# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2022 calendar year, or tax year beginning and	i enaing		
	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		32-02488	92
	]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return	101 FIFTH STREET EAST	2400	612-429-	0417
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	54,232.
	Amen	ded ST PAUL, MN 55101		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CARLY BAD HEART BU	LL	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; MN
Pa	rt I	Summary	1		
		Briefly describe the organization's mission or most significant activities: TO A	CTIVAT	E & EXPAND	INFORMED
Se		GIVING TO NATIVE NONPROFITS THROUGH DONOR			
Activities & Governance		Check this box if the organization discontinued its operations or dispo			
veri				3	6
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			6
∞ 4		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4
ties					7
ţį					0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated business taxable income norm of one 350-1,1 art i, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,399,754.	39,461.
ine		(5.1)(11.1)		9,750.	13,676.
Revenue				4.	1,095.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
				1,409,508.	54,232.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		193,738.	282,652.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  16, 2		0.	0.
Ϋ́				27,361.	71 072
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		221,099.	71,073.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,188,409.	-299,493.
_ s		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances		T 1 1 (D 1 ) (D 1 ) (1 )		1,427,788.	1,134,911.
SSe Bala	20	Total assets (Part X, line 16)			
et A ind	21	Total liabilities (Part X, line 26)		26,209. 1,401,579.	32,825. 1,102,086.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,401,579.	1,102,000.
			a and statem	anta and to the heat of mu	Innoviodae and halief it is
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and beller, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mich preparer	las any knowledge.	
		Signature of officer		I Date	
Sigr				Date	
Here	е	CARLY BAD HEART BULL, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
		Print/Type preparer's name Preparer's signature		. o . o a . o a . i	
Paid		WENDY HARDEN, CPA WENDY HARDEN, C	PA (	8/31/23 self-employ	
	arer	Firm's name SDK CPA		Firm's EIN 4	1-1680240
Jse	Only	Firm's address 100 WASHINGTON AVE S STE 1600			0 220 5500
		MINNEAPOLIS, MN 55401		Phone no. 61	2-332-5500
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

4c	Oth	er program	services	(Describe	on Sc	hedule	O.)	)
----	-----	------------	----------	-----------	-------	--------	-----	---

(Expenses \$ including grants of \$

Total program service expenses 321, 285.

Form **990** (2022)

) (Revenue \$

### 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	<u> </u>		<del></del>
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	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	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?			٦,
	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	Х	
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		Х
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		х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
ızu	, ,	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
		_		

232003 12-13-22

Form **990** (2022)

Form 990 (2022) THE NATIVE WAYS FEDERATION INC

Part IV | Checklist of Required Schedules (continued)

I a	Officerist of nequired Scriedules (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		<u> </u>
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		<u> X</u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		X
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
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? If			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		1
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	Х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
,	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

## 022) THE NATIVE WAYS FEDERATION INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Ye	s 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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	) X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 31	)	
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)?	. 4	3	<u> </u>
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>)</b>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1,7
	any contributions that were not tax deductible as charitable contributions?	6	3	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	61	)	
7	Organizations that may receive deductible contributions under section 170(c).			х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			$+^{\Delta}$
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·   71	<b>—</b>	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_,		x
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	70	,	+^
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
e f		· 🗀		+
g	If 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?	. —		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. —		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	98	3	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	)	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	а	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	+		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	$\dashv$		
с 14а	Did the appropriate propriate and appropriate for independent in a position of wine the formation	14	2	X
	15 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3	·		+
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·   <del>''</del>	~	+
.0	excess parachute payment(s) during the year?	1:	5	x
	If "Yes," see the instructions and file Form 4720, Schedule N.		-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	3	х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	7	
	If "Yes," complete Form 6069.			
				-

Form **990** (2022) 232005 12-13-22

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.

	Check if Schoolule O contains a response or note to any line in this Part VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion A. Governing Body and Management		V	NI-
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	The state of the state of the governing coup at the cite of the state	1		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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 arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	נוטו		
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, and 990-T (section 501(c)(3)	s only)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	- Omy)	a v unak	
10	Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	a midil	olai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CARLY BAD HEART BULL - 612-429-0417			
	101 5TH ST E, SUITE 2400, ST PAUL, MN 55101			
	IUI JIR DI E, BUITE 2400, DI FAUL, MM 33101			

# 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, box 6 of 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.

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>ነ</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl or/trus	n an	compensation	compensation	amount of
	week	_		T	I	1744 43	100)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nd mc		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	je.	Key employee	Highest compensated employee	Jer .			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CARLY BAD HEART BULL	40.00	1							_	
EXECUTIVE DIRECTOR		<u> </u>		X				116,434.	0.	21,780.
(2) SARAH ECHOHAWK	1.20	1								_
CHAIR		Х		Х		_		0.	0.	0.
(3) MICHAEL E ROBERTS	0.60	J								
TREASURER		Х		Х		_		0.	0.	0.
(4) SHANNON KELLER O'LOUGHLIN	0.30									
DIRECTOR	0.20	Х						0.	0.	0.
(5) JOHN E ECHOHAWK	0.30	٠,,								_
DIRECTOR	0.20	Х				┝		0.	0.	0.
(6) SARAH KASTELIC	0.30	х		х				0.	_	_
VICE CHAIR (7) CHERYL CRAZY BULL	0.60	^		^		┢		0.	0.	0.
SECRETARY	0.80	х		х				0.	0.	0.
(8) LAUREN HAAS FINKELSTEIN	0.30	^		^		$\vdash$		0.	0.	0.
DIRECTOR - THRU FEB '22	0.50	Х						0.	0.	0.
(9) SYDNEY MILLS FARHANG	0.30					$\vdash$		· ·		•
DIRECTOR - MAR THRU OCT '22		x						0.	0.	0.
		1				$\vdash$			•	
		1								
		1								
		1								
		<u> </u>		<u> </u>		_				
		1								
		<u> </u>		<u> </u>		_				
		4								
		<u> </u>								000

Form 990 (2022)

32-0248892

Part VII   Section A. Officers, Directors, To	(B)	J.U <u>y</u>	- <del></del>		<u>и пі</u> ў С)	91108	0	(D)	(E)	Т	(F)	
(A) Name and title	Average			Pos	itior			Reportable	( <b>E)</b> Reportable		(F) Estima	ted
ramo ana atao	hours per	box	not c , unle	ss per	rson i	s both	n an	compensation	compensation		amoun	
	week	<b>—</b>	cer ar	nd a di	irecto	r/trus T	tee)	from	from related		othe	
	(list any hours for	irector						the	organizations	,	compens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	′	from torganiza	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001420)		and rela	
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	ner				organiza	tions
	line)	Indi	Insti	Officer	Key	High	Former			_		
										4		
										+		
										4		
1b Subtotal								116,434.	(	).	21,7	780.
c Total from continuation sheets to Part	t VII, Section A						•	0.		).		0.
d Total (add lines 1b and 1c)								116,434.	(	).	21,7	780.
2 Total number of individuals (including but	ut not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former office	cer, director, trust	ee, ł	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J fo	or such individual									. [	3	Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$											4	X
5 Did any person listed on line 1a receive	•				•			•	dual for services		_	v
rendered to the organization?  f "Yes," o	complete Schedul	e J f	or su	ıch <u>ı</u>	pers	on .					5	X
1 Complete this table for your five highest										nsati	on from	
the organization. Report compensation	for the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0)	
<b>(A)</b> Name and busin	ess address	NO	ONE	7				<b>(B)</b> Description of s	ervices	Co	(C) ompensati	on
								·				
							$\dashv$					
2 Total number of independent contractor	s (including but n	ot lir	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the org	anization				(	)					- 000	
										F	orm <b>990</b>	(2022)

						VE W	AYS FEDER	ATION INC		32-0248892 F		
Pa	τ ν	/111	Statement of Re									
			Check if Schedule O	conta	ains a i	response	or note to any lin	e in this Part VIII (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events	ibution of the second s	ons) ts, and	1a	39,461.	39,461.				
Program Service Revenue	_	a b c d	EDUCATION AND HONORARIUMS				Business Code 611600 611600	12,526. 1,150.	12,526. 1,150.			
_			All other program service <b>Total.</b> Add lines 2a-2f					13,676.				
	3		Investment income (include	ling (	divider	nds, inter	est, and	1,095.			1,095.	
	6	a b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c		) Real	(ii) Personal					
venue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c	<u> </u>	ecurities	(ii) Other					
Other Re	8	а	Net gain or (loss)	line	ents (n 1c). Se	ot of ee 8	a					
	9	c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses 9b										
	10	a b	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	ess ı	returns	<u>10</u>	b					
iscellaneous Revenue	11		Net income or (loss) from				Business Code					
scella Reve		d All other revenue										

232009 12-13-22

1,095. Form **990** (2022)

54,232.

e Total. Add lines 11a-11d

Total revenue. See instructions

13,676.

## Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in t		(C)	[D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> 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,				
•	trustees, and key employees	138,215.	124,393.	6,911.	6,911
6	Compensation not included above to disqualified			.,	- ,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,600.	95,940.	5,330.	5,330
8	Pension plan accruals and contributions (include	, , , , , ,	- · , - ·	.,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,861.	17,875.	993.	993
0	Payroll taxes	17,976.	16,178.	899.	899
1	Fees for services (nonemployees):		•		
а	Management				
b	Legal	1,424.	1,283.	71.	70
С	Accounting	28,175.	25,358.	1,408.	1,409
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,				
Ū	column (A), amount, list line 11g expenses on Sch O.)	5,192.	4,674.	259.	259
12	Advertising and promotion	741.	667.	37.	37
13	Office expenses	1,097.	988.	55.	54
14	Information technology	-			
15	Royalties				
16	Occupancy	1,318.	1,195.	61.	62
7	Travel	5,302.	5,302.		
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,118.	1,118.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	365.	365.		
23	Insurance	1,220.	1,097.	62.	61
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 O.)				
а	OUTREACH AND EDUCATION	22,431.	22,431.		
b	DUES AND SUBSCRIPTIONS	2,690.	2,421.	132.	137
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	353,725.	321,285.	16,218.	16,222
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,172,437.	1	1,106,631.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			251,250.	3	20,209.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu	ons (as defined				
		under section 4958(f)(1)), and persons describ	oed in secti	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Duran did a conservation and defended defended			4,101.	9	5,513.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D		2,923.			
	b	Less: accumulated depreciation	10b	365.	0.	10c	2,558.
	11	Investments - publicly traded securities		L		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			1,427,788.	16	1,134,911. 32,825.
	17	Accounts payable and accrued expenses			26,209.	17	32,825.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
ia b		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin				0.5	
	06	of Schedule D		·····	26,209.	25 26	32,825.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or	hook horo	X	20,205.	20	32,023.
S		and complete lines 27, 28, 32, and 33.	Heck Here	21			
Se l	27	• • • • •			532,829.	27	835,419.
sala	28				868,750.	28	266,667.
P	20	Organizations that do not follow FASB ASC			000,7001	20	20070071
臣		and complete lines 29 through 33.	<i>3</i> 330, CileC	, rileie			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et/	32			Other fulfus	1,401,579.	32	1,102,086.
Z	33	Total liabilities and net assets/fund balances		1,427,788.	33	1,134,911.	
	, 55	. Star nabilities and not about / fund baidiness			=, -= . ,	_ 55	Form <b>990</b> (2022)

Form **990** (2022)

Pa	T 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		4,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	-29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,40	1,5	<u>79.</u>
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	1,10	2,0	<u>86.</u>
Pa	t 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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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:				
	X 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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

#### 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

Open to Public Inspection

Name of the organization

THE NATIVE WAYS FEDERATION INC

**Employer identification number** 

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100.		41,000.	52,724.	39,461.	133,285.
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	100.		41,000.	52,724.	39,461.	133,285.
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)						88,808.
6	Public support. Subtract line 5 from line 4.						44,477.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	100.		41,000.	52,724.	39,461.	133,285.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				4.	1,095.	1,099.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						134,384.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	23,426.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11,	column (f))		14	33.10 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	29.82 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization	າ			
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	s box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ublicly supported or	ganization		X
k	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		<u> </u>
							(Form 990) 2022

232022 12-09-22

#### 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.)

Calendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  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	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> <li>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</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to</li> </ol>						
include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to						
<ul> <li>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</li> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to</li> </ul>						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to					1	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to						
any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to						
organization's tax-exempt purpose  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						
<ul> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to</li> </ul>						
are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513  Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						
		T		I	1	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
<b>15</b> Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	<b>22</b> (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

232023 12-09-22

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
3a		
3b		
3c		
4a		
та		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
 Λ /Γονν	- 000	2022

232024 12-09-22

Pa	TIV Supporting Organizations (continued)			
		$\rightarrow$	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?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	<del></del>	1	
			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 <b>Part VI</b> 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 englineations and multiported to each period adming 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>.                                      </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		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			
	, ,	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			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 instruc	ctions	s).	
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.	Ba		
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 placed by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
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							
Sect	ion 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							
С	Fair market value of other non-exempt-use assets	1c							
	Total (add lines 1a, 1b, and 1c)	1d							
е	<b>Discount</b> 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)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see					
	instructions).	. •		•					

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Section	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
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	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
<u>b</u>	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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 29.82% IN 2021 AND 33.10% IN 2022

WHICH EXCEEDS THE 10% THRESHOLD REQUIRED UNDER TREASURY REGULATION SECTION

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.)

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 29.81% IN 2021 AND 33.10% IN 2022, 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 2022, THE FOLLOWING INDIVIDUALS SERVED ON NWF'S BOARD OF

DIRECTORS:

SARAH ECHOHAWK, CHAIR AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY

SARAH KASTELIC, VICE-CHAIR NATIONAL INDIAN CHILD WELFARE ASSOCIATION

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
SYDNEY MILLS FARHANG, DIRECTOR RUNNING STRONG FOR AMERICAN INDIAN YOUTH

#### 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

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 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.

IN 2022, NATIVE WAYS FEDERATION LAUNCHED TWO PUBLIC GIVING DAYS INITIATES,

AIMED ON EDUCATING DONORS AND THE GENERAL PUBLIC ABOUT THE IMPORTANCE OF

SUPPORTING NATIVE-LED NONPROFITS BROADLY. THE GIVENATIVE CAMPAIGN, FOCUSED

ON EDUCATION AND AWARENESS BUILDING LEADING UP TO AND ON GIVING TUESDAY,

NOVEMBER 29, 2022. NATIVE NONPROFIT DAY WAS A NEW GIVING DAY CAMPAIGN,

ALSO FOCUSED ON EDUCATION AND AWARENESS BUILDING, LEADING UP TO AND ON MAY

20, 2022. BOTH OF THESE CAMPAIGNS OFFER FREE RESOURCES AND INFORMATION TO

THE GENERAL PUBLIC AND ENCOURAGES BROAD PARTICIPATION. NWF PLANS TO

CONTINUE AND BUILD UPON BOTH PUBLIC INITIATIVES IN FUTURE YEARS, WITH A

GOAL OF INCREASING KNOWLEDGE ABOUT THE IMPORTANCE OF LEARNING ABOUT AND

SUPPORTING NATIVE-LED NONPROFITS ACROSS THE COUNTRY.

### 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

## Schedule B

(Form 990)

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Т	HE NATIVE WAYS FEDERATION INC	32-0248892					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( 3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•					
Special Rules							
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 2, line 1. Complete Parts I and II.	d that received from any one					
contributor, during literary, or education	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.						
year, contributions is checked, enter purpose. Don't co	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ig requirements of Schedule B (Form 990).	• •					

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

## THE NATIVE WAYS FEDERATION INC

32-0248892

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		\$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
3		\$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
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## THE NATIVE WAYS FEDERATION INC

32-0248892

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if 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
		     \$	

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 32-0248892 THE NATIVE WAYS FEDERATION INC 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 (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

#### **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

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</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	vriting that the assets	held	d in donor advised	d fund	s	
	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, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	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 per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	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 treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X					;	φ

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

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			Collections of Ar			asures o	r Othe	r Sir		Assets			age <b>∠</b>
a   Public exhibition   d   Loan or exchange program   a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other		<u> </u>									(CONTIL	iuea)	
a Public exhibition   d	3		on, and other record	S, CHECK	arry or trie i	ollowing that	illane s	igiiii	Jani u	Se OI ILS			
b Scholarly research e Other    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   Surface of the organization of the organization's collection?   Yes   No	•												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets    Part IV   Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.    Is the organization and agent arrangement in Part XIII and complete the following table:    Amount   It			_										
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.    Part IV   Escrow and Custodial Arrangements. Complete if the organization's collection?   Ves   No													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 9.  I a lis the organization an angust, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 11 and complete the following table:			allections and explain	a how the	ev further th	ne organizatio	n's ever	mnt r	urnos	e in Part	XIII		
The beside to raise funds rather than to be maintained as part of the organization scollection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   Inc.   I										oc iii i ait.	ZIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2	J										Ves		No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par												
on Form 990, Part X?    Ves				010 11 1110	organizatio	ii anoworda	100 01			, , a, , , ,			
on Form 990, Part X?    Ves		Is the organization an agent trustee custodi	ian or other intermed	liary for c	contributions	s or other ass	sets not	inclu	ded				
Amount											Yes		No
Amount   Additions during the year   1d	b												
d Additions during the year  E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII.  Beginning of year balance  C Net investment earnings, gains, and losses  G Grants or scholarships  C Net investment earnings, gains, and losses  G Grants or scholarships  G H dyear balance  Pert V Endowment Funds. Complete if the organization and severed "Yes" on Form 990, Part IV, line 10.  E Other expenditures for facilities and programs  G H Administrative expenses  G End of year balance  Permanent endowment  S Endowment I S Endowment		g						Γ			Amoun	t	
d Additions during the year  E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII.  Beginning of year balance  C Net investment earnings, gains, and losses  G Grants or scholarships  C Net investment earnings, gains, and losses  G Grants or scholarships  G H dyear balance  Pert V Endowment Funds. Complete if the organization and severed "Yes" on Form 990, Part IV, line 10.  E Other expenditures for facilities and programs  G H Administrative expenses  G End of year balance  Permanent endowment  S Endowment I S Endowment	С	Beginning balance							1c				
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 10.  2d Did Tives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2d Did Tives, "explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X, line 10.  2d Did Tives, "explain the arrangement in Part XIII. Check here if the organization in State as required on Schedule R?  2d Did Tives, "explain the arrangement in Part XIII. The International Companies of the organization in Part XIII. The International Companies of the organization in Part XIII. The International Companies of the organization in Part XIII. The International Companies of the Organization in Part XIII. The International Companies of the Organization in Part XIII. The International Complete if the organization answered "Yes" on Form 990, Part X, line 11a. See Form 990, Part X, line 10.  2e Description of property  2e Description									1d				
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds	е							- 1	1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f								1f				
Describe in Part XIII Check here if the explanation has been provided on Part XIII   Describe in Part XIII the intended uses of the organizations   Series   Part Y   Land, Buildings, and Equipment.   Series	2a										Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII						
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g End of year balance 7 Permanent endowment g The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related paralizations (ives on line 3a(iii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 2 2,923. 365. 2,558.	Par	T V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line	10.					
b Contributions			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) ⊺	hree y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment y6 c Term endowment y6 c Term endowment	1a	Beginning of year balance											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships											
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities											
g End of year balance		and programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	f	Administrative expenses											
a Board designated or quasi-endowment	g	End of year balance											
b Permanent endowment	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)	)) held as:							
c Term endowment	а	Board designated or quasi-endowment		_%									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:    (i)   Unrelated organizations   3a(i)	b	Permanent endowment	%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related orga	С	Term endowment	<u>.</u> %										
roganization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  2,923. 365. 2,558.  e Other	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne			ſ		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other		,										Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other												$\longrightarrow$	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d)		(ii) Related organizations										-	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	b										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  Other	4 Dar			wment fu	unds.								
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	Fai			) Dort IV	lino 11a S	00 Form 000	Dart V	lino :	10				
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other						T				ا ا	(a) Da -	ن باجرير ا	
1a Land         b Buildings         c Leasehold improvements         d Equipment       2,923. 365. 2,558.         e Other		Description of property			. ,	· · · · · · · · · · · · · · · · · · ·				a	(a) Roo	k value	е
b Buildings C Leasehold improvements C Equipment C C Dear Other C C Dear Dear Dear Dear Dear Dear Dear Dear	4-	Land	<del></del>	none)	Dasis	(oution)	ue	PICO	ation				
c Leasehold improvements d Equipment 2,923. 365. 2,558. e Other	_												
d Equipment       2,923.       365.       2,558.         e Other													
e Other	_					2.923			36	55.		2 5	58.
						_,,,,,,				<del>, , , ,  </del>	•	_,,,,	<u> </u>
				X colum	n (R) line 1	0c.)						2.5	58.

Schedule D (Form 990) 2022

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 000 Part V. col. (R) line 13.)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

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

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			70 000
1				1	72,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments		18,000.		
b	Donated services and use of facilities		10,000.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				10 000
e	Add lines 2a through 2d			2e	18,000. 54,232.
3	Subtract line 2e from line 1			3	34,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
c	Add lines 4a and 4b			4c	54,232.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. t XII   Reconciliation of Expenses per Audited Financial Sta	)tements With	Fynansas nar F	5 Peturn	34,232.
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, lin		Expended per i	iotai ii.	
_				1	371,725.
1	Total expenses and losses per audited financial statements				371,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	18,000.		
a	Donated services and use of facilities		10,000.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		00	18,000.
e	Add lines 2a through 2d			2e 3	353,725.
3	Subtract line 2e from line 1			3	333,723.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40			
a					
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	<u></u>		10	0
5				4c 5	353,725.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	8.)		<u> </u>	333,723.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are TX, LINE 2:			; Part X, I	ine 2; Part XI,
	ORGANIZATION IS EXEMPT FROM INCOME TAX	KES UNDER	SECTION 50	1(C)(	(3) OF
THE	INTERNAL REVENUE CODE (IRC).				
THE	ORGANIZATION IS REQUIRED TO ASSESS WHI	ETHER AN U	NCERTAIN T	AX PO	SITION
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
EX]	STS AND IF THERE SHOULD BE RECOGNITION	OF A RELA	TED BENEFI	T OR	
LIA	BILITY IN THE FINANCIAL STATEMENTS. THE	E ORGANIZA	TION HAS D	ETERN	MINED
THE	RE ARE NOT AMOUNTS TO RECORD AS ASSETS	OR LIABIL	ITIES RELA	TED 1	O
UNC	ERTAIN TAX POSITIONS.				

Schedule D	(Form 990) 2022	THE	NATIVE	WAYS	FEDERATION	INC	32-0248892	Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation	(continued)					
			(continued)					

#### SCHEDULE O (Form 990)

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NATIVE WAYS FEDERATION INC

Employer identification number 32-0248892

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NATIVE WAYS FEDERATION'S MISSION.
OUR FOUNDING MEMBERS BEGAN MEETING IN 2006 AND OFFICIALLY INCORPORATED
OUR ORGANIZATION WITH THE NAVAJO NATION IN 2008 WITH A FOCUS ON
PROMOTING ACCOUNTABILITY TO INDIGENOUS PEOPLE, ISSUES AND ORGANIZATIONS
TOWARD MORE EQUITABLE PHILANTHROPY.
OUR MEMBER ORGANIZATIONS WORK ACROSS THE UNITED STATES, AND HAVE A
BOARD IN WHICH A MAJORITY OF DIRECTORS ARE NATIVE AMERICAN, ALASKA
NATIVE, NATIVE HAWAIIAN, OR PACIFIC ISLANDER.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH VARIOUS ADVISORY ROLES, NWF CONTINUED TO REPRESENT THE NATIVE
NONPROFIT SECTOR IN POLICY, BEST PRACTICE AND SYSTEMIC CHANGE
CONVERSATIONS WITHIN THE BROADER NONPROFIT AND PHILANTHROPY SECTOR. IN
2022, NWF LAUNCHED TWO CHARITABLE GIVING CAMPAIGNS, NATIVE NONPROFIT
DAY ON MAY 20TH 2022, AND #GIVENATIVE ON GIVING TUESDAY IN NOVEMBER.
BOTH CAMPAIGNS FOCUSED ON EDUCATING PHILANTHROPY AND THE GENERAL PUBLIC
ABOUT THE EXISTENCE AND IMPORTANCE OF NATIVE-LED ORGANIZATIONS AND
CALLED FOR INCREASED SUPPORT FOR THE SECTOR.
2022 PROVIDED NWF THE OPPORTUNITY TO EXPAND UPON BUILDING THE INTERNAL
INFRASTRUCTURE OF THE ORGANIZATION. NWF WAS ABLE TO QUICKLY NAVIGATE
THE DEPARTURE OF ONE STAFF MEMBER, WITH THE HIRING OF A NEW TEAM MEMBER  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022
2012   Solidario Permitted Control of the control o

Schedule O (Form 990) 2022 Page 2

Name of the organization THE NATIVE WAYS FEDERATION INC Employer identification number 32-0248892

IN THE COMMUNICATIONS MANAGER ROLE. THE OPERATIONS AND PROGRAMS MANAGER

CONTINUED TO SERVE A VITAL ROLE IN DEVELOPING AND IMPLEMENTING NWF'S

POLICIES AND PROCEDURES, STREAMLINING INTERNAL PROCESSES, AND EXPANDING

PROGRAM INITIATIVES. THE COMMUNICATIONS MANAGER CREATED THE CAMPAIGN

TOOLS FOR THE GIVING DAYS INITAITIVES AND INCREASED THE ORGANIZATIONS

SOCIAL MEDIA PRESENCE AND PUBLIC VISIBILITY.

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 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

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** 32-0248892 THE NATIVE WAYS FEDERATION INC 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 HAVE ANY CONFLICTS OF INTEREST TO DECLARE. THE BOARD WILL INVESTIGATE ANY FAILURES TO DISCLOSE CONFLICTS 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.