** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	For the	e 2021 calendar year, or tax year beginning	and ending		
	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		32-02488	92
	Initial return	,	Room/suite	E Telephone number	
L	Final return termir		2400	612-429-	
_	termir ated ☐Amen	3 1		G Gross receipts \$	1,409,508.
F	return □Applio	SI PAUL, MIN 33101	DITT T	H(a) Is this a group re	
Ш	tion pendi	SAME AS C ABOVE	опп	for subordinates H(b) Are all subordinates in	·····= =
	Γαν. Αν	empt status: X 501(c)(3) 501(c) ())(1) or 527	1	list. See instructions
		te: > WWW.NATIVEWAYS.ORG	(1) 01 027	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: MN
		Summary	•	•	·
_	1	Briefly describe the organization's mission or most significant activities: SEI	E SCHEDU	LE O	
Governance					
rna	2	Check this box if the organization discontinued its operations or dis	sposed of more	than 25% of its net ass	_
ŏ	3			3	6
	1	Number of independent voting members of the governing body (Part VI, line 1			6 3
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			<u>3</u>
Ĕ	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	-	The difficulties taxable moone from our our out, fact, line from		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		188,000.	1,399,754.
nue	9	Program service revenue (Part VIII, line 2g)		0.	9,750.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	4.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	188,000.	1,409,508.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	102 720
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		0.	193,738.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	17 D	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		869.	27,361.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		869.	221,099.
		Revenue less expenses. Subtract line 18 from line 12		187,131.	1,188,409.
or or	3		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		213,170.	1,427,788.
t Ass	21	Total liabilities (Part X, line 26)		0.	26,209.
	22	Net assets or fund balances. Subtract line 21 from line 20		213,170.	1,401,579.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sched			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information $\mathfrak c$	of which preparer	nas any knowledge.	
Ci~	_	Signature of officer		I Date	
Sig Her		CARLY BAD HEART BULL, EXECUTIVE DIRE	СТОВ		
1101	•	Type or print name and title	01011		
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	i	WENDY HARDEN, CPA WENDY HARDEN,	CPA 1	1/02/22 if self-employ	P00956490
Pre	parer	Firm's name SDK CPA	•		41-1680240
Use	Only	Firm's address 100 WASHINGTON AVE S STE 1600	<u> </u>		
		MINNEAPOLIS, MN 55401		Phone no.61	2-332-5500
May	/ the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1 990 (2021) THE NATIVE WAYS FEDERATION INC	32-0248892	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		
	DEE DEHEDOLLE C		
_			
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	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	1es	ZI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, ar	nd
 4а	(Code:) (Expenses \$		750.)
	/ (LApprinces Transfer of Tran	- <u>- ,</u>	,
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$	* au	1
710	(Louding grants of \$\psi\$) (Trevent	φ	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$,
4d	Other program services (Describe on Schedule O.)	1	
4e	(Expenses \$\(\text{including grants of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\)	
		Form 9	90 (2021)

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	Х	
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		Х
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		х
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 Rev. Proc. 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	Ť		
U	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,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	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
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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,	u		<u></u>
	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	- 1.12		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا جد ا		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		_v
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

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Form 990 (2021) THE NATIVE WAYS FE Part IV Checklist of Required Schedules (continued)

	·		Yes	No
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	22		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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	(1000)

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Form **990** (2021)

THE NATIVE WAYS FEDERATION INC 32-0248892 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 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. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

5 Form **990** (2021)

If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800	· · · · · · · · · · · · · · · · · · ·						X
Sec	tion A. Governing Body and Management						
		۱.	I	ر آ		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		_6			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			اے			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			.	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		_X_
6	Did the organization have members or stockholders?			.	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			.	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			. [7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			. [8a	X	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. [10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	L	11a	X	
b	Describe on 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				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \emph{If}\ \ \ \emph{"Y}$	'es," d	escribe				
	on Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			. [15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			.	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)	(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	and	financ	ial	
	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 boo	ks and	d records				
	CARLY BAD HEART BULL - 612-429-0417						
	101 5TH ST E, SUITE 2400, ST PAUL, MN 55101						

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(14)-		Pos			one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pei	son i	than of is both or/trus	n an	compensation	compensation from related	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CARLY BAD HEART BULL	40.00							102 207	_	10 454
EXECUTIVE DIRECTOR	1 20		_	Х		┢		103,207.	0.	18,454
(2) SARAH ECHOHAWK	1.20	Х		х					0.	_
CHAIR (3) MICHAEL E ROBERTS	0.60	^		^		\vdash		0.	U •	0
TREASURER	0.00	Х		х				0.	0.	0
(4) SHANNON KELLER O'LOUGHLIN	0.30	22				\vdash		•	•	
DIRECTOR	3.30	Х						0.	0.	0
(5) JOHN E ECHOHAWK	0.30									
DIRECTOR		Х						0.	0.	0
(6) SARAH KASTELIC	0.30									
DIRECTOR		Х						0.	0.	0
(7) LAUREN HASS FINKELSTEIN	0.30									
VICE CHAIR		Х		Х				0.	0.	0 .
(8) CHERYL CRAZY BULL	0.60								_	_
SECRETARY		Х		X		<u> </u>		0.	0.	0.
						┢				
						ऻ_	<u> </u>			
			l	1				1		

Form **990** (2021)

	990 (2021) THE NATIV									32-02	48	892	Pa	age 8
Par	Section A. Officers, Directors, Trust		oloy	ees,	and	l Hiç	ghes	t C						
	(A) Name and title	(B) Average hours per		not c	Posi heck i	ition _{more}	than o		(D) Reportable compensation	(E) Reportable compensatior	1		(F) timate nount (
		week (list any hours for related organizations below line)	tee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	com fr organo	other pensa om the anizati d relate	tion e ion ed
			•											
	Subtotal			<u> </u>		<u> </u>		<u> </u>	103,207.		0.	18	3,45	54.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						▶	103,207.		0.	18	3,45	0. 54.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				1
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	ahest compensated emp	lovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	uch individual										3		X
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp tion B. Independent Contractors					•			•			5		Х
1	Complete this table for your five highest cor	•	•							, ,	ensa ^t	tion fro	m	
	the organization. Report compensation for t (A) Name and business			ONI		iti i C	<u>JI VVI</u>		(B) Description of s			(Comper		n
	Total number of independent contractors (in	ocluding but a	ot lie	nitor	1 +0 +	thoo	منا م	tod	above) who received	ore than				
_	\$100,000 of compensation from the organiz	•	J. 111			C		เซน	abovo, who received file	SIO HIAH			200	
												Form 9	99U (2	2021)

Form 990 (20			NATIVE	WAYS	F
Part VIII	Statement	of Rev	enue		

			Check if Schedule O contains	a response o	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts						-			
ij g			Membership dues			-			
fts, Ar			Fundraising events			-			
ig ig			Related organizations			-			
ns, Sim			Government grants (contributions)			-			
utio er (Ť	All other contributions, gifts, grants, an		200 754				
5 된			similar amounts not included above		399,754.	-			
ont od (_	Noncash contributions included in lines 1a-1f	1g \$		1 200 754			
<u>0 g</u>		h	Total. Add lines 1a-1f			1,399,754.			
					Business Code	0.750	0.750		
e S	2	а	EDUCATION AND TRAI	INING	611600	9,750.	9,750.		
e <u>v</u> i		b							
S		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			9,750.			
	3		Investment income (including divid						
			other similar amounts)			4.			4.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	.,		1			
			Less: rental expenses 6b			1			
			Rental income or (loss) 6c			-			
			Not rental income or (less)						
			` '	Securities	(ii) Other				
	•	а	assets other than inventory 7a		(1) 5 11 151	-			
		h	Less: cost or other basis			-			
Φ		D							
her Revenue		_	and sales expenses 7b			-			
eve		C .	Gain or (loss) 7c						
ت ھ			Net gain or (loss)		P				
	8	а	Gross income from fundraising events						
Ò			including \$	_					
			contributions reported on line 1c).	I					
		_	Part IV, line 18			-			
			Less: direct expenses						
			Net income or (loss) from fundraisir	-	D				
	9	а	Gross income from gaming activities						
			Part IV, line 19			-			
			Less: direct expenses						
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return						
			and allowances	10a					
		b	Less: cost of goods sold	10b					
\Box		С	Net income or (loss) from sales of it	nventory	_				
ω					Business Code				
ñ a	11	а							
ane		b							
Miscellaneous Revenue		С							
Alsc B		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,409,508.	9,750.	0.	4.

Form 990 (2021) THE NATIVE WA Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	121,661.	109,495.	6,083.	6,083
_	trustees, and key employees	121,001.	109,493.	0,005.	0,003
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	50,951.	45,856.	2,547.	2,548
7	Other salaries and wages	30,931.	45,650.	2,347.	2,340
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0 402	8,462.	470.	470
9	Other employee benefits	9,402.	10,552.	586.	470 586
10	Payroll taxes	11,/24.	10,334.	300.	200
11	Fees for services (nonemployees):				
	Management	475.	428.	2.4	2.2
	Legal	11,875.		24.	23 594
_	Accounting	11,0/5.	10,688.	593.	594
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	11 401	10 061	F70	F70
	column (A), amount, list line 11g expenses on Sch 0.)	11,401.	10,261.	570.	570 23
	Advertising and promotion	469.	423.	23.	
13	Office expenses	887.	800.	44.	4.3
14	Information technology				
15	Royalties	620	5.00	21	21
16	Occupancy	630.	568.	31.	31
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	C0F		20	2.0
23	Insurance	605.	545.	30.	30
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	825.	743.	41.	41
b	OUTREACH AND EDUCATION	194.	174.	10.	10
c			•		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	221,099.	198,995.	11,052.	11,052
26	Joint costs. Complete this line only if the organization	,			,
	reported in collimit (B) joint costs from a combined - 1	Į.			
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	213,170.	1	1,172,437	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	251,250
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu	nese personsalified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
2	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges			9	4,101
	10a	Land, buildings, and equipment: cost or other	.			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		213,170.	16	1,427,788
	17	Accounts payable and accrued expenses			17	26,209
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
Sa	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul				
ia Pi		controlled entity or family member of any of the			22	
-	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
					25	26 200
	26	Total liabilities. Add lines 17 through 25		0.	26	26,209
s		Organizations that follow FASB ASC 958, c	heck here 🕨 🔼			
) 2		and complete lines 27, 28, 32, and 33.		212 170	a=	E22 020
aga	27	Net assets without donor restrictions		213,170.	27	532,829 868,750
ĕ	28	Net assets with donor restrictions			28	000,730
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
ᇦ		and complete lines 29 through 33.			20	
ts	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		212 170	31	1 401 570
ž	32	Total net assets or fund balances		213,170.	32	1,401,579
	33	Total liabilities and net assets/fund balances		213,170.	33	1,427,788 Form 990 (202

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets					
	Check 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	1,40			
2	Total expenses (must equal Part IX, column (A), line 25)	2			99.	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,18		<u>09.</u> 70.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,40	1,5	79.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	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?		2b	X		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?	_	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
	`		Form	990	(2021)	

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE NATIVE WAYS FEDERATION INC 32-0248892 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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) 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 II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	300.	100.	0.	41,000.	52,724.	94,124.		
2	Tax revenues levied for the organ-								
	ization'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	300.	100.		41,000.	52,724.	94,124.		
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)						66,053.		
	Public support. Subtract line 5 from line 4.						28,071.		
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	300.	100.		41,000.	52,724.	94,124.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					4.	4.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						04 100		
11	Total support. Add lines 7 through 10						94,128.		
12	Gross receipts from related activities,					12	9,750.		
13	First 5 years. If the Form 990 is for the						. —		
Sec	organization, check this box and stop ction C. Computation of Publi						▶ <u> </u>		
				olumn (f))		14	29.82 %		
14 15	Public support percentage for 2021 (in Public support percentage from 2020)					15	29.82 % 29.46 %		
	33 1/3% support test - 2021. If the								
100	stop here. The organization qualifies								
h	33 1/3% support test - 2020. If the								
_	and stop here. The organization qual								
17a	10% -facts-and-circumstances test		• •						
	and if the organization meets the fact	-							
	meets the facts-and-circumstances te		•	-		viriow and organiza	► V		
b	10% -facts-and-circumstances test	· ·	•						
-	more, and if the organization meets the	ū				•			
	organization meets the facts-and-circle		•				▶ □		
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								

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		•				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	(1)	, , , , , , , , , , , , , , , , , , ,	(2)	(1)	(7)	(1)
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)		-			1	
14 First 5 years. If the Form 990 is for the	•			•		. —
check this box and stop here Section C. Computation of Public						>
•			1 (6)		T 45 T	
15 Public support percentage for 2021 (lii		•	.,,		15	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Inves		<u> </u>			16	%
•			ino 13 column (f)		17	04
17 Investment income percentage for 20.18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2021. If the			on line 14 and line			
more than 33 1/3%, check this box an					- 4.5	▶ □
b 33 1/3% support tests - 2020. If the	=	-				
line 18 is not more than 33 1/3%, chec	ū					. \square

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - **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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
33		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion 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		103	140
•	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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		

Sche	dule A (Form 990) 2021 THE NATIVE WAYS FEDERA	TION IN	IC :	32-0248892 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8. column A)	2		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued	<u> </u>
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.			;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	1
9	Distributable amount for 2021 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
<u>b</u>	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>_i</u>	Carryover from 2016 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
<u>b</u>	Excess from 2018			
<u> </u>	Excess from 2019			
<u>d</u>	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE NATIVE WAYS FEDERATION, INC. IS A NONPROFIT ORGANIZATION INCORPORATED

UNDER THE NAVAJO NATION IN 2008. FOUNDED BY SEVEN LEADING NATIONAL NATIVE

NONPROFITS, OUR MISSION IS TO ACTIVATE AND EXPAND INFORMED GIVING TO

NATIVE-LED NONPROFITS IN INDIAN COUNTRY THROUGH DONOR EDUCATION AND

ADVOCACY. IN 2019, THE DIRECTORS RECALIBRATED AND HIRED AN EXECUTIVE

DIRECTOR IN 2020. THE EXECUTIVE DIRECTOR'S FUNDRAISING EFFORTS ENABLED NWF

TO HIRE TWO ADDITIONAL STAFF MEMBERS AND EXPAND PROGRAMMING.

OUR WORK IS CURRENTLY FOCUSED IN THREE AREAS:

- 1) UNITING THE NATIVE NONPROFIT SECTOR
- 2) ADVOCATING FOR NATIVE-LED NONPROFITS
- 3) INFLUENCING THE FIELD OF PHILANTHROPY TO INCREASE SUPPORT IN INDIAN COUNTRY

THE NATIVE WAYS FEDERATION, INC. (NWF) QUALIFIES AS A "PUBLICLY SUPPORTED"

ORGANIZATION DESCRIBED UNDER SECTION 170(B)(1)(A)(VI) AND THEREFORE AS AN

ORGANIZATION DESCRIBED IN SECTION 509(A)(1) BECAUSE IT SATISFIES THE

"FACTS AND CIRCUMSTANCES TEST" SET FORTH IN SECTION 1.170A-9(E)(3) OF THE

TREASURY REGULATIONS.

A. THRESHOLD REQUIREMENTS

NWF IS ELIGIBLE FOR A DETERMINATION OF PUBLIC SUPPORT UNDER THE FACTS AND CIRCUMSTANCES TEST BECAUSE IT MEETS THE TWO THRESHOLD REQUIREMENTS FOR CONSIDERATION. FIRST, THE PORTION OF NWF'S SUPPORT THAT QUALIFIES AS ELIGIBLE PUBLIC SUPPORT IS APPROXIMATELY 29.46% IN 2020 AND 29.82% IN 2021, WHICH EXCEEDS THE 10% THRESHOLD REQUIRED UNDER TREASURY REGULATION

Schedule A (Form 990) 2021

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.)

SECTION 1.170A-9(E)(3)(I). NWF ALSO PASSED THE PUBLIC SUPPORT TEST IN 2016

AND HAS PLANS TO INCREASE ITS FUNDING DIVERSITY IN THE COMING YEARS.

SECOND, NWF'S OPERATIONS ENSURE THAT IT WILL CONTINUE TO ATTRACT NEW AND

ADDITIONAL PUBLIC SUPPORT, AS REQUIRED BY TREASURY REGULATION SECTION

1.170A-9(E)(3)(II). NWF HAS AN ACTIVE FUNDRAISING PROGRAM TARGETING,

INDIVIDUALS, PUBLIC FOUNDATIONS, AND FOR-PROFIT CORPORATIONS THAT SHARE

ITS MISSION, AND AWARDS GRANTS CONSISTENT WITH ORGANIZATIONS QUALIFYING AS

PUBLICLY SUPPORTED UNDER THE FACTS AND CIRCUMSTANCES TEST.

B. OTHER RELEVANT FACTORS

IN DETERMINING WHETHER NWF MEETS THE "FACTS AND CIRCUMSTANCES TEST," THE

TREASURY REGULATIONS ALSO PROVIDE A LIST OF FACTORS THAT SERVE AS INDICIA

OF WHETHER AN ORGANIZATION QUALIFIES AS "PUBLICLY SUPPORTED". THE HIGHER

THE PERCENTAGE OF SUPPORT ABOVE THE 10% REQUIREMENT, THE LOWER THE

ORGANIZATION'S BURDEN IN ESTABLISHING ITS PUBLICLY SUPPORTED NATURE WITH

OTHER FACTORS. THESE ADDITIONAL FACTORS, DISCUSSED BELOW, PROVIDE FURTHER

EVIDENCE THAT NWF SATISFIES THE FACTS AND CIRCUMSTANCES TEST. BECAUSE

NWF'S PERCENTAGE OF SUPPORT IS 29.46% IN 2020 AND 29.81% IN 2021, NWF HAS

A LESSER BURDEN IN PROVING ITS PUBLICLY SUPPORTED NATURE THROUGH THESE

FACTORS.

1. SOURCES OF SUPPORT

NWF RECEIVES ITS PUBLIC SUPPORT FROM A WIDE VARIETY OF CONTRIBUTORS. THESE

DONORS INCLUDE TAX-EXEMPT ENTITIES AND INDIVIDUAL DONORS. NWF WILL

CONTINUE TO DEVELOP THEIR STRATEGIC FUNDRAISING EFFORTS, DEEPEN EXISTING

DONOR RELATIONSHIPS AND REACH OUT TO NEW DONOR PROSPECTS IN THE COMING

YEARS.

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.)

2. REPRESENTATIVE GOVERNING BODY

THE REPRESENTATIVE NATURE OF AN ORGANIZATION'S GOVERNING BODY IS ALSO A

FACTOR IN DETERMINING WHETHER IT QUALIFIES UNDER THE "FACTS AND

CIRCUMSTANCES TEST." IN CONSIDERING WHETHER A BOARD IS REPRESENTATIVE,

THEREBY SATISFYING THE OTHER THRESHOLD REQUIREMENT FOR HISTORY OF

LEADERSHIP IN THE COMMUNITY AND THEIR TRADITION OF PUBLIC SERVICE ARE

RELEVANT. THE BOARD INCLUDES REPRESENTATION FROM NONPROFIT LEADERS IN THE

UNITED STATES. IN 2021, THE FOLLOWING INDIVIDUALS SERVED ON NWF'S BOARD OF

DIRECTORS:

SARAH ECHOHAWK, CHAIR AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

LAUREN FINKELSTEIN, VICE-CHAIR RUNNING STRONG FOR AMERICAN INDIAN YOUTH

MICHAEL E. ROBERTS, TREASURER FIRST NATIONS DEVELOPMENT INSTITUTE

CHERYL CRAZY BULL, SECRETARY AMERICAN INDIAN COLLEGE FUND

SHANNON KELLER O'LOUGHLIN, DIRECTOR ASSOCIATION ON AMERICAN INDIAN

AFFAIRS

JOHN E. ECHOHAWK, DIRECTOR NATIVE AMERICAN RIGHTS FUND

SARAH KASTELIC, DIRECTOR NATIONAL INDIAN CHILD WELFARE ASSOCIATION

3. PUBLIC PARTICIPATION IN PROGRAMS

UNDER SECTION 1.170A-9(E)(3)(VI)(C)(1) OF THE TREASURY REGULATIONS, ONE

FACTOR INDICATING THAT AN ORGANIZATION QUALIFIES AS "PUBLICLY SUPPORTED"

UNDER THE FACTS AND CIRCUMSTANCES TEST IS THAT "MEMBERS OF THE PUBLIC

HAVING SPECIALIZED KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS, OR CIVIC OR

COMMUNITY LEADERS" PARTICIPATE IN, OR SPONSOR NWF'S PROGRAMS. NWF'S

FOUNDING MEMBERS ARE ALL LEADERS IN INDIAN COUNTRY, HEADING UP NATIVE

NONPROFITS ACROSS THE COUNTRY. NWF'S WORK IN EDUCATION AND ADVOCACY IS

Schedule A (Form 990) 2021

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.)

FOCUSED ON INCREASING AWARENESS AND SUPPORT FOR NATIVE-NONPROFITS FROM

FOUNDATIONS AND PHILANTHROPY-SERVING ORGANIZATIONS. IN 2021, NWF BEGAN

PLANNING FOR A SERIES OF NATIVE-NONPROFIT FOCUS GROUPS, ULTIMATELY

LAUNCHED IN 2022. NWF IS BRINGING TOGETHER NATIVE LEADERS FROM DIVERSE

NONPROFITS ACROSS THE COUNTRY TO ENGAGE IN CONVERSATIONS RELEVANT TO

UNITING AND ADVOCATING FOR NATIVE-LED NONPROFITS AND INFLUENCING THE FIELD

OF PHILANTHROPY.

III. CONCLUSION

IN SUMMARY, NWF HAS THE CHARACTERISTICS OF A "PUBLICLY SUPPORTED"

ORGANIZATION, BASED ON THE FACTS AND CIRCUMSTANCES TEST DESCRIBED IN

SECTION 1.170A-9(E)(3) OF THE TREASURY REGULATIONS. SPECIFICALLY, A SMALL

NUMBER OF DONORS DO NOT CONTROL THE NATIONAL ALLIANCE; RATHER NWF IS A

GROWING ORGANIZATION THAT BEARS MANY OF THE INDICIA OF A "PUBLICLY

SUPPORTED" ORGANIZATION, INCLUDING PUBLIC SUPPORT FROM A WIDE

CROSS-SECTION OF DONORS, WITH A REPRESENTATIVE GOVERNING BODY. MOREOVER,

NWF IS CONTINUING TO SEEK NEW SOURCES OF SUPPORT. ACCORDINGLY, NWF

QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION DESCRIBED IN SECTION

170(B)(1)(A)(VI).

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: EXPANSION OF CHARITABLE PURPOSE

DATE: 05/31/20 AMOUNT: 100000.

DESCRIPTION: EXPANSION OF CHARITABLE PURPOSE

DATE: 07/06/21 AMOUNT: 597030.

DESCRIPTION: EXPANSION OF CHARITABLE PURPOSE

DATE: 10/22/21 AMOUNT: 200000.

Schedule A (Form 990) 2021

	Part IV, See line 1; Part	ction A, lines T IV, Section D lines 5, 6, and	1, 2, 3b, 3c, , lines 2 and	4b, 4c, 3; Part	5a, 6, 9a, 9b, 9 : IV, Section E, li	c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 5, and 6. Also complete this part for any additional information.
DESCR	IPTION:	EXPANS	ION OF	CHZ	ARITABLE	PURPOSE
DATE:	08/01/	21	AMOUN	T:	500000.	
DESCR	IPTION:	EXPANS	ION OF	CHZ	ARITABLE	PURPOSE
DATE:	12/31/	20	AMOUN	т:	47000.	
DESCR	IPTION:	EXPANS	ION OF	CHZ	ARITABLE	PURPOSE
DATE:	04/27/	21	AMOUN	т:	50000.	
-						

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** THE NATIVE WAYS FEDERATION INC 32-0248892 Organization type (check one):

organization type (check one).								
Filers of:		Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: O	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
X	General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990)						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE NATIVE WAYS FEDERATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 597,030.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

THE NATIVE WAYS FEDERATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE NATIVE WAYS FEDERATION INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE NATIVE WAYS FEDERATION INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is peeded	2 0240052
	(see instructions). Use duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11	-21	I Ψ	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** THE NATIVE WAYS FEDERATION INC 32-0248892 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE NATIVE WAYS FEDERATION INC

Employer identification number 32-0248892

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	visec	I funds	(b) Fun	ds 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 v		hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form o	f a cor	serva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a				e		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the peri		ecti	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations	, and	d enforcing conse	ervatio	n ease	ments during the year
-	Amount of auroration madin manifolian instables bounds						a duning the consen
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and	ente	ording conservati	on eas	semeni	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirem	onto	of section 170/h	\(A\(D\((i)	
0		•		· ·			Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	/113	manolal statemen	1113 1116	ii ucso	TIDGS THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•			
1a	If the organization elected, as permitted under FASB ASC 95		reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	•					
b	If the organization elected, as permitted under FASB ASC 958					sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:					•	
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea					orovide	
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-				•	\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

		LVE WAYS FI					3	2-02	4889	2 Pa	age 2
Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	am					
b	Scholarly research	е	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	on's exen	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or		,		•				_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	<u> </u>									
1a	Is the organization an agent, trustee, custodia								7	_	7
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:							
									Amoun	τ	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
Ť	Ending balance								7.,		٦
	Did the organization include an amount on Fo								Yes		│ No
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete if										
· u	Endownient i dride: Complete ii	(a) Current year		Prior year	(c) Two yea		o. (d) Three ye	ars hack	(e) Fou	r vears	hack
10	Paginning of year balance	(a) Guirent year	(5)	nor year	(C) TWO you	13 back	(a) Thice ye	ars back	(C) 1 0u	yours	DUCK
-	Beginning of year balance										
b	Contributions Net investment earnings, gains, and losses										
q											
d	Grants or scholarships Other expenditures for facilities										
е	•										
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halance	L line 10	r column (a)) held as:						
– a	Board designated or quasi-endowment	•	% %	g, 001011111 (u)	,, 1101 4 4 0.						
b	Permanent endowment		— /*								
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	·	ation tha	t are held an	nd administer	red for the	e organizat	ion			
	by:	J					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	l "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	ı	(d) Boo	k valu	е
	·	basis (investr	nent)	basis	(other)	der	oreciation				
1a	Land										
b	Buildings	I									
С	Leasehold improvements										
d	Equipment										
е	Other										

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

		FEDERATIO	ON INC	32	-0248892	Page
Part VII Investments - Other Securitie		. 000 Bart IV Bar 4	14b 0 - 5 - 5 - 5 - 60	Doct V. Broad O		
Complete if the organization answered					J afa	
(a) Description of security or category (including name of sec) Book value	(C) Metriod o	f valuation: Cost or end	a-or-year market v	raiue
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B) (C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1						
Part VIII Investments - Program Relate	ed.					
Complete if the organization answered	"Yes" on Form	990, Part IV, line 1	11c. See Form 990), Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method o	f valuation: Cost or end	d-of-year market v	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1	2 \					
Part IX Other Assets.	0.)					
Complete if the organization answered	"Yes" on Form	990, Part IV, line 1	11d. See Form 990), Part X, line 15.		
	(a) Descrip				(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.	<u>(B) line 15.)</u>			<u></u>		
Complete if the organization answered	"Ves" on Form	000 Part IV line 1	11e or 11f See Fo	rm 000 Part Y line 25		
(a) Description of lightiths	103 01110111	1 330, 1 2111, 1110	110 01 111. 00010	1111 000, 1 art X, iiiic 20	(b) Book va	alue
(a) Description of liability (1) Federal income taxes					(D) Book vo	2100
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

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

Schedule D (Form 990) 2021

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

· ai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		poi metum.	
1			1	1,409,508.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,409,508.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	1,409,508.
Par	t XII Reconciliation of Expenses per Audited Financial State	-	enses per Returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:			221,099.
	Total expenses and losses per audited financial statements		1	221,099.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م		
	Donated services and use of facilities			
	Prior year adjustments Other leases			
	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			221,099.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			222,0330
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			221,099.
Par	t XIII Supplemental Information.			
lines 2	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part III, lines 2d and 4b. Also complete this part to provide any a			(, line 2; Part XI,
PAR	T X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXE	S UNDER SEC	TION 501(C)(3) OF
THE	INTERNAL REVENUE CODE (IRC).			
THE	ORGANIZATION IS REQUIRED TO ASSESS WHET	HER AN UNCE	RTAIN TAX 1	POSITION
EXI	STS AND IF THERE SHOULD BE RECOGNITION O	F A RELATED	BENEFIT OF	R
LIA	BILITY IN THE FINANCIAL STATEMENTS. THE	ORGANIZATIO	N HAS DETE	RMINED
THE	RE ARE NOT AMOUNTS TO RECORD AS ASSETS OF	R LIABILITI	ES RELATED	TO
UNC	ERTAIN TAX POSITIONS.			

Schedule D	(Form 990) 2021	\mathtt{THE}	NATIVE	WAYS	FEDERATION	INC	32-0248892	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation	(continued)					
1 41174111	Cuppionionian inioi		(continued)					

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

THE NATIVE WAYS FEDERATION INC

Employer identification number 32-0248892

PART I, $_{
m LINE}$ INC (NWF) WAS FOUNDED IN 2008 BY A GROUP OF THE NATIVE WAYS FEDERATION, SEVEN NATIONAL NATIVE-LED NONPROFIT ORGANIZATIONS TO ACTIVATE AND EXPAND INFORMED GIVING TO NONPROFITS IN INDIAN COUNTRY THROUGH DONOR EDUCATION AND ADVOCACY. 990 PART III, LINE 1 THE MISSION OF THE NATIVE WAYS FEDERATION INC. IS THREE-FOLD: STRENGTHEN THE CIRCLE OF GIVING BY UNITING NATIVE ORGANIZATIONS TO RAISE AWARENESS AND SUPPORT FOR THE COMMUNITIES WE SERVE; (2) BETTER SERVE NATIVE COMMUNITIES BY BECOMING MORE EFFECTIVE NATIVE NONPROFIT ORGANIZATIONS; AND (3) ENSURE THAT NONPRFIT ORGANIZATIONS WORKING ON BEHALF OF NATIVE COMMUNITIES OBSERVE THE HIGHEST LEVELS OF ETHICAL STANDARDS AND FISCAL RESPONSIBILITY. 990 PART III, LINE 4A NWF EDUCATED AND ADVISED FOUNDATIONS AND PHILANTHROPY SERVING ORGANIZATIONS ON THE IMPORTANCE OF INVESTING IN NATIVE COMMUNITIES. NWF FOCUSED ON BUILDING RELATIONSHIPS AND PARTNERSHIPS WITH NATIVE-LED AND

FURTHERANCE OF ITS MISSION. FOR EXAMPLE, NWF DEVELOPED AND IMPLEMENTED

TRAINING SERIES FOR PHILANTHROPY-SERVING ORGANIZATIONS AND FOUNDATIONS

TO EDUCATE THEM ABOUT NATIVE COMMUNITIES AND INCREASE THEIR

OTHER ORGANIZATIONS IN THE NONPROFIT AND PHILANTHROPY SECTOR

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

THE NATIVE WAYS FEDERATION INC

Employer identification number 32-0248892

EFFECTIVENESS IN WORKING WITH, AND IN SUPPORT OF, NATIVE-LED

NONPROFITS. NWF ALSO JOINED A GROUP OF PHILANTHROPY SERVING

ORGANIZATIONS AND GIVING PLATFORMS TO BRAINSTORM AND DEVELOP PROTOTYPES

OF NEW TOOLS TO PROMOTE EQUITABLE GIVING. THROUGH VARIOUS ADVISORY

ROLES, NWF MADE RECOMMENDATIONS FOR PHILANTHROPY AND NATIVE-LED

NONPROFITS IN THE FACE OF CHALLENGES CREATED OR EXACERBATED BY THE

PANDEMIC.

2021 PROVIDED NWF THE OPPORTUNITY TO EXPAND UPON BUILDING THE INTERNAL

INFRASTRUCTURE OF THE ORGANIZATION. NWF WAS ABLE TO HIRE TWO NEW STAFF

MEMBERS AN OPERATIONS AND PROGRAMS MANAGER AND A COMMUNICATIONS,

MARKETING AND DEVELOPMENT MANAGER. THE OPERATIONS AND PROGRAMS MANAGER

HAS SERVED A VITAL ROLE IN DEVELOPING AND IMPLEMENTING NWF'S POLICIES

AND PROCEDURES, STREAMLINING INTERNAL PROCESSES, AND EXPANDING PROGRAM

INITIATIVES. THE COMMUNICATIONS, MARKETING AND DEVELOPMENT MANAGER HAS

INCREASED THE ORGANIZATIONS SOCIAL MEDIA PRESENCE AND PUBLIC

VISIBILITY. FUNDING OPPORTUNITIES AND ORGANIZATIONAL PROCESSES

ESTABLISHED IN 2021 WILL SUPPORT THE PROGRAM AND STAFF GROWTH PLANNED

FOR 2022 AND BEYOND.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD CHAIR, SARAH ECHOHAWK, IS THE DAUGHTER OF BOARD MEMBER, JOHN E ECHOHAWK.

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS HAVE BEEN MODIFIED AND ADOPTED BY BOARD IN FEBRUARY 2022

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

THE NATIVE WAYS FEDERATION INC

Employer identification number 32-0248892

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

EXECUTIVE DIRECTOR AND FINANCE COMMITTEE WILL REVIEW THE 990, RESOLVE ANY

COMMENTS OR QUESTIONS WITH TAX PREPARER AND CONTRACT ACCOUNTANT. EXECUTIVE

DIRECTOR WILL DISTRIBUTE THE 990 TO BOARD MEMBERS AND FINANCE COMMITTEE AND

WILL RECOMMEND APPROVAL TO FILE. BOARD WILL REVIEW 990, RESOLVE ANY

COMMENTS OR QUESTIONS, AND VOTE ON MOTION TO FILE.

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

EMPLOYEES AND BOARD MEMBERS HAVE A RESPONSIBILITY TO ACT IN THE BEST

INTEREST OF NWF AND ARE PROHIBITED FROM USING NWF AND THEIR POSITION FOR

PRIVATE PROFIT OR BENEFIT, SUCH AS A CURRENT OR POTENTIAL OWNERSHIP OR

INVESTMENT INTEREST, OR COMPENSATION ARRANGEMENT. THE PRIVATE INTEREST MAY

BE A DIRECT BENEFIT TO THE COVERED PERSON, OR AN INDIRECT BENEFIT THROUGH

ANOTHER PARTY TO WHOM THE COVERED INDIVIDUAL HAS A FAMILY, BUSINESS, OR

OTHER AFFILIATION.

KEY EMPLOYEES, SUCH AS THE EXECUTIVE DIRECTOR, AND BOARD MEMBERS MUST

SUBMIT A WRITTEN DISCLOSURE ANNUALLY. ADDITIONALLY, WHEN A BOARD MEMBER WHO

HAS A FINANCIAL OR PERSONAL INTEREST IN ANY MATTER COMING BEFORE THE BOARD,

THEY WILL A) FULLY DISCLOSE THE NATURE OF THE INTEREST AND B) WITHDRAW FROM

DISCUSSION, LOBBYING, AND VOTING ON THE MATTER.

ANY TRANSACTION OR VOTE INVOLVING A POTENTIAL CONFLICT OF INTEREST MAY BE

APPROVED ONLY WHEN A MAJORITY OF DISINTERESTED BOARD MEMBERS DETERMINE THAT

IT IS IN THE BEST INTEREST OF THE CORPORATION TO DO SO.

RECORDS OF PROCEEDINGS: THE MINUTES OF MEETINGS AT WHICH SUCH VOTES ARE

TAKEN WILL RECORD SUCH DISCLOSURE, ABSTENTION, AND RATIONALE FOR APPROVAL.

AT THE START OF EACH BOARD MEETING, THE CHAIR WILL ASK IF ANY BOARD MEMBERS

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Name of the organization THE NATIVE WAYS FEDERATION INC	Employer identification number 32-0248892
HAVE ANY CONFLICTS OF INTEREST TO DECLARE.	
THE BOARD WILL INVESTIGATE ANY FAILURES TO DISCLOSE CONFLI	CTS OF INTEREST
AND TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION ASSESSMENTS ARE DONE FOR EACH POSITION BASED	ON EXPERIENCE,
REGION, AND COMPARABLE ORGANIZATION SIZE.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	