QUAM, BERGLIN & POST P.C. PO BOX 426 ELK POINT, SD 57025

Federal

Tax Return

NATIVE AMERICAN COMMUNITY BOARD

2020

QUAM, BERGLIN & POST P.C. PO BOX 426 ELK POINT, SD 57025 605-356-3374 605-356-2584 tpost@quamberglin.com

Form	990
FOIIII	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2020 Open to Public

	oartment of rnal Reven	the Treasury ue Service	 Go to www.irs.gov/Form990 for instructions and 			Inspection
Α			endar year, or tax year beginning	, and e	nding	
В	Check if a	applicable:	C Name of organization NATIVE AMERICAN COMMUNITY BOA	RD	D Employer id	entification number
	Address	change	Doing business as			
	Name ch	ange		Room/suite	46-0392867	
		-	P.O. BOX 572 City or town State	ZIP code	E Telephone nu	umper
	Initial retu	um		57356	(605) 487-707	2
	Final return	n/terminated		Foreign postal	code	
	Amendeo	d return			G Gross receipt	ts \$ 968,171
	Applicatio	on pending	F Name and address of principal officer:		H(a) Is this a group return for s	subordinates? Yes X No
	ripplicatio	on ponding	CHARON ASETOYER PO BOX 572, LAKE ANDES, SD 573	56	H(b) Are all subordinates i	
	Tax ave	ment status.			If "No," attach a list. S	
		mpt status:		or 527		
J			veshop.org		H(c) Group exemption nur	
		organization	: X Corporation Trust Association Other ►	L Yea	ar of formation: 1988	M State of legal domicile: SD
	Part I		nmary			
m	1		escribe the organization's mission or most significant activities			SS OF HEALTH ISSUES T
UC		NATIVE	AMERICAN WOMEN AT COMMUNITY, NATIONAL AND INT	ERNATION	IAL LEVELS.	
rna						
ove	2		nis box ▶ if the organization discontinued its operations o	or disposed	of more than 25% of	its net assets.
ڻ مح	3		of voting members of the governing body (Part VI, line 1a) .			3 5
es S	4		of independent voting members of the governing body (Part V			4 5
Activities & Governance	5		mber of individuals employed in calendar year 2020 (Part V, In	• • •		5 14
cti	6		mber of volunteers (estimate if necessary).			6
٩			related business revenue from Part VIII, column (C), line 12 . elated business taxable income from Form 990-T, Part I, line 1			7a 0 7b 0
	b	ivet unite		1	Prior Year	Current Year
	8	Contribu	itions and grants (Part VIII, line 1h)		769,9	
nue	9		service revenue (Part VIII, line 2g).		100,0	0 0
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,9	•
Ř	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,1	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line		797,0	,
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			0 0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0 0
s	15		other compensation, employee benefits (Part IX, column (A), lines	,	389,6	603 422,633
ŝuŝ	16a		onal fundraising fees (Part IX, column (A), line 11e)			0 0
Expenses	. b		ndraising expenses (Part IX, column (D), line 25)	0		
ш			xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		417,6	
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line		807,2	
<u>ب</u>	<u>19</u>	Revenue	e less expenses. Subtract line 18 from line 12		-10,1 Beginning of Current Ye	· · · · · · · · · · · · · · · · · · ·
Net Assets or	20	Total as	sets (Part X, line 16)		936,2	
Asse	20 21		bilities (Part X, line 26)		22,3	
Net	22		ets or fund balances. Subtract line 21 from line 20		913,9	
	art II		nature Block			- , - , ,
			/, I declare that I have examined this return, including accompanying schedules a	and statements	, and to the best of my know	/ledge
anc	l belief, it i	is true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which	n preparer has any knowled	ge.
Si	gn					
	ere		Signature of officer		Date	
			CHARON ASETOYER,	EXE	CUTIVE DIRECTOR	
		Deirei	Type or print name and title (Type propagatic name Propagatic signature		Data	DTIN
Dr	aid	Prin	/Type preparer's signature		Date	ck if
	iiu reparei	r TEF	RIL POST		8/18/2021 self-	employed P00027869
	se Only		's name ► QUAM, BERGLIN & POST P.C.		Firm's EIN ► 4	6-0440166
00			's address ► PO BOX 426, ELK POINT, SD 57025			05-356-3374
M۶	av the IF		s this return with the preparer shown above? See instructions			
	., .io ii					

Form 9	990 (2020) NATIVE AMERICAN COMMU	NITY BOARD	46-0392867 Page 2
Ра	art III Statement of Program Serv Check if Schedule O contains	ice Accomplishments a response or note to any line in this	Part III
1	Briefly describe the organization's mission: PROVIDE HEALTH EDUCATION SERVICE	S TO NATIVE AMERICAN WOMEN AND	CHILDREN
2	Did the organization undertake any signification the prior Form 990 or 990-EZ?		
3	Did the organization cease conducting, or m services? .	ake significant changes in how it conducts	, any program
4	If "Yes," describe these changes on Schedu Describe the organization's program service expenses. Section $501(c)(3)$ and $501(c)(4)$ o the total expenses, and revenue, if any, for e	accomplishments for each of its three larg rganizations are required to report the amo	
4a	(Code:) (Expenses \$ VIOLENCE AGAINST WOMEN PREVENTIO	224,742_ including grants of \$ DN) (Revenue \$)
)
4b	(Code:) (Expenses \$ RADIO) (Revenue \$)
4c	(Code:) (Expenses \$ HEALTH	71,153_ including grants of \$) (Revenue \$)
	·		
4d	Other program services (Describe on Sched (Expenses \$ 158,450 includin	g grants of \$ 0) (Reve	enue \$ 0)
4e	Total program service expenses	688,533	

Form 990 (2020) NAT

Part IV

orm §	990 (2020) NATIVE AMERICAN COMMUNITY BOARD	46-039286
art	IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 4	[

	complete Schedule A	1	Х	
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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> .	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	•		~
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8		х
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		х
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		х
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	
	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		х
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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? <i>If "Yes," complete Schedule D, Part IX</i> .	11d		х
	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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		~	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.4%		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		х
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		х
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		х
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

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Yes No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- 14	\$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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minimum an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
U	to defease any tax-exempt bonds?	24c		
لم	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	If"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	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?	-		
	If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 07		
38		20	v	
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	L
Par				
	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?....................................	1c	Х	
		Form	990	(2020)

excess parachute payment(s) during the year			92867	Р	age 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax. 14 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum (lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a X b If the reganization have unalleab basies agrease income of 31.000 or more during the year? 3a X b If Yes, "has it filed a form 990-1 for this year? If YWc' is line 30, provide an explanation on Schedule 0 3a X b If Yes, "has it filed a form 990-1 for this year? If YWc' is line 30, provide an explanation on any calmed undring the calendary yea: did the organization have tax eturberty over, a financial account? If years is the provide tax shelter transaction a sequence authority over, a financial Account? (PAR) Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account? (PAR) Se instructions for ling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Account? Se X b If Yes, "did the organization have shalter transaction and yme edurity the calendary searchice as charitable contributions under searchice according for a state account? Se X b If Yes, "did the organization file form 800.000 Se X fl Yes, "did the organization network searchice as charitable contributions and gart y a problement tax seductri	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		r	r
Statements, filed for the calendar year ending with or within the year covered by this return. <u>14</u> <u>15</u> <u>15</u> <u>15</u>	•			Yes	No
b If at least one is reported on line 2.a. (id the organization file all required federal employment tax returns?	2a		4		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 4-fie (see instructions) Image: See instruction) Image: See	h			x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. Sa X 4a At any time during the calendar year, did the organization have an interset in, or a signature or other subtrolly over, a financial account in a foreign country (such as a bank account, securities account, or other linancial account)? Ha X 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other subtrolly over, a financial account in foreign country (such as a bank account, securities account, or other subtrolly over, a financial account if the organization that it was or is a party to a prohibited tax shelter transaction 7. Sa X b Uf any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 7. Sa X cognization approximation specific the organization that it was or is a party to a prohibited tax shelter transaction 7. Sa X cognization sective any ontributions that were not tax deductible as chartables contributions or gifts were not tax deductible as chartables contributions or gifts were not tax deductible? Sa X cognization sective a paryment in excess of 375 made party as a contribution and party for goods and services provided to the payor? Za X cognization sective any funds, directly or indirectly, to pay prohibite tax shere transaction 7. Ze X di the organization notity the donor of the value of the goods or service	N		20		
b If "Yes," has it field a Form 800-T for this yea?? If "A" to line 3b, provide an explanation on Schedule O	3a		3a		х
a financial accountly in a foreign country in the foreign country in the sene the name of the foreign country in the sene the name of the foreign country in the sene transaction a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5W was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b X 5W was the organization and the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b X 5W was the organization and was annual gross receptist that are normally greater than \$100.000°, and tid the organization include with every solicitation an express statement that such contributions or glifs were not tax deductible contributions under section 170(c). 6a X 7D Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 11 "Yes," indicate the number of Forms 2822 filed during the year; 12d 7b 7c X 12 bit the organization receive a payment in excess or targible parsonal property for which it was required to file form 8232? 7c X 7d 7d X 14 If "Yes," indicate the number of Forms 2822? filed during the year; 12d 7d X 7d X 14 If the organization neceived a contholition of callelie transaction file form 8096? 7a 7d X <td>b</td> <td></td> <td>3b</td> <td></td> <td></td>	b		3b		
b If "Yes," enter the name of the foreign county. See instructions for fing requirements for finde CRI Form 114. Report of foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at one tine for 0.000, and tick the organization file form 8868-77. Does the organization near any trans excess of \$75 made party greater than \$100,000, and tick the organization receive a payment in even to tax deductible as chartable contributions? Ga Mainter and the organization receive a payment in even to tax deductible as chartable contributions or gifts were not tax deductible? Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required to file form 82822. The during the year Did the organization receive and contribution of callied progenation property for which it was required to file form 82822. Filed during the year To the organization receive and contribution of callief progenation file form 88980 are considered. To the organization receive a contribution of callief progenation receives a contribution of callief progenation file form 8282. The const base and party or related person? Sponsoring organization make any taxable distributions of advised fund maintained by the sponsoring organization make any taxable distributions of during the year? Sponsoring organization make any taxable distributons of advide funds. Sponsoring organ	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for ling requirements for FinCEN F orn 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization file Form 8866-17. 5a Does the organization have annual gross exceptis that are normally greater than \$100,000, and tu the organization shell any exceptis that are normally greater than \$100,000, and tu the organization shell any exceptis that are normally greater than \$100,000, and tu the organization shell any exceptise that are normally greater than \$100,000, and tu the organization functure with every solicitation an express statement that such contributions or glfts were not tax deductible? 6a X Organizations that may receive deductible contributions under section 170(c). 7a X 7b 7c X If "Yes," told the organization netry the donor of the value of the goods or services provided? 7a X 7c X If "Yes," indicate the number of Forms 2822 filed during the year. Izd I Izd			4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c Does the organization have annual gross receipts that are normally greater than \$100.000, and d the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations inclut any contributions that were not tax deductible? 6b 7 7 Organizations inter any receive deductible contributions under section 170(c). 7a X 7 Did the organization not the payor? 7a X 7 Trees," did the organization and the one of the value of the goods or sew cells provided? 7b 7c 7 Did the organization notify the donor of the value of the goods or sew cells provided? 7c X 7 Trees," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7 Trees," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X 7 Trees, did the organization neceive any funds, dincelly ordinate the organization flate organiza	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8866-17. Goes the organization have annual gross receipts that are normally greater than \$100,000, and up the organization nave annual gross receipts that are normally greater than \$100,000, and up the organization nave press statement that such contributions or gifts were not tax deductible contributions and xerses statement that such contributions or gifts were not tax deductible contributions under section 170(c). Go 7 Organization stat may receive deductible contributions under section 170(c). Ta X 11 Yes," (id the organization notify the donor of the value of the goods or services provided? To To c Did the organization notify the donor of the value of the goods or services provided? To To c Did the organization notify the donor of the value of the goods or services provided? To To d If "Yes," indicate the number of Forms 8282 filed during the year, pay reminum, on a personal benefit contract? Tf X Did the organization received a contribution of qualified intellective indirective, indirecti	Fo		Fo		v
c If "Yest" to line 5 ar (5b, did the organization file Form 8886-T7 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000; and did the organization solid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?. 5c 7 Organizations cloted any contributions that were not tax deductible?. 6b 7 Organizations cloted any contributions in the xcass of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 7 Did the organization include with every solicitation and party as a contribution and partly for goods and services provided to the payor? 7a X 7 Did the organization self, exchange, or therwise dispose of tangible parsonal property for which it was required to file Form 82827. 7d 7d 7c X 7 Did the organization receive any funds, directly or indirectly, to may premum on a personal benefit contract? 7f X 7f X 7 Did the organization receive a contribution of qualified intellectual property, did the organization file form 8289 as required? 7f X 7f X 7 Did the organization receive any thunds, directly or indirectly, to may premum on a personal benefit contract? 7f X 7f X 7f X					
6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or grifts were not tax deductible? 6a X 1f "Ves," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6b 6 2 Organizations that may receive deductible contributions under socion 170(c). 6b 6c 3 Did the organization noticy the donor of the value of the goods or set/ices provided? 7c X 4 If "Ves," indicate the number of Forms 8282 field during the year. 7c X 6 If "Ves," indicate the number of Forms 8282 field during the year. 7c X 7d If the organization notify the year pay premiums, directly or indirectly, in a presonal benefit contract? 7r X 7d If the organization neceive any funds, directly or indirectly or a personal benefit contract? 7r X 7d If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8298 as required? 7r X 7d If the organization make any taxable distributions under section 4966? 9s Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ghe year? 9s					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		Х
excess parachute payment(s) during the year	b		14b		
If "Yes," see 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?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year	15		Х
		If "Yes," see instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

	090 (2020) NATIVE AMERICAN COMMUNITY BOARD 46-039 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	a "No ee ins	"	_{age} 6 ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5 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.		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
6 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		
	one or more members of the governing body?	7a		Х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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	9		
Sect	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	Х
0000		.000	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		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	Х	Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		~
-	describe in 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	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
Saat	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	501(c))	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)	_		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	•		
20	CHARON ASETOYER (605) 487-7072	-		
	P O BOX 572, LAKE ANDES, SD 57356			

Form 990 (2020)	NATIVE AMERICAN COMMUNITY BOARD	46-0392867	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated						
	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 Emp	oloyees						
•	a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson irecto	than or is both a pr/truster employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Charon Asetoyer CHIEF EXECUTIVE OFFICER	40.00 0.00			х				111,526		
(2) Mia Luluqusien	1.00			^				111,520		
BOARD MEMBER	0.00									
(3) Katrina Crantrell	1.00	r								
BOARD MEMBER	0.00	Х								
(4) KImberly Mettler-Chase	1.00									
BOARD MEMBER	0.00	Х								
(5) Flo Hare	1.00									
BOARD MEMBER	0.00									
(6) Anne White Hat	1.00	•								
BOARD MEMBER (7)	0.00	Х								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

											Page 8
Pa	art VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghest	Compensated En	nployees (contir	nued)	
	(A)	(B)	(do)	not ch	Pos	C) ition	e than on	e (D)	(E)	(F)	
	Name and title	Average	box,	unles	ss pe	rson	is both a	n Reportable	Reportable	Estimated	amount
		hours per week				lirecto	or/trustee		compensation from related	of oth compens	
		(list any	Individual trustee or director	Institutional trustee	Officer	(ey e	Highest	organization	organizations	from t	the
		hours for related	idua recto	utior	Ψ,	due	est c oyee	ह्य (W-2/1099-MISC)	(W-2/1099-MISC)	organizati related orga	
		organizations	or tru:	nal tr		loye	e				
		below dotted line)	stee	uste		ω	ensa				
				e			Highest compensated employee				
(15)											
1.02											
(16)											
(17)											
(10)											
(18)											
(19)											
(10)											
(20)								2			
(21)											
			-								
(22)											
(02)						Ť					
(23)											
(24)											
<u></u>											
(25)		•									
1b	Subtotal						🕨	,•=•			0
C	Total from continuation sheets to Part VII, Se		• •		-			• 0	-		0
	Total (add lines 1b and 1c).							1			0
2	reportable compensation from the organization		sted a	abov	e) v	vno	receive	ed more than \$100	0,000 01		1
	reportable compensation from the organization									Ye	
3	Did the organization list any former officer, dire	ctor, trustee, ke	y em	ploy	ee,	or h	nighest	compensated			
	employee on line 1a? If "Yes," complete Sched									3	Х
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satic	on a	nd c	other co	ompensation from			
	the organization and related organizations grea										
	individual				-					4	Х
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	m ar	ıy u	nrel	ated or	ganization or indiv	/idual		
	for services rendered to the organization? If "Ye	es," complete Sc	chedı	ıle J	for	suc	h pers	on		5	Х
	tion B. Independent Contractors								<u> </u>		
1	Complete this table for your five highest compe compensation from the organization. Report co									tax year	
	(A)	inpensation for t	ne ca	alen	uar	yea	rendin	(B)	e organizations	(C)	
	(ح) Name and business addr	ress						Description of ser	vices	Compensatio	on
											0
											0
											0
											0
	Total number of independent sectors days	ding but not limit	od +-	, t ln -	<u> </u>	ict-	deherr	a) who reactived			0
2	Total number of independent contractors (inclue more than \$100,000 of compensation from the	-		, n 10	১৮ I	15160		e) who received 0			

Form 9	990 (202	20) NATIVE AMERICAN COMMUNITY BOARD			46-03928	367 Page 9
Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to any line	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
s ts	1a	Federated campaigns	0			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0			
۵ °C	С	Fundraising events	0			
ar A	d	Related organizations	0			
s, G	е	Government grants (contributions) 1e	0			
ion: Sii	f	All other contributions, gifts, grants, and				
but		similar amounts not included above 1f 942,4	72			
ŭ II	g	Noncash contributions included in	50			
anco	h	lines 1a–1f	► 942,472			
		Total. Add lines 1a–1f			*	
e	2a		C			
Program Service Revenue	b		0			
	c		0			
E S	d)		
S S S	е					
20	f	All other program service revenue	C			
	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	3,914			3,914
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	_			
	b	Less: rental expenses . 6b Rental income or (loss) 6c 20,764	0			
	c d		20,764			
	7a	Gross amount from	20,704			
		sales of assets				
		other than inventory 7a	0			
ne	b	Less: cost or other basis				
enue,		and sales expenses 7b 0	0			
Sev	с	Gain or (loss) 7c 0	0			
erF	d	Net gain or (loss)	► C)		
Other Rev	8a	Gross income from fundraising				
0		events (not including \$0				
		of contributions reported on line 1c). See Part IV, line 18				
	h	See Part IV, line 18	0			
	b C	Net income or (loss) from fundraising events	► C			
		Gross income from gaming activities.				
		See Part IV, line 19	0			
	b	Less: direct expenses 9b	0			
	c		C			
		Gross sales of inventory, less				
		returns and allowances 10a 1,0	21			
	b	Less: cost of goods sold	0			
	с	Net income or (loss) from sales of inventory	1,021			
sr		Business Code				
Miscellaneous Revenue	11a	Miscellaneous 900099	C			ļ
eni	b	Sales Revenue	0			ļ
cellaneo Revenue	c		0			
Nis. F	d	All other revenue	0			
2	12	Total. Add lines 11a–11d				0.011
	12	Total revenue. See instructions.	968,171	0	0	3,914

	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t	o any line in this Pa	art IX......		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0		_	
7	Other salaries and wages	389,776	332,125	57,651	
B	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
Э	Other employee benefits	6,366	6,366		
)	Payroll taxes	26,491	26,491		
	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	23,702	23,702		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	59,005	59,005	0	
2	Advertising and promotion	36,945	36,945		
3	Office expenses	13,361	13,361		
1	Information technology	13,568	13,568		
5	Royalties	0			
5	Occupancy	50,564	50,564		
7	Travel	11,337	11,337		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
)	Conferences, conventions, and meetings	0			
)		909	909		
	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	30,021	30,021	0	
•		17,746	14,839	2,907	
	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.)	0.705	0.705		
a ⊾		3,725	3,725		
b		14,728	14,728		
C	OUTREACH	10,159	10,159		
d	SUPPLIES	40,688	40,688		
е	All other expenses	0	000 500	00.550	
	Total functional expenses. Add lines 1 through 24e	749,091	688,533	60,558	
	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	n 990 (2	2020) NATIVE AMERICAN COMMUNITY E	BOARD			4	46-0392867 Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line in thi	s Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			0	1	
	2	Savings and temporary cash investments		[659,392	2	882,104
	3	Pledges and grants receivable, net .		[72,333	3	47,298
	4	Accounts receivable, net			1,595	4	389
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial contributor, or 3	35%			
		controlled entity or family member of any of the	0	5			
	6	Loans and other receivables from other disqualif	ied persons (as define	d			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)	(B)	0	6	
Assets	7	Notes and loans receivable, net			0	7	0
SS	8	Inventories for sale or use		[13,356	8	12,222
∢	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a 5	572,861			
	b	Less: accumulated depreciation	10b 4	129,197	93,580	10c	143,664
	11	Investments—publicly traded securities	96,006	11	82,797		
	12	Investments-other securities. See Part IV, line			0	12	0
	13	Investments—program-related. See Part IV, line	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11		• •	0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		936,262	16	1,168,474
	17	Accounts payable and accrued expenses		• •	2,317	17	2,545
	18	Grants payable		· · ·	0	18	
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities		· ·	0	20	
	21	Escrow or custodial account liability. Complete		· · ·	0	21	
Liabilities	22	Loans and other payables to any current or forr					
ili		trustee, key employee, creator or founder, subs					
-iat		controlled entity or family member of any of the			0	22	
	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate	-		0	24	0
	25	Other liabilities (including federal income tax, paparties, and other liabilities not included on lines		1			
		Part X of Schedule D	, .		20,027	25	26,093
	26	Total liabilities. Add lines 17 through 25			22,344	26	28,638
	20				22,044	20	20,000
čě		Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			201.252	27	E02 4E6
Ba	27 28	Net assets with donor restrictions			<u>391,253</u> 522,665		<u> </u>
р	20	Organizations that do not follow FASB ASC			522,005	20	037,300
Ŀ		and complete lines 29 through 33.		-			
٩	29	Capital stock or trust principal, or current funds			0	29	
sts	30	Paid-in or capital surplus, or land, building, or e			0	30	
SS	31	Retained earnings, endowment, accumulated in			0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances			913,918		1,139,836
Se	33	Total liabilities and net assets/fund balances .			936,262		1,168,474
			· · · ·		,		Form 990 (2020)

Form 9	2020) NATIVE AMERICAN COMMUNITY BOARD	46	6-0392867	Page 12
Part	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		968,171
2	Total expenses (must equal Part IX, column (A), line 25).	2		749,091
3	Revenue less expenses. Subtract line 2 from line 1.	3		219,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		913,918
5	Net unrealized gains (losses) on investments	5		-13,210
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		20,048
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	,139,836
Part				
	Check if Schedule O contains a response or note to any line in this Part XII.			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	-	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	х
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		. 20	
	separate basis, consolidated basis, or both:			
	X 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	<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on			
•	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		0-	V
b	the Single Audit Act and OMB Circular A-133?	• •	. 3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b	
	required addit of addits, explain why on Schedule O and describe any steps taken to undergo such addits .	<u>· · ·</u>		
			Form	990 (2020)

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

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.

2020 Open to Public Inspection

OMB No. 1545-0047

	ment of the Treasury I Revenue Service	► Go		1990 for instructions ar		st informa		Inspection
	of the organization		te minineligem em				Employer identification	
NATI	VE AMERICAN CC	MMUNITY BOA	ARD				46-03	92867
Par	Reason fo	r Public Char	rity Status. (All or	ganizations must co	omplete t	his part.)	See instructions.	
The o		•	•	or lines 1 through 12, of four the second seco			,	
2	A school descr	ibed in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)		
3	A hospital or a	cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i).	
4		arch organizatio e, city, and state		nction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). Er	iter the
5		n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit deso	cribed in
6	A federal, state	, or local govern	nment or governmer	ntal unit described in se	ection 170)(b)(1)(A)((v).	
7			eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental ι	unit or from the gene	ral public
8	A community tr	ust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9	or university or university:	a non-land-grar	nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	Enter the	name, city	/, and state of the co	llege or
10	receipts from a support from gi	ctivities related to oss investment	to its exempt functio	an 33 1/3% of its supp ins—subject to certain ed business taxable in See section 509(a)(2) .	exception come (les	is, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
11	An organization	n organized and	operated exclusivel	ly to test for public safe	ety. See se	ection 509	9(a)(4).	
12	of one or more	publicly support	ted organizations de	ly for the benefit of, to escribed in section 509 bes the type of suppor	9(a)(1) or s	section 50	09(a)(2). See sectio	n 509(a)(3).
а	the supporte	d organization(ervised, or controlled b larly appoint or elect a tions A and B.				
b	control or m	anagement of th		r controlled in connecti zation vested in the sa ections A and C .				
С	Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d	that is not fu	inctionally integr	rated. The organizat	ting organization operation generally must sati	isfy a distr	ibution rea	quirement and an at	
е	Check this b	ox if the organiz	zation received a wr	itten determination from	n the IRS	that it is a		e III
	-			Illy integrated supportin		ation.		
f g	Enter the numb		organizations	ed organization(s)				0
9	(i) Name of supported of		(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)					100			
(B)								<u> </u>
(C)								
(D)								
(E)								
Tota							0	0

Pa	rt II Support Schedule for Orga (Complete only if you checked						dor
	Part III. If the organization fa				•		luei
Sec	ction A. Public Support	no to quality and				artmy	
-	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	741,899	920,552	772,991	769,935	942,472	4,147,849
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge	744.000	000 550	770.004	700.025	040 470	0
4	Total. Add lines 1 through 3	741,899	920,552	772,991	769,935	942,472	4,147,849
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)						
6	Public support. Subtract line 5 from line 4						4,147,849
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	741,899	920,552	772,991	769,935	942,472	4,147,849
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources	2,915	2,344	3,311	3,997	3,914	16,481
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part VI.)	4,776	9,067	5,140	3,580		22,563
11	Total support. Add lines 7 through 10	.,	-,		-,		4,186,893
12	Gross receipts from related activities, etc. (se	e instructions).				12	· · ·
13	First 5 years. If the Form 990 is for the orga	nization's first, seco	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here .						
Sec	ction C. Computation of Public Sup	oport Percenta	ge				
14	Public support percentage for 2020 (line 6, c	olumn (f), divided b	y line 11, column (f))		14	99.07%
15	Public support percentage from 2019 Schedu	ule A, Part II, line 14	4			15	98.84%
16a	33 1/3% support test-2020. If the organization						
	and stop here. The organization qualifies as		•				▶ X
b	33 1/3% support test—2019. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets the Part VI how the organization meets the facts organization	he facts-and-circun -and-circumstances	nstances test, cheo s test. The organiza	ck this box and sto ation qualifies as a	p here . Explain in publicly supported		▶
b	10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and-octs-and-octs-and-circumstand	circumstances test ces test. The orgar	, check this box an ization qualifies as	d stop here . Expla a publicly support	ain ed	►
18	Private foundation. If the organization did r instructions			, ,			

NATIVE AMERICAN COMMUNITY BOARD

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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46-0392867

Schedule A (Form 990 or 990-EZ) 2020 NATIVE AMERICAN COMMUNITY BOARD Part III Support Schedule for Organizations Described in Sect

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📃 🕨 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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 .						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.).						0
	tion B. Total Support	() 0040	(1) 00.17	() 0040	(1) 00 (0	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b		0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
10	and 12.).	0	0	0	0	о	0
14	First 5 years. If the Form 990 is for the orga	2		-		Ŭ	
	organization, check this box and stop here .			-			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8, c			΄f))		15	0.00%
	Public support percentage from 2019 Sched					16	0.00%
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2019 So		-			18	0.00%
	33 1/3% support tests—2020. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s						Þ 🔲
b	33 1/3% support tests—2019. If the organi						
	line 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a publ	icly supported orga	anization	Þ 🛄
20	Private foundation. If the organization did r	ot check a box on l	ine 14, 19a, or 19	b, check this box a	nd see instructions	3	.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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		
0 h		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
50 50		
6		
-		
7		
8		
9a		
34		
9b		
9c		
30		
10a		
10b		
100		

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	1	
b	A family member of a person described in line 11a above?	11b)	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	de 👘		
	detail in Part VI.	11c	;	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r i		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	š,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	he		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part** *VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the support of the suppor

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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1

2

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020

3b

Schedule A (Form 990 or 990-EZ) 2020 NATIVE AMERICAN COMMUNITY BOARD

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (1 Check here if the organization satisfied the Integral Part Test as a qualifyi instructions. All other Type III non-functionally integrated supporting organization	ng trust	on Nov. 20, 1970 (<i>explain</i>	'
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	C
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	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	(
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		C
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Sectio	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemption						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.			0			
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required— <i>explain in Part VI</i>). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015 0						
b	From 2016 0						
С	From 2017 0						
d	From 2018 0						
е	From 2019 0						
f	Total of lines 3a through 3e	0					
g	Applied to underdistributions of prior years		0				
h	Applied to 2020 distributable amount			0			
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2020 from						
	Section D, line 7: \$ 0						
	Applied to underdistributions of prior years		0				
b	Applied to 2020 distributable amount			0			
	Remainder. Subtract lines 4a and 4b from line 4.	0					
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result		-				
	greater than zero, explain in Part VI . See instructions.		0				
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain</i>						
	in Part VI. See instructions.			0			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.	0					
8	Breakdown of line 7:						
а	Excess from 2016 0						
b	Excess from 2017 0						
С							
d	Excess from 2019 0						
е	- /						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fe	orm 990 or 990-EZ) 2020 NATIVE AMERICAN COMMUNITY BOARD	46-0392867 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section 1c, 2a, 2b,

Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
NATIVE AMERICAN COMMUNITY BOARD	46-0392867
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Х For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Page 2

Employer identification number

NATIVE AMERICAN COMMUNITY BOARD

46-0392867

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				
<u>1</u>	MS FOUNDATION 12 METROTECH CENTER BROOKLYN NY Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	IBIS 2067 MASSACHUSETTS AVE CAMBRIDGE MA 02140 Foreign State or Province: Foreign Country:	\$28,000	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	NOVO FOUNDATION 401 STATE ST BROOKLYN NY Foreign State or Province: Foreign Country:	\$ <u>175,000</u> _	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	ADAMS FOUNDATION 2 1 WEST FOURTH ST WINSTONSALEM NC 27101 Foreign State or Province:	\$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				
5	WILD GEESE 1195 TAYLORS MILL RD FORT VALLEY GA State or Province: Foreign State or Province: Foreign Country:	\$10,000_	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				
6	NATIVE VOICES 1000 ALAMEDA ST LOS ANGELES CA Foreign State or Province: Foreign Country:	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization NATIVE AMERICAN COMMUNITY BOARD Employer identification number 46-0392867

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	AMB P.O. BOX 710040 HERNDON VA Foreign State or Province: Foreign Country:	\$17,500	Person X Payroll I Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	ORCHARD HOUSE 4795 CAUGHLIN PKWY STE 100 RENO NV 89519 Foreign State or Province: Foreign Country:	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	CORPORATION FOR PUBLIC BROADCASTING 401 9TH ST NW WASHINGTON DC 20004 Foreign State or Province: Foreign Country:	\$ <u>143,499</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	CICATELLI 505 EIGHTH AVENUE SUITE 1900 NEW YORK NY Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	NDN COLLECTIVE 317 MAINT ST 1 RAPID CITY SD Foreign State or Province: Foreign Country:	\$90,000	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			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Name of organization
NATIVE AMERICAN COMMUNITY BOARD

46-0392867

Part II No	oncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce 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
		\$	

Name of org	anization //ERICAN COMMUNITY BOARD			Employer identification number 46-0392867	
Part III	Exclusively religious, charitable, etc., con (10) that total more than \$1,000 for the ye the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional s	ar from any one contributor. Cor mpleting Part III, enter the total of (Enter this information once. See i	nplete coli exclusivel	umns (a) through (e) and /y religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held	
	Transferee's name, address, and ZI	(e) Transfer of gift P + 4 Relatio	onship of	transferor to transferee	
(a) No.	For. Prov. Country		 		
from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and Zl	P + 4 Relatio	onship of	transferor to transferee	
	 For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and ZI		onship of	transferor to transferee	
(a) No.	For. Prov. Country		 		
from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and Z	P + 4 Relatio	onship of	transferor to transferee	
	 For. Prov. Country				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	Supplemental Financial Statements			OMB No. 1545-0047		
(101111330)		the organization answered "Ye			2020	
		Part IV, line 6,	7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	1e, 11f, 12a, or 12b		
	ment of the Treasury Revenue Service	Go to www.irs.gov	► Attach to Form 990. //Form990 for instructions and	the latest informati	on.	Open to Public Inspection
	of the organization				yer identification n	
NATI		OMMUNITY BOARD			46-039	92867
Part			Advised Funds or Other		r Accounts.	
	Complete	if the organization answere	ed "Yes" on Form 990, Par		(h) Eurode and	41
1	Total number at	end of year	(a) Donor advised funds	3	(b) Funds and o	Diner accounts
2		contributions to (during year)				
3		grants from (during year)				
4		at end of year				
5	-		or advisors in writing that the a			
6			o the organization's exclusive s, and donor advisors in writin			Yes No
6			nefit of the donor or donor adv			
						Yes No
Part		tion Easements.				
	Complete	if the organization answere	ed "Yes" on Form 990, Par	t IV, line 7.		
1			the organization (check all the			
		of land for public use (for examp	ble, recreation or education)	Preservation of a		
	Protection of	of natural habitat		Preservation of a	certified historic	structure
		n of open space				
2	-		on held a qualified conservation	n contribution in the		
-		e last day of the tax year.			Held at	the End of the Tax Year
a b			ments		2a 2b	
c	-	-	ied historic structure included		2c	
d			n (c) acquired after 7/25/06, ar			
		-	ſ		2d	
3		ervation easements modified,	transferred, released, extingui	shed, or terminated	by the organization	ation during
4	the tax year Number of state	s where property subject to co	nservation easement is locate	d 🕨		
5			garding the periodic monitoring		ing of	
	•		n easements it holds?		•	Yes No
6	Staff and voluntee	er hours devoted to monitoring, in	specting, handling of violations, a	nd enforcing conserv	ation easements	during the year
_	•					
7		ses incurred in monitoring, inspec	ting, handling of violations, and e	nforcing conservatior	n easements durir	ng the year
8	\$ Does each cons	ervation easement reported or	n line 2(d) above satisfy the re	quirements of section	on 170(h)(4)(B)	(i)
•		•	· · · · · · · · · · · · · · · ·	•		Yes No
9	In Part XIII, desc	cribe how the organization repo	orts conservation easements in	n its revenue and e	xpense stateme	nt and
			ext of the footnote to the organ	ization's financial s	tatements that o	lescribes the
Deut		counting for conservation eas				
Pari			ions of Art, Historical Tre ed "Yes" on Form 990, Par		er Similar Ass	sets.
1a			FASB ASC 958, not to report		ment and balan	ce sheet
			ar assets held for public exhibit			
	public service, p	rovide in Part XIII the text of th	ne footnote to its financial state	ments that describ	es these items.	
b	-	-	FASB ASC 958, to report in its			
			ar assets held for public exhibit	ition, education, or	research in furth	nerance of
		rovide the following amounts r	elating to these items:		► ¢	
2	• •		t, historical treasures, or other			ovide the
	-		er FASB ASC 958 relating to t		J, P.	
а	Revenue include	ed on Form 990, Part VIII, line	1			
b	Assets included	in Form 990, Part X			► \$	

Sched	ule D (Form 990) 2020 NATIVE AMERICAN CON	MMUNITY BOARD		46-039)2867		Page 2
Part	III Organizations Maintaining Collect	tions of Art, Histor	rical Treasures, or	Other Similar Asse	ts (contir	าued)	
3	Using the organization's acquisition, accession	on, and other records, o	check any of the follow	ing that make significan	t use of it	s	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange pr	rogram			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain h	ow they further the ora	anization's exempt pure	ose in Pa	art	
	XIII.						
5	During the year, did the organization solicit or	r receive donations of a	art. historical treasures	. or other similar			
	assets to be sold to raise funds rather than to				Ye	s	No
Part			•				
i ait	Complete if the organization answe		90 Part IV line 9	or reported an amour	nt on For	m	
	990, Part X, line 21.		, , , , , , , , , , , , , , , , , , ,	or reported an amoun			
1a	Is the organization an agent, trustee, custodia	an or other intermediar	v for contributions or o	ther assets not			
	included on Form 990, Part X?		-		Ye	s	No
b	If "Yes," explain the arrangement in Part XIII						I
		·	U U		Amount		
С	Beginning balance			. 1c			0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2 ²	1, for escrow or custod	ial account liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been prov	ided on Part XIII			
Part		·	•				
i ai t	Complete if the organization answe	red "Yes" on Form 9	990. Part IV. line 10.				
			or year (c) Two years		.k (e) Fo	ur years	back
1a	Beginning of year balance	0	0	0	0		0
b	Contributions						
с	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the curro		line 1g, column (a)) he	ld as:			
a	Board designated or quasi-endowment	%					
b	Permanent endowment ► Term endowment ► %	%					
С	Term endowment ► % The percentages on lines 2a, 2b, and 2c show	uld aqual 100%					
3a	Are there endowment funds not in the posses		n that are held and ad	ministered for the			
ou	organization by:				Г	Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				3b		
4	Describe in Part XIII the intended uses of the	organization's endowr	nent funds.				
Part	VI Land, Buildings, and Equipment.						
	Complete if the organization answe	red "Yes" on Form §	990, Part IV, line 11	a. See Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Bo	ook valu	e
		(investment)	(other)	depreciation			
1a	Land	0	0				0
b	Buildings	0	135,003				25,139
c	Leasehold improvements	0	17,743				3,418
d		0	221,666				76,972
e Toto	Other	0 augl Form 000 Port V	198,449				38,135
rota	. Add lines 1a through 1e. (Column (d) must ed	yuai Γυπτ 990, Paπ X,	column (D), line TUC.)	🕨		14	13,664

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 99	0, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives	0		
., .	held equity interests	0		
(3) Other		-		
(A)		-		
<u>(B)</u>				
(C)				
(D)		-		
<u>(E)</u>		-		
(F)				
<u>(G)</u>				
(H)		0		
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ►	0		
Part VIII	Investments—Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 99), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0		
Part IX	Other Assets.	0		
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 99	0 Part X line 15
	(a) Desci			(b) Book value
(1)		1		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		0
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
(1) Federa	al income taxes			0
(2) Accrue	ed Leave			19,759
(3) Notes	Payable			6,334
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 25.)		26,093

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

Sched	ule D (Form 990) 2020 NATIVE AMERICAN COMMUNITY BOARD	46-0392867	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	975,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,838
3	Subtract line 2e from line 1	3	968,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	968,171
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	749,091
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	749,091
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		0
_	Add lines 4a and 4b	4c	740.004
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	749,091
	XIII Supplemental Information.	wh)/ line 4. Devel	V line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		A, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		
Part 2	XI Line 2D GAIN ON SALE OF FIXED ASSETS THAT WAS RECORDED.		

Part XIII	Supplemental Information (continued)

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Z or to provide any additional information.	
Department of the Treasury Internal Revenue Service		Open to Public Inspection	
Name of the organization		Employer identit 46-0392867	fication number
		40-0392007	
Form 990, Part III, Lin	e 4d: Program Service Expenses: 29,424, Grants and allocations: 0,		
Revenue: 0 YOUTH /	ACTIVITIES		
Form 990, Part III, Lin	e 4d: Program Service Expenses: 128,326, Grants and allocations: 0,		
Revenue: 0 OTHER I	PROGRAMS		
Form 990, Part III, Lin	e 4d: Program Service Expenses: 700, Grants and allocations: 0,		
Revenue: 0 ENVIRO	NMENT AND OTHERS		
Form 990, Part IV, Se	ction B, Line 15A: THE BOARD USES COMPARABLE DATA, MARKET CO	NDITIONS, AN	ID
THE TOTAL CASH FI	OW STATUS OF THE ORGANIZATION BEFORE APPROVING THE EXEC		TOR'S
COMPENSATION PA	CKAGE		
Form 990, Part I, Sect	tion C, Line 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICIES,	
AND THE FINANCIAL	STATEMENTS OF THE ORGANIZATION ARE AVAILABLE UPON REQU	EST.	
Form 990, Part VI, Se	ction B, Line 11A: THIS TAX RETURN IS EMAILED TO BOARD MEMBERS	BEFORE	
FILING			

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
NATIVE AMERICAN COMMUNITY BOARD	46-0392867
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