990 Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-

Open to Public Inspection

Form **990** (2021)

Cat. No. 11282Y

AterForRen2021/calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 D Employer identification number **B** Check if applicable: Address change NDN COLLECTIVE 82-3776329 Name change Initial return Doing business as return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 408 KNOLLWOOD DR Amended return Application pending (605) 791-3999 City or town, state or province, country, and ZIP or foreign postal code RAPID CITY, SD 577012837 **G** Gross receipts \$ 72,784,503 F Name and address of principal officer: H(a) Is this a group return for NICK TILSEN subordinates? 408 KNOLLWOOD DR **H(b)** Are all subordinates RAPID CITY,SD 577012837 included? Tax-exempt status: $\boxed{\checkmark}$ 501(c)(3) $\boxed{\boxed{}}$ 501(c) () $\boxed{\blacktriangleleft}$ (insert no.) $\boxed{\boxed{}}$ 4947(a)(1) or $\boxed{\boxed{}}$ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► NDNCOLLECTIVE.ORG L Year of formation: 2017 M State of legal domicile: SD K Form of organization: 🔽 Corporation 🔲 Trust 🦳 Association 🦳 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities: BUILD THE COLLECTIVE POWER OF INDEGENOUS PEOPLES, COMMUNITIES, AND NATIONS TO EXERCISE OUT INHERENT RIGHT TO SELF-DETERMINATION, WHILE FOSTERING A WORLD THAT IS BUILT ON A FOUNDATION OF JUSTICE AND Activities & Governance EQUITY FOR ALL PEOPLE AND THE PLANET. 2 Check this box 🖳 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) $\,\cdot\,\,\cdot\,\,$ 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 0 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 48,203,164 58,767,061 Revenue **9** Program service revenue (Part VIII, line 2g) n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 28,865 -26,353 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -65,130 -10,619 48,166,899 58,730,089 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 10,365,339 13,268,703 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 3,003,649 5,375,362 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 317,466 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,287,038 7,353,670 25,997,735 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,656,026 Revenue less expenses. Subtract line 18 from line 12 . 29,510,873 32,732,354 Assets or d Balances **Beginning of Current End of Year** 80,445,041 41,493,213 Total assets (Part X, line 16) . . . Total liabilities (Part X, line 26) . . . 1,747,176 8,742,791 Net assets or fund balances. Subtract line 21 from line 20 . 39,746,037 71,702,250 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2023-04-19 Signature of officer Sign NICK TILSEN PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check 🔲 if 2023-04-19 P00661523 **Paid** self-employed Firm's EIN 🕨 47-0677245 Preparer Firm's address > 7140 STEPHANIE LANE PO BOX 23110 Phone no. (402) 423-4343 **Use Only** LINCOLN, NE 685423110

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

Form 990 (2021) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 👹 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I 🥦 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🗐 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 📆 . . 5 Νo Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Νo 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ର୍ ପ୍ରମୟକ" ଦେଗୁଖନାହାୟ ନେ ବିଷ୍ଟାଧିକ ନିଜ୍ଞ ଅନ୍ୟୁକ୍ତ hopendent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🥵

VIII, IX, or X, as applicable.

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Yes

Yes

Yes

Yes

Yes

Form 990 (2021)

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

990 (2021)		Page
Checklist of Required Schedules (continued)		
	 Yes	No

-orm	990 (2021)			Page
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's		,	

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

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

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🥦 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

190

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Νo Νo Nο Nο

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Form 990 (2021)

No

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 5							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Νo							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts										
5a	WBATNe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?	fts 6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	7c		No							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.										
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
b	Note. See the instructions for additional information the organization must report on Schedule O.										
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?	-		No							
16	IS thespresentations to the spread of the section 4968 excise tax on net investment income	e? 16		No							
17		ies 17									

Form	990 (2021)			Page 6
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	espons	e to line	s . 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 7			
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	60° organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		

	supervision of officers, directors or trustees, or key employees to a management company or other person? .			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	600 dr. organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	

U	Did the organization have members of stockholders:	U		NO
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			

b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Code	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
.6a	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		No
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 the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the states with which a copy of this Form 990 is required to be filed			
.8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that			

120	Did the organization have a written connect of interest policy: If No, go to line 15	124	163	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			

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	Yes	
b	Other officers or key employees of the organization	15b	Yes	_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Vpon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year.

20

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									e.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not bo: h ar or/ti	t check x, unline office rustee Highest compensated	ess er e)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JUDITH LE BLANC	1.00	х		х				15,000	0	0
BOARD CHAIR (2) CAMILLE KALAMA	1.00	Х		х				15,000	0	0
BOARD VICE CHAIR	1.00									_
(3) EDGAR VILLANUEVA BOARD TREASURER		Х		Х				15,000	0	0
(4) PRINCESS DAAZHRAII JOHNSON BOARD SECRETARY	1.00	X		х				15,000	0	0
(5) DAVE ARCHAMBAULT II	1.00	.,						45.000		
BOARD MEMBER		Х						15,000	0	0
(6) CRYSTAL ECHO HAWK	1.00	V						15.000	0	
BOARD MEMBER		Х						15,000	0	0
(7) MELINA LABOUCAN-MASSIMO BOARD MEMBER	1.00	Х						15,000	0	0
(8) NICHOLAS TILSEN PRESIDENT & CEO	40.00			Х				196,843	0	11,961
(9) KIMBERLY PATE VICE PRESIDENT	40.00			х				161,729	0	5,222
(10) ANDREW BENTLEY DIRECTOR OF FINANCE	40.00			х				106,150	0	6,428
(11) MICHAEL JOHNSON DIRECTOR OF ADVANCEMENT	40.00					х		135,649	0	8,241
(12) KORINA BARRY MANAGING DIRECTOR NDN ACTION	40.00					х		117,127	0	7,092
(13) MICHELLE FOX MANAGING DIRECTOR NDN PARTNERS	40.00					х		136,691	0	8,336
(14) DAWN MACKETY DIRECTOR OF RESEARCH AND EVALUATION	40.00					х		117,360	0	6,955
(15) GABRIELLE STRONG MANAGING DIRECTOR NDN FOUNDATION	40.00					х		150,972	0	2,700
										-
					Ī			ı		Form 990 (2021)

\$100,000 of compensation from the organization \triangleright 0

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	(C) ion (do not check nan one box, unless n is both an officer director/trustee)				(D) Report compens from organizati	able sation the on (W-	-		(F) Estima amount o compens	ited f other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109 MISC/1 NEC	099-	(W-2/1099- MISC/1099- NEC)		rganizat relat organiza	ed
c ·	Sub-Total	•		•			* * *		1,22	27,521		0		56,935
2	Total number of individuals (inclu \$100,000 of reportable compensa	ding but not limit	ed to th	nose		d al	oove)	who	received n	nore the	an	l		
3	Did the organization list any form				, ke	y en	nploye	ee, o	or highest c	ompens	sated employee		Yes	No
4	on line 1a? <i>If "Yes," complete Sch</i> For any individual listed on line 1 organization and related organization	a, is the sum of r	eportab	ole co								3		No
	individual										[4	Yes	
5	Did any person listed on line 1a r services rendered to the organiza								_		or individual for	5		Νο
	ection B. Independent Cont			4				.			+ +100 000		•	
1	Complete this table for your five compensation from the organizati	on. Report compe									hin the organizati			
	Nam	(A) e and business addre	ess							Des	(B) cription of services		(C Comper	
2	Total number of independent contra	actors (including I	out not	limite	ed to	o th	ose lis	ted	above) who	o receiv	ved more than	\dashv		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Contributions, Giffs, Grants, and OtherAnd Sinilar Amounts In Federated cemprisms In In In In In In In I		990 (2021)								Page 9
Total revenue	Par			sponse or note	to any	/ line in this Par	rt VIII . .			
Desire D		GHEEK II SELI	caure o contains a rec	ponse of more		(A)	(B) Related exem functi	d or pt on	Unrelated business	Revenue excluded from tax under sections
C	Contr	ibutions, Gifts, Grant	s, and OtherAmt Simi	lar Amounts 1	a Fed	erated campaig		1 1		
# General Control Cont						•		-		
Commonted grows (commissions) East The property of all of the commission of scaled The property of scaled The p						_		-		
1						_		-		
2					f All ot	ther contributions, q similar amounts no	gifts, grants, t included	16	58 767 061	
Note					q Nonc	ash contributions in	ncluded in	11	30,707,001	
Business Code							-1f	1g	11,000,000	E9 767 061
A										30,707,001
Total. Add lines 28-27		2a								
Total. Add lines 28-27	enne									
Total. Add lines 28-27	Rev	b								
Total. Add lines 28-27	vice	с								
Total. Add lines 28-27	Ser									
Total. Add lines 28-27	ram									
Total. Add lines 28-27	Prog	e								
10 10 10 10 10 10 10 10		f All other program	n service revenue.							
other alWebManPMWMAPettment of tax-exempt bond proceeds S Royalties		_			11		T			T
100 100			ne (including dividends	, interest, and	l I	2	26			26
10	Other Revenue Program Service Revenue		stment of tax-exempt	bond proceeds	s 🕨					
Sa Gross rents Sa Dess: rental Companies Com		5 Royalties			▶					
Description Color				(11) 1 613011	ai					
Page 2016 Page			6a							
Income or		expenses	6b							
13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,379 13,379,702 601,888 13,379,702 601,888 13,379,702 601,888 13,379,702 601,888 13,379,702 601,888 13,379,702 13,379		income or								
Ta Gross amount Ta 13,379,702 601,379 assets other The inventory Ta 13,405,572 601,888 assets other Ta 13,405,572 601,888 assets expenses C Sain or (loss) Tc -25,870 -509 d Net gain or (loss) Tc -26,379 -26,		d (Nets)ental incon		1						
13,379,702 601,379		7- Gross amount	(i) Securities	(ii) Other	r P	29				
b Less: cost of on the total and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c -25,870 d Net gain or (loss) c -25,870 d Net gain or (loss) d Net gain or (loss) see Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundralising events c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances 10a 115,999 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a SPEAKING/HONORARIUM 900099 8,250 69,01 Total revenue. See instructions 12 Total revenue. See instructions		from sales of	7a 13,379,700	60:	1,379					
13,405.572 601,888 sales expenses C Gain or (loss) 7c -25,870 -509 d Net gain or (loss) 7c -25,870 -26,379 -26,379 -26,379 d Net gain or (including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 -					-					
Total revenue. See instructions		other basis and	7b 13,405,572	60:	1,888					
d Net gain or (loss)			7c -25.870		-509					
(not including s of contributions reported on line 1c). See Part IV, line 18						-26,37	79			-26,379
contributions reported on line 1c). See Part IV, line 18										
Pa Gross income from gaming activities. See Part IV, line 19	ne	contributions reporte	ed on line 1c).							
Pa Gross income from gaming activities. See Part IV, line 19	Ven		Od .		_					
Pa Gross income from gaming activities. See Part IV, line 19	Be	-	<u> </u>	events						
Pa Gross income from gaming activities. See Part IV, line 19	ther			1	<u> </u>					
See Part IV, line 19	0		om gaming							
c Net income or (loss) from gaming activities	Other Revenue		19		_					
10a				vities	-					
10a	Other Revenue Program Service Revenue	10.0								
C Net income or (loss) from sales of inventory				115	5,999					
Miscellaneous Revenue Business Code 11a SPEAKING/HONORARIUM 900099 8,250 8,250 b OTHER INCOME 900099 3,379 3,379 c INCOME FROM INVESTMENT IN 900099 -91,293 -91,293 d All other revenue		b Less: cost of god	ods sold 10b	46	5,954					
11a SPEAKING/HONORARIUM 900099 8,250 b OTHER INCOME 900099 3,379 c INCOME FROM INVESTMENT IN SUBSIDI 900099 -91,293 d All other revenue -79,664 12 Total revenue. See instructions		c Net income or (lo	oss) from sales of inve	entory		69,04	15			69,045
b OTHER INCOME 900099 3,379 3,33 c INCOME FROM INVESTMENT IN 900099 -91,293 -91,293 d All other revenue		Miscellaneo	ous Revenue	Business Co	ode					
C INCOME FROM INVESTMENT IN 900099 -91,293 -91,293 d All other revenue		11a SPEAKING/HO	NORARIUM	90	00099	8,25	50			8,250
C INCOME FROM INVESTMENT IN 900099 -91,293 -91,293 d All other revenue										Revenue excluded from tax under sections 512 - 514
d All other revenue		b OTHER INCOM	Е	90	JUU99	3,37	79			
d All other revenue	Other Revenue Program Service Revenue 10	C INCOME EDOM	INVESTMENT IN	90	00099	-91,29	93			-91,293
e Total. Add lines 11a-11d			INVESTMENT IN			- ,				
12 Total revenue. See instructions		d All other revenue	e				<u> </u>			
12 Total revenue. See instructions		e Total. Add lines	11a-11d		•	-79,66	54	_		
0 0 -36,9.		12 Total revenue. S	ee instructions		•	58,730,08	39	()	0 -36,972

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colum	nns. All other organ	izations must comple	te column (A).
Check if Schedule O contains a response or note to	any line in this Part			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 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 and domestic governments. See Part IV, line 21	8,960,703	8,960,703		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,467,248	1,467,248		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,840,752	2,840,752		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	593,332	45,000	548,332	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,325,963	2,074,266	1,042,017	209,680
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,249,682	642,151	542,626	64,905
10 Payroll taxes	206,385	112,934	82,035	11,416
11 Fees for services (non-employees):				
a Management	15,000		15,000	
b Legal	385,316	381,488	3,828	
c Accounting	23,717	175	23,542	
d Lobbying	46,583	46,583		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	1,819,450	1,040,886	775,181	3,383
12 Advertising and promotion				
13 Office expenses	222,173	84,368	137,069	736
14 Information technology	401,744	246,216	154,816	712
15 Royalties				
16 Occupancy	92,363	7,648	84,715	
17 Travel	259,826	223,704	35,170	952
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	47,467	33,625	13,540	302
20 Interest	4		4	
21 Payments to affiliates	107.010		70.500	
22 Depreciation, depletion, and amortization	107,842	37,304	70,538	
23 Insurance	38,077		38,077	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STIPENDS	1,589,343	1,589,343		
b PROGRAM EXPENSE	1,411,598	1,348,963	62,635	
c VEHICLE EXPENSE	186,132	32,553	153,579	
d MARKETING AND OUTREACH	180,292	154,131	25,730	431
e All other expenses	526,743	284,044	217,750	24,949
Total functional expenses. Add lines 1 through 24e	25,997,735	21,654,085	4,026,184	317,466
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).				

Forn	1 990	(2021)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or i	note to any line in	this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			20,759,340	1	50,527,509
	2	Savings and temporary cash investments			52,802	2	52,828
	3	Pledges and grants receivable, net			16,181,500	3	9,014,053
	4	Accounts receivable, net	[78,485	4	3,009	
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu	bstantial contribut hese persons	or, or 35%		5	
		under section 4958(f)(1)), and persons descri	ribed in section 49	958(c)(3)(B)		6	
S	7	Notes and loans receivable, net	🗀		7		
Assets	8	Inventories for sale or use	Inventories for sale or use			8	
AS	9	Prepaid expenses and deferred charges .			36,315	9	25,041
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,180,299			
	b	Less: accumulated depreciation	10b	125,872	2,664,053	10 c	6,054,427
	11	Investments—publicly traded securities .		509,929	11		
	12	Investments—other securities. See Part IV, li		802,775	12	711,482	
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets			14	14,051,702	
	15	Other assets. See Part IV, line 11			361,714	15	4,990
	16	Total assets: Add lines 1 through 15 (must equal line 33)			41,493,213	16	80,445,041
	17	Accounts payable and accrued expenses .			1,633,755	17	303,026
	18	Grants payable				18	4,859,215
	19	Deferred revenue			96,000	19	0
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	te Part IV of Sched	ule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35			22	
=======================================	23	Secured mortgages and notes payable to unre	•	_	17,421	23	3,580,550
	24	Unsecured notes and loans payable to unrelate	•	-	17,421	24	3,300,330
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D	-		25		
	26	Total liabilities. Add lines 17 through 25 .			1,747,176	26	8,742,791
ces		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽 and	complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			12,415,406	27	58,437,273
nd B	28	Net assets with donor restrictions			27,330,631	28	13,264,977
Fur		Organizations that do not follow FASB ASC 9	58, check here 🕨	and			
Assets or	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building or	equipment fund	🗀		30	
Ass	31	Retained earnings, endowment, accumulated i	ncome, or other fu	ınds		31	
Net /	32	Total net assets or fund balances			39,746,037	32	71,702,250
Ž	33	Total liabilities and het assets/fund balances			41,493,213	33	80,445,041
							Form 990 (2021)

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 Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis

2c

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Single Audit Act and OMB Circular A-133? За Νo

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2021)

Form 990 (2021)		
Additional Data		Return to Form
	Coftware ID:	
	Software ID:	
	Software Version:	
Form 990, Special Condition D	escription:	
	Special Condition Description	

(Form 990) Department of the Treasury

NDN COLLECTIVE

Internal Revenue Service

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Publ

OMB No. 1545-0047

open to P
Inspect
Employer identification number

Schedule A (Form 990) 2021

							82-3776329	
	rt I	Reason for Publi						ns.
The	organiz	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	ck only one bo	x.)	
1		A church, convention of	of churches, or	association of church	nes described in	section 170(b)(1)(A)(i).	
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form	n 990).)		
3		A hospital or a cooper	ative hospital s	service organization d	lescribed in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a		rated in conjunction w	rith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1	.)(A)(v).	
7	V	An organization that no described in section 1 ?		·		m a governme	ntal unit or from the g	eneral public
8		A community trust des	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	: II.)		
9		An agricultural researd university or a non-lan	-			-	_	-
10		An organization that n receipts from activitie from gross investment organization after June	ormally receive s related to its income and ur	es: (1) more than 331 exempt functions—su nrelated business taxa	/3% of its suppo object to certain able income (le	rt from contrib exceptions, ar ss section 511	utions, membership fond (2) no more than 3	ees, and gross 33 1/3% of its support
11		An organization organi	zed and operat	ted exclusively to test	for public safet	ty. See section	509(a)(4).	
12		An organization organizone or more publicly s the box on lines 12a th	upported orgar	nizations described in	section 509(a)	(1) or section 5	609(a)(2). See section	509(a)(3). Check
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s			• ,,,	
С		Type III functionally i supported organization						rated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The organ	nization generally mus	st satisfy a distr	ribution require		
е		Check this box if the o integrated, or Type III					s a Type I, Type II, Ty	ype III functionally
f	Enter	the number of support	ed organizatior	ıs			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	` ,		T	
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	(iv) Is the o listed in you docun	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		
			г					
Tota	I						I	

Cat. No. 11285F

Schedule A (Form 990) 2021 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 2,203,226 11,356,136 48,203,164 58,767,061 120,529,587 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 2,203,226 11.356.136 48,203,164 58,767,061 120.529.587 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a dividends, payments received on 59 167 16,030 26 16,282 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried 10 Other income. Do not include gain 2,127 13,007 20,194 11,629 46,957 or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 120,592,826 12 115,999 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage

	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.						120,529,58
S	Section B. Total Support						
	lendar year fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest,		2,203,226	11,356,136	48,203,164	58,767,061	120,529,58

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

14

15

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2020 Schedule A, Part II, line 14

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021						Page 3
P		or Organiza	tions Descr	ibed in Section	on 509(a)(2)		
Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support		alify under Part					
S		i ialis to quali	ry under the i	lests listed bei	ow, piease com	ipiete Part II.)	
	ndar year	() 0047	422242	() 2 2 4 2	(1) 2022	() 2021	(6) =
	iscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities		+		+		
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
b	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b Public support. (Subtract line 7c						
٥	from line 6.)						
Se	ection B. Total Support		•	<u>'</u>		-	
	ndar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) Takal
	iscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
с 11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						
12	-						
	or loss from the sale of capital assets (Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for						
	check this box and stop here			· · · · · · · ·			▶□
Se	ection C. Computation of Pub						
15	Public support percentage for 2021 ((line 8, column	(f) divided by li	ne 13, column (f))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from **2020** Schedule A, Part III, line 17

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5**

11	. Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and below, the governing body of a supported organization?	11c		
	A family many have for a super described as 14a above 2			
b		detail in 116		
С	Part VI	detail iii 110		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrict if any, applied to such powers during the tax year.	e tax ed the appoint		
2	Did the organization operate for the benefit of any supported organization other than the supported organization	ion(s)		
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providin benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supportant organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	or		
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor	rted 1		
_	Section 5.0 And Type III Supporting Organizations	rteu		
	Section D. Air 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 price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	_		
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 h			
	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 incom			
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organ			
S	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 instructi	ons):	
	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.	ent entity (see		
2	Activities Test. Answer lines 2a and 2b below.		Ves	No

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

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

2a

2b

За

3b Schedule A (Form 990) 2021

Page **6**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2

3 3

Minimum asset amount for prior year (from Section B, line 8, Column A) 4

Enter greater of line 2 or line 3 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

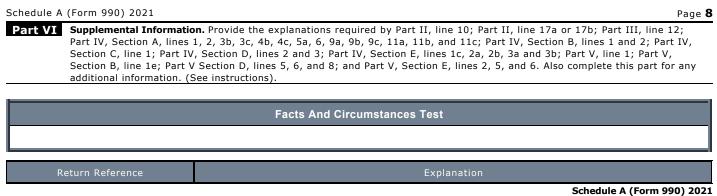
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

See instructions.

a Excess from 2017. **b** Excess from 2018. c Excess from 2019. . . **d** Excess from 2020. . . . e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) (2021)



SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2021

OMB No. 1545-0047

Open to Public

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

		Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and the I	atest information.	Inspection
If th	e organization answered	"Yes" on Form 990, Part IV	, Line 3, or Form 990-EZ, Pai	t V, line 46 (Political Cam	paign Activities), then
	_	ns: Complete Parts I-A and B.		, , , , , , , , , , , , , , , , , , , ,	, , ,
•	Section 501(c) (other than se	ection 501(c)(3)) organizations	s: Complete Parts I-A and C belo	w. Do not complete Part I-B.	
	Section 527 organizations: C				
			/, Line 4, or Form 990-EZ, Pa		
			(election under section 501(h)):		
			5768 (election under section 501 /, Line 5 (Proxy Tax) (see se		
line	35c (Proxy Tax) (see sep	parate instructions), then		parate instructions, or i of	m 330-∟2, r art v ,
Na	me of the organization	organizations: Complete Part	III.	Employer identi	fication number
ND	N COLLECTIVE			82-3776329	
Par	t I-A Complete if th	e organization is exen	npt under section 501(c		organization.
1	•	_	indirect political campaign acti	vities in Part IV. See instruc	ctions for
_	definition of "political car	. •		. .	
2 3			ions		
			instructions 1pt under section 501(c		
1	-		ganization under section 4955		
2	L		ization managers under sectior		
3	If the organization incurr	ed a section 4955 tax, did it	file Form 4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.	npt under section 501(c) except section E01	(0)(3)
1	L	, ,	nization for section 527 exemp	•	
2			ntributed to other organizations		
3	Total exempt function ex	penditures. Add lines 1 and 2	2. Enter here and on Form 112	0-POL, line 17b\$	
4	Did the filing organization	file Form 1120-POL for this	year?		Yes No
5	organization made payme amount of political contri	ents. For each organization lis butions received that were pi	on number (EIN) of all section ted, enter the amount paid from the amount paid from the comptly and directly delivered the cee (PAC). If additional space is	m the filing organization's fu to a separate political organ	nds. Also enter the ization, such as a
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of
				filing organization's	political contributions
				funds. If none, enter	received and promptly and directly
				0.	delivered to a
					separate political
					organization. If none, enter -0
					enter -u
1					
2					
3					
4					
5					
5					

Part II-B

2

PART II-B, LINE 1:

Page 3

activ	ity.	Yes	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?	Yes			4	6,583
j	Total. Add lines 1c through 1i				4	6,583
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section section $501(c)(6)$.	501 (c))(5),	or		
			,		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					

Complete if the organization is exempt under section 501(c)(3) and has NOT

filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?									
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?									
Pai	Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section								
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,								
	line 3, is answered "Yes."								
	Dues, assessments and similar amounts from members								

expenses for which the section 527(f) tax was paid). Carryover from last year Total

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

2a

3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year?

2c 3

Taxable amount of lobbying and political expenditures. See Instructions Part IV **Supplemental Information**

2b

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. Return Reference

INDIGENOUS PEOPLES.

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Explanation

THE ORGANIZATION CONTRACTED WITH A LOBBYIST TO ADVOCATE ON ISSUES IMPACTING

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

	N COLLECTIVE			Link	noyer identification number
					3776329
Pa	Organizations Maintaining Donor A			nds	or Accounts.
	Complete if the organization answered				(h) Funda and ather accounts
	Total number at and of year	(a) Donor ad	visea runas		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	_			
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the doi impermissible private benefit?	nor or donor advisor, o	r for any other purpo:	se con	ferring
Pa	Complete if the organization answered				
1	Purpose(s) of conservation easements held by the o				
-	Preservation of land for public use (e.g., recreati	_		histor	ically important land area
	Protection of natural habitat	, <u> </u>			ed historic structure
	Preservation of open space				a meterne ett detare
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	d a qualified conservat	tion contribution in th	ne forr	n of a conservation Held at the End of the Year
а	Total number of conservation easements			2a	field at the End of the Tear
b	Total acreage restricted by conservation easements		-	2b	
_			L (a)		
C	Number of conservation easements included in (c) a		` ´	2c 2d	
d	historic structure listed in the National Register	•	L		
3	Number of conservation easements modified, transfetax year	erred, released, exting	uished, or terminated	by th	ne organization during the
4	Number of states where property subject to conserv	ation easement is loca	ated •		
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas	= -		ing of	Yes No
6	Staff and volunteer hours devoted to monitoring, insyear	specting, handling of vi	olations, and enforci	ng cor	nservation easements during the
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violation	ons, and enforcing co	nserv	ation easements during the year
8	Does each conservation easement reported on line $(B)(i)$ and section $170(h)(4)(B)(ii)$?		·		70(h)(4)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the or			
Par	t III Organizations Maintaining Collectic	ons of Art, Histor		r Ot	her Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footno	B ASC 958, not to repo eld for public exhibition	ort in its revenue stat n, education, or resea	arch ir	n furtherance of public
b	If the organization elected, as permitted under FASI art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition,			
((i) Revenue included on Form 990, Part VIII, line 1 .				. 🕨 \$
(i	ii) Assets included in Form 990, Part X				. > \$
2	If the organization received or held works of art, his following amounts required to be reported under FA	torical treasures, or ot	her similar assets for		
а	Revenue included on Form 990, Part VIII, line 1	•			▶\$
b	Assets included in Form 990, Part X				
	•				

3	collection items (check all that apply):	ion, and ot	ner record	is, cneck	any or	tne rollov	wing that	t are a signii	icant us	e or its
а	Public exhibition			d 🗆	Loan	or excha	nge pro	grams		
b	Scholarly research			е [Othe	r				
c	Preservation for future generations									
4	Provide a description of the organization's of Part XIII.	collections a	and explai	n how the	y furth	er the or	ganizatio	on's exempt	purpose	in
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Pa	rt IV Escrow and Custodial Arran Complete if the organization and Part X, line 21.			orm 990	, Part :	IV, line	9, or re	ported an	amoun'	t on Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								☐ Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and com	plete the	following	table:			A	Mount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990,	Part X, lin	e 21, for	escrow	or custo	dial acco	ount liability	? Yes	☐ No
ь	If "Yes," explain the arrangement in Part X	III. Check	here if the	explanat	ion has	been pr	ovided in	n Part XIII	[
Pa	rt V Endowment Funds.									
	Complete if the organization and									
	Particular of the believe	(a) Curre	ent year	(b) Prio	year	(c) Two	years back	(d) Three ye	ears back	(e) Four years back
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		1							
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rent year e	end balanc	e (line 1	g, colum	nn (a)) h	eld as:			
а										
b	Permanent endowment									
C	Term endowment		1000/							
За	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss			tion that	ara hal	d and ad	lministor	ad for the		
Зa	organization by:	2551011 01 111	ie organiza	ition that	are nei	u anu au	iiiiiiistei	eu ioi tile		Yes No
	(i) Unrelated organizations								3a	ı(i)
b	(ii) Related organizations				 edule R	 ?			├	(ii)
			·							
4	Describe in Part XIII the intended uses of t		ation's end	lowment	funds.					
Рa	rt VI Land, Buildings, and Equipm Complete if the organization and		'es" on Fo	nrm 990	. Part 1	[V. line	11a Se	e Form 99	0. Part	X. line 10
	Description of property (a) Cost or oth (investment)	er basis	(b) Cost o					depreciation		d) Book value
1-	Land				1,149,414	1				1,149,414
	Land				1,426,347			31,961		4,394,386
	Buildings				., 120,541	1		31,301		7,557,500
	Leasehold improvements				604,538	3		93,911		510,627
u	Equipment		1		00 1,000	1		33,311		310,027

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

	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	90, Part	IV, line 11b.Sec	e Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Bo value		(c) Method of valu	
	al derivatives				
	-nero equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	I	IV line 11c Se	e Form 990 Pa	rt Y line 13
VIII	(a) Description of investment	o, rait	(b) Book value	(c) Metho	d of valuation:
(1)				Cost or end-of	-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	Other Assets.	•			
	Complete if the organization answered 'Yes' on Form 99 (a) Description	0, Part	IV, line 11d. See	Form 990, Part 3	K, line 15. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 99	0, Part i	IV, line 11e or 1	1f.	
1.	See Form 990, Part X, line 25. (a) Description of liability	ity			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	for uncertain tax positions. In Part XIII, provide the text of the fon's liability for uncertain tax positions under FIN 48 (ASC 740). C			s financial statem	
XIII V					p

1

3

1

2

Page 4

Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audited financial statements	1	

Net unrealized gains (losses) on investments 2a

Donated services and use of facilities 2h

2c

Other (Describe in Part XIII.)

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Add lines **2a** through **2d** Subtract line **2e** from line **1**

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities

Other (Describe in Part XIII.)

3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Add lines **4a** and **4b** . . .

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

PART X, LINE 2:

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

FOR THE YEAR ENDED DECEMBER 31, 2021, THE ORGANIZATION HAD NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE

4c

2e 3

4c

1

2e

3

SCHEDULE F	Stat	tement of	Activities	Outside the Uni	tad St	atos	OMB No. 1545-0047
(Form 990)		ete if the organiz		2021			
Department of the Treasury Internal Revenue Service	•	Go to www.irs.g	ov/Form990 for i	instructions and the latest	informati	on.	Open to Public Inspection
Name of the organization						Employer ider	ntification number
NDN COLLECTIVE						82-3776329	
		n on Activit art IV, line 14l		the United States. (Complete	e if the organi	zation answered
∂fffer assistance, th	ne grante	es' eligibility f	or the grants	ds to substantiate the or assistance, and the			√ Yes No
2 For grantmakers. I assistance outside			organization's	procedures for monito	ring the	use of its gra	nts and other
	(The follow		l	duplicated if additional s			(6) Tabal a 111
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of e(s) in the region	d (f) Total expenditures for and investments in the region
(1) CANADA		0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTS	5	791,085
(2) MEXICO		0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTS	5	1,238,167
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
(_14)							
(15)							
(16)							
(17)							
3a Sub-total b Total from continuation	n sheets	0	0				2,029,252
to Part I	<u> </u>	0	0				0
c Totals (add lines 3a an For Paperwork Reduction Act		0 the Instruction	s for Form 990		No. 500	182W Saba	2,029,252 dule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		MEXICO	COVID-19 RELIEF	15,000	INTERNATIONAL WIRE	(
(2)		MEXICO	COVID-19 RELIEF	30,000	INTERNATIONAL WIRE	()	
(3)		CANADA	PRESIDENT'S PARTNERSHIP	20,000	INTERNATIONAL WIRE	(
(4)		MEXICO	COVID-19 RELIEF		INTERNATIONAL WIRE	(
(5)		CANADA	COMMUNITY-SELF DETERMINATION	50,000	INTERNATIONAL WIRE	(
(6)		CANADA	COMMUNITY-SELF DETERMINATION		INTERNATIONAL WIRE	(
(7)		CANADA	COVID-19 RELIEF		INTERNATIONAL WIRE	(
(8)		MEXICO	COVID-19 RELIEF	40,000	INTERNATIONAL WIRE	(
(9)		CANADA	COMMUNITY-SELF DETERMINATION	100,000	INTERNATIONAL WIRE	(
(10)		MEXICO	COVID-9 RELIEF	35,000	INTERNATIONAL WIRE	(
(11)		MEXICO	RENEWABLE ENERGY	25,000	INTERNATIONAL WIRE	(
(12)		MEXICO	COVID-19 RELIEF	25,000	INTERNATIONAL WIRE	(
(13)		MEXICO	COVID-19 RELIEF	35,000	INTERNATIONAL WIRE	(
(14)		CANADA	COMMUNITY ACTION FUND	15,000	INTERNATIONAL WIRE	(
(15)		MEXICO	COVID-19 RELIEF	25,000	INTERNATIONAL WIRE	(
(16)		CANADA	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(
(17)		MEXICO	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(
(18)		MEXICO	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(
(19)		MEXICO	COMMUNITY SELF- DETERMINATION	100,000	INTERNATIONAL WIRE	(
(20)		MEXICO	COMMUNITY SELF- DETERMINATION	50,000	INTERNATIONAL WIRE	(
(21)		MEXICO	COMMUNITY SELF- DETERMINATION	80,000	INTERNATIONAL WIRE	()	
(22)		MEXICO	COMMUNITY SELF- DETERMINATION	80,000	INTERNATIONAL WIRE	(
(23)		MEXICO	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(
(24)		MEXICO	COMMUNITY SELF- DETERMINATION	113,000	INTERNATIONAL WIRE	(
(25)		MEXICO	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(
(26)		MEXICO	COMMUNITY SELF- DETERMINATION	200,000	INTERNATIONAL WIRE	(0	

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

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

 ${\bf 3}$ Enter total number of other organizations or entities .

26

(9)

10) 11) 12) 13) 14) 15) 16) 17) 18)

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of

			3. a		assistance	assistance	(book, FMV, appraisal, other)
(1) CHANGEMAKER FELLOWSHIP	CANADA	6	371,085	INTERNATIONAL WIRE			
(2) RADICAL IMAGINATION	CANADA	2	40,000	INTERNATIONAL WIRE			
(3) CHANGEMAKER FELLOWSHIP	MEXICO	5	266,667	INTERNATIONAL WIRE			
(4) RADICAL IMAGINATION	MEXICO	1	10,000	INTERNATIONAL WIRE			

assistance	(S) Region	recipients	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1) CHANGEMAKER FELLOWSHIP	CANADA	6	371,085	INTERNATIONAL WIRE			
(2) RADICAL IMAGINATION	CANADA	2	40,000	INTERNATIONAL WIRE			
(3) CHANGEMAKER FELLOWSHIP	MEXICO	5	266,667	INTERNATIONAL WIRE			
(4) RADICAL IMAGINATION	MEXICO	1	10,000	INTERNATIONAL WIRE			
(5) COVID-19 ARTIST RELIEF	MEXICO	1	5,000	INTERNATIONAL WIRE			
(6)							
(7)							
(8)							

Schedule F	(Form 990) 2021	Page 5
Part V	method; amounts of ir (accounting method);	mation n required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting nvestments vs. expenditures per region); Part II, line 1 (accounting method); Part III and Part III, column (c) (estimated number of recipients), as applicable. Also complete y additional information. See instructions.
	ReturnReference	Explanation
PART I, LI	NE 2:	INTERNATIONAL GRANTEES ARE REQUIRED AS PART OF THE GRANT AGREEMENT TO SUBMIT AT LEAST ONE INTERIM AND ONE FINAL GRANT REPORT DESCRIBING HOW FUNDS WERE USED.
PART III	ACCOUNTING METHOD:	
-		
-		
-		Schedule F (Form 990) 2021

Additional Data Software ID: Software Version:

Dort III	Grante	n and	O+h
Schedule I	(Form	990)	202

(1) COMMUNITY ACTION FUND

(3) CHANGEMAKER FELLOWSHIP

(2) RADICAL IMAGINATION ARTISTS

	Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(/	(f) Description of noncash assistance							
				FMV, appraisal, other)								

DESCRIBING HOW FUNDS WERE USED.

510,000 912,248

<u> </u>	HITE	1 1	912,240							
al	Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									
	Explanation									
	GRANTEES	ARE REQUIRED	AS PART OF THE GRA	NT AGREEMENT TO S	UBMIT AT LEAST ONE INTER	IM AND ONE FINAL GRANT REPORT				

Schedule I (Form 990) 2021

Page 2

(6)								
(7)								
Part IV Supplemental Inf	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional in							

Explanation

Return Reference

PART I, LINE 2:

(5)

(3)

(4)

45,000

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service

Schedule J

NDN COLLECTIVE

Part I

8

Name of the organization

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Yes No

82-3776329 **Questions Regarding Compensation**

Compensation Information

1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel Housing allowance or residence for personal use		
	Travel for companions Payments for business use of personal residence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	Form 990 of other organizations Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
а	Receive a severance payment or change-of-control payment?	4a	Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	· · · · · · · · · · · · · · · · · · ·		

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

The organization? Any related organization?

Any related organization? If "Yes," on line 5a or 5b, describe in Part III. compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

compensation contingent on the revenues of:

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

6b 7 8

5a

5b

6a Νo Νo Νo

Νo

Νo

Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must ed	qual t	he total amount o	of Form 990, Part	VII, Section A, lin	e 1a, applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1NICHOLAS TILSEN PRESIDENT & CEO	(i)	196,843	0	0	11,811	150	208,804	0
PRESIDENT & CEO	/::X							
	(ii)	0	0	0	0	0	0	0
2KIMBERLY PATE VICE PRESIDENT	(i)	161,729	0	0	4,852	370	166,951	0
VICE PRESIDENT								
	(ii)	0	0	0		0	0	0
3GABRIELLE STRONG MANAGING DIRECTOR NDN FOUNDATION	(i)	150,972	0	0	2,184	516	153,672	0
	(ii)	 0	0	0	 0	0	0	 0
			-	-			-	-
							Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference Explanation

Schedule J (Form 990) 2021



SCHEDULE M (Form 990)

Noncash Contributions

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

2021

OMB No. 1545-0047

Department of the Treasury

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

▶ Attach to Form 990.

Open to Public

	e of the organization COLLECTIVE		Employer identification number						
	000				82-37	76329			
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin		Method of concash contrib	determ	_	nts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
	Scientific specimens								
24	Archeological artifacts								
	Other (INTANGIBLE ASSETS - WATER	X	1	11,000,00	ОСОМ	PARABLE SA	LES		
25	► RIGHTS)								
	Other ▶ ()								
	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by for which the organization complet	_			29				
	8		1 1. 26 . 12 .			.1. 20. 11. 1		Yes	No
30a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the (date of the initial contribut						
	· · · · · · · · · · · · · · · · · · ·						30a		Νo
b	If "Yes," describe the arrangemen								
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contrib	utions?	31		Νo

b If "Yes," describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

SCHEDULE O

PRIOR TO FILING.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-3776329

Name of the organization NDN COLLECTIVE Return Explanation Reference **AMENDED** AN AMENDED 990 IS BEING FILED TO CORRECT THE REPORTING OF LOBBYING EXPENDITURES THAT WERE INCORRECTLY **RETURN** REPORTED AS POLITICAL EXPENDITURES ON THE INITIAL RETURN FILED. ACCORDINGLY. NDN HAS AMENDED SCHEDULE C SO THAT IT NO LONGER REPORTS POLITICAL EXPENDITURES ON PART I-A. LINE 2 AND INSTEAD CORRECTLY REPORTS

(Form 990)

Department of the Treasury

Internal Revenue Service

\$46.583 IN LOBBYING EXPENDITURES ON SCHEDULE C. PART II-B. LINE 1.I. OTHER ACTIVITIES. NDN ALSO CHANGED ITS ANSWER TO PART IV. LINE 3 FROM YES TO NO. AND ITS ANSWER TO PART IV. LINE 4 FROM NO TO YES. IN ADDITION. SEVERAL CORRECTING ADJUSTING ENTRIES WERE MADE AFTER THE FILING OF THE INTIAL RETURN WHICH IMPACTED REVENUE, EXPENSES, ASSETS, LIABILITIES AND NET ASSETS, ACCORDINGLY THE FOLLOWING PAGES HAVE BEEN UPDATED: PAGE 1, PAGE 2 LINE 4A, PAGE 7 PART VII COLUMN D. PAGE 9 PART VIII, PAGE 10 PART IX, PAGE 11 PART X, PAGE 12 PART XI. SCHEDULE A PART II. SCHEDULE B PARTS I & II. SCHEDULE D PART VI. SCHEDULE F. SCHEDULE I. AND SCHEDULE M

FORM 990.

PART VI. SECTION B. LINF 11B FORM 990. PART VI.

SECTION B. LINF 12C FORM 990. PART VI.

PART VI.

I INF 19 PART XII.

DETERMINATION OF COMPENSATION INCLUDES A REVIEW OF COMPARABILITY DATA. ANNUAL REVIEWS ARE CONDUCTED IN SECTION B. LINF 15 FORM 990.

SECTION C.

DECEMBER. THE REVIEW FINDINGS ARE USED TO DETERMINE WHETHER MERIT INCREASES AND/OR BONUS SHOULD BE GIVEN, FUNDING PERMITTING, AND COMPARABILITY DATA IS USED FOR THESE CALCULATIONS AS WELL. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR LINE 2C

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

INDIVIDUALS HAS BEEN IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

Cat. No. 51056K

FORM 990 IS PREPARED BY A THIRD PARTY CPA AND IS PROVIDED TO THE CEO AND BOARD OF DIRECTORS FOR REVIEW

THE ORGANIZATION REGULARLY POLLS THE BOARD OF DIRECTORS AND STAFF TO ASCERTAIN WHETHER THESE

INDIVIDUALS ARE IN COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY. TO DATE, EACH OF THESE

THE BOARD SETS COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND ANY KEY EMPLOYEES. AND THIS

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

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

2021

Open to Public Inspection

Employer identification number Name of the organization NDN COLLECTIVE 82-3776329 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Direct controlling Legal domicile (state Total income End-of-year assets or foreign country) entity (1) NDN HOLDINGS LLC TO MAINTAIN REAL ESTATE SD 0 9,841,236 NDN COLLECTIVE 408 KNOLLWOOD DR HOLDINGS AND ASSETS. RAPID CITY, SD 57701 85-0591593 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (g) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section Section or foreign country) (if section 501(c)(3)) 512(b) entity (13)controlled entity? Yes No NDN COLLECTIVE TO PROVIDE FINANCING FOR LINE 7 (1)NDN FUND INC SD 501(C)(3) Yes 408 KNOLLWOOD DR INDIGENOUS PEOPLE RAPID CITY, SD 57701 83-2763481 (2) NDN ACTION NETWORK INC TO PROMOTE SOCIAL SD 501(C)(4) NDN COLLECTIVE Yes 408 KNOLLWOOD DR WELFARE RAPID CITY, SD 57701 83-2822232 (3) NDN ACTION ORGANIZING, BUILDING AND SD 501(C)(3) LINE 7 NDN COLLECTIVE Yes 408 KNOLLWOOD DR ADVANCING THE RIGHTS FOR INDIGENOUS PEOPLE RAPID CITY, SD 57701 83-2807183 (4)NDN FOUNDATION ENGAGE IN GRANT MAKING SD 501(C)(3) LINE 7 NDN COLLECTIVE No 408 KNOLLWOOD DR & MANAGING DONOR ADVISED FUNDS FOR RAPID CITY, SD 57701 INDIGENOUS PEOPLE 83-2724212

Schedule R (Form 990) 2021												Page 2
Part III Identification of Related Organization because it had one or more related organization						ization aı	nswered	"Yes" on	Form 990,	Part I\	/, line 3	4,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	man	i) eral or eaging tner?	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (i)

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of- year assets	Percentage ownership	Section (13) co	512(b) ontrolled ity?
(1)NDN PARTNERS INC 408 KNOLLWOOD DR RAPID CITY, SD 57701 83-2603975	TO INCREASE THE CAPACITY AND SKILLS OF INDIGENOUS PEOPLE	SD	NDN COLLECTIVE	С	-91,293	688,007	100.000 %	Yes	140
						:	Schedule R (Form	990) 2	021

chedule R (Form 990) 2021					Pag	je 3
Part V Transactions With Related Organizations. Complete if the organization answere	ed "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
$f b$ Gift, grant, or capital contribution to related organization(s) \cdot				1b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1 g		No
f h Purchase of assets from related organization(s)				1h		No
\boldsymbol{i} Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s) · · · · · · · · · · · · · · · · · · ·				10	Yes	
				4		N-
p Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1p		No No
q Reimbursement paid by related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				1q		NO
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	vered relationships	and transaction thresholds.		•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
NDN FUND INC	В	193,048				
2)NDN PARTNERS INC	М	27,899				
S)NDN FOUNDATION	В	3,520,818				

В

100,000

(4)NDN ACTION

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See inst				ın invest	ment partne								
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 orgar	(e) I partners ection (c)(3) hizations?	(f) Share of total income	(g) Share of end-of-year assets	(f Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										Sc	hedule R	(Form 9	990) 2021

Schedule R (Form 990) 2021	chedule R (Form 990) 2021						
Part VII Supplemental In							
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.						
Return Reference	Explanati	on					
		Schedule R (Form 990) 2021					
Additional Data		Return to Form					
	Software ID:						
	Software Version:						