . 29,175 34,729 75,380 86,874 105,653 331,791 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from smilar sources . 2 2 2 0 0 0 0 0 4 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 of the income. Do not include gain or loss from the sale of capital assets (Explan in Part VI). 17 17 Total support. Add lines 7 through 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Part		ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
Section A. Public Support Calendary year for fiscal year beginning in) Cal	,							ality under
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Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	11	Total support. Add lines 7 through 10	TANK WALLE	TANK TANKS				331,795
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Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	Secti							
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33¹/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		Dublic support percentage for 2019 (inte	bodulo A. Bort	Il line 14	11, Coldinii (1))			
box and stop here. The organization qualifies as a publicly supported organization		Public support percentage from 2018 Sc	nedule A, Part	II, IIII 14 .		 nd lmn 14 in 91		
b 33¹/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a							
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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		this box and stop here . The organization	n qualifies as a	publicly suppo	orted organizat	ion		▶ 📙
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	17a	10%-facts-and-circumstances test-2	2019. If the org	anization did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		10% or more, and if the organization m	eets the "facts	-and-circumst	tances" test, cl	heck this box	and stop here .	Explain in
organization								
 b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
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	_	•	040 1641-		ا تاجيطه لهم	ر مساسمین	160 16h 17	_
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		•				ine organizat	ion qualifies as	
								_
madmustians .	18	Private foundation. If the organization of	lid not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	

Schedule A (Form 990 or 990-EZ) 2019

Part					nuzation failad	l to qualify.	andor Dort II
	(Complete only if you checked the lf the organization fails to qualify			-			inder Part II.
Section	on A. Public Support	under the te	313 listed beit	ow, please co	ompiete i ait i	1./	
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	<u> </u>	, , , , , , , , , , , , , , , , , , ,				1
	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						X
_	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		_			<u></u>	
5	The value of services or facilities				/		
	furnished by a governmental unit to the organization without charge						
^	-						+
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3				-/		-
, a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/	7			
	line 6.)	1					
	on B. Total Support				1 (0.22.2	1 3 2 2 2 2	1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.		Y		1		
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
С	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						
40	(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	e organization	'e firet secon	d third fourth	or fifth tay ve	ar as a sect	on 501(c)(3)
17	organization, check this box and stop he	~					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13. column (fl)		15	%
16	Public support percentage from 2018 Sch	• • • • • • • • • • • • • • • • • • • •	-			16	%
	on D. Computation of Investment Inc					-1 -1	
17	Investment income percentage for 2019 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests-2019. If the organ						
/	17 is not more than 331/3%, check this box		-				
β	331/3% support tests—2018. If the organiz						
/	line 18 is not more than 331/3%, check this b		_	•		-	
⁄ 20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, (cneck this box	ana see instr	uctions 🟲 🗀

Part IV

Supporting Organizations

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

		Organizations

		Y	es	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	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	1867.7 1862.5	ائــٰــ
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 17.0(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	Si, Abley Mariana	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	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	PHIST CALL	
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	G \$2.	,
С	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		Transition
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	與·5 - · · · · · · · · · · · · · · · · · · ·	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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		191 13
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 .	N 1		E
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		, - , , <u>- , , , , , , , , , , , , , , , , , , ,</u>
С	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	dear i	^ المحددة المحددة
0a	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	20-20 20-21	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h	<u>, 1</u>	(, ag)-

				-3
Part	IV Supporting Organizations (continued)			
44	The theory of the control of the control of the control of the following agreement		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	· - '		
а	below, the governing body of a supported organization?	11a	North-	
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	,9* ',* .	``	ئا ئالىدى:
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	*, å ,	(A)	٠, / بخ ا
	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	33 33		1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	والمنطقة		, //wg
•	•	1	JBar. h	2.5
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	Engi.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	37.4		(1.5) (1.5)
	supervised, or controlled the supporting organization.	2		
Secti	on 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	Carley!		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	7		
	or management of the supporting organization was vested in the same persons that controlled or managed	مام ، روانه مام ماروان	ME.	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		0.30365	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	The state of the s		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	13032	7.70
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	~ "r" , ' ' '	The state of the s	, , , 174 ₁₁
_	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	Mary Colonia	Name of the second
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		17.00
	significant voice in the organization's investment policies and in directing the use of the organization's		W.X	1 TUN
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	165	387.	
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	• •		. 1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Integral Pa	nstru	ctions	S).
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. <i>Answer (a) and (b) below.</i>	000 // //	Yes	
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		7 200
4	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100 M		
	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			2
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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		\$ 50.5°	
	activities but for the organization's involvement.	2b	physician Pr	i supertura
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		FEET, 102	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	Ø\$R	M
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	381414	
	or its supported organizations: If Tes, describe in Fart VI the fole played by the organization in this regard.	JUU		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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	1		
instructions for short tax year or assets held for part of year):		性學可能等為 12	
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):	35.6		
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		3
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 Mınımum 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		THE STATE OF THE S	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see
instructions).	-		•

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on D-Distributions	•		Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes	•	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted .	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.	vs.		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6		2	
10	Line 8 amount divided by line 9 amount			,
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		阿斯尔尔西斯里斯	,
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019		CENTERN SOURCE	er fareaseam
a	From 2014			
b	From 2015	FAMILY WENT TO	######################################	
	From 2016	PHYSIGHT 上面的对比	TOTAL TERMINA	编码的建设设置公路组
d	From 2017	ETT LEET NO. 10		
е	From 2018			Construction of the Construction of the Miles
f	Total of lines 3a through e		建 的公司编译。	推出自然的。但如此
g	Applied to underdistributions of prior years	Harrick the rel		TOTAL PROPERTY OF THE PARTY OF
<u>h</u>	Applied to 2019 distributable amount			,
<u> i </u>	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	a handrawa a han a sanahara ar a sari		
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			落在《沙德斯》。1578
b	Applied to 2019 distributable amount		MENT PERSONAL TRANSPORT	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		,	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 ·	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	SATAN: SATANESE VE		
а	Excess from 2015		企 。在2006年2月1日	新名家 的 的主要证据
b	Excess from 2016			
c	Excess from 2017	公里 里/心里/连		对于在中华的
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE F . (Form 990)

Statement of Activities Outside the United States

OMB № 1545-0047

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

► Attach to Form 990.

2019

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

Open to Public Inspection

Internal Revenue Service
Name of the organization
NATIVE FUTURE, INC

Department of the Treasury

Employer identification number 45-3191642

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization as	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the grant	ts or assistance, and the		✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorir	ng the use of its grants and	dother assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America& Caribbean	o	0	Program services	Educational scholarships	17,177
	<u> </u>			, rogium sorrisso	•	,,,,,,
(2)	Central America& Caribbean	0	0	Program services	Rainforest Conservation	58,577
(3)						
(4)	<u> </u>					
(5)	•					
(6)				,		
(7)						-
(8)		-				
(9)						
(10)		, <u></u>			-	
(11)		,				· -
(12)						
(12)					•	
(13)						
(14)					,	-
(15)				·		
(16)		•				
(17)						
3a	Subtotal					75,754
b	Total from continuation sheets to Part I					,
С	Totals (add lines 3a and 3b)					75,754

Page 2

Schedule F (Form 990) 2019

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. Part II

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	. (e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Central America	scholarships	6,500 cash	cash			
		Central America	Rainforest conservation		56.627 wire transfer			
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(15)		والمراوا والمارا والمارا والمارا والمارا والمارا والمارا والمارا		,				
		Samuel Section 1		-	, ,			
2 Enter total nur by the IRS, or	nber of recipiè for which the	Enter total number of recipient organizations listed above that a by the IRS, or for which the grantee or counsel has provided a s	Enter total number of recipient organizations listed above that are recognized as charities by the foby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charitie 501(c)(3) equivale	re recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	try, recognized as ta	ix-exempt ▼	
3 Enter total nur	nber of other c	Enter total number of other organizations or entities	rties				▲	0000 0000 mm 2 1 2 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1
								Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019

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. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance <u>(1</u> 14 (18) Ξ <u>8</u> 3 (2) 5 (12) (13) (15)(16) (17) (3) 9 100 (8) 6)

Schedule F (Form 990) 2019

Page	4

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

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.

Part 1, Line 1, 2 and 3 Foreign organizations provide periodic financial reports to the organization Organization's program managers
carry out field investigations quarterly and annually
Part 1, line 2(e) and Part II, line 2 (d) Rainforest conservation activities include assessments, workshops, technical assistance & training
for ecological restoration/reforestation, ecotourism development, bird conservation and non-timber forest product development
Part II, line 1(d) The El Jacinto Granja (village cooperative farm) supported 30 students, offspring of 11 members, with tuition, clothing,
supplies and transportation, so they could attend school primary, secondary and university

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.

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

OMB No 1545-0047

2019

Employer identification number

Open to Public Inspection

NATIVE FUTURE, INC	45-3191642
PART 1, LINE 16 OTHER EXPENSES INCLUDE FUNDRAISING MATERIALS \$1,164 INSURANCE \$590, O	FFICE EXPENSES \$1,261
TRAVEL TO AND FROM PANAMA \$8,579 AND OTHER PROGRAM EXPENSES \$49	
PART III EXEMPT PURPOSE CONTINUED PROTECT THEIR LAND RIGHTS, SUPPORT THEIR STEWARDS	HIP OF THEIR RAINFOREST
ECOSYSTEMS, AND EDUCATE THEIR YOUTH	
-	

ichedule O (Form 990 or 990-EZ) (2019)	Page ∠
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