Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 5248

City or town, state or province, country, and ZIP or foreign postal code
EUREKA, CA 95502

D Employer identification number
68-0027247

E Telephone number
(707) 825-7640

G Gross receipts $ 29,820,546

F Name and address of principal officer:
TIA OROS PETERS
PO BOX 5248
EUREKA,CA 95502

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.7GENFUND.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1984

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SUPPORT OF INDIGENOUS PEOPLE'S PROGRAMS

2 Check this box ▶[ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	13,965,398	28,110,974
	9	Program service revenue (Part VIII, line 2g)	263,978	1,238,760
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,719	403,669
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,364	57,612
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,263,459	29,811,015
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,989,575	5,579,602
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,166,745	1,477,577
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶579,008		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,666,353	8,159,230
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,822,673	15,216,409
	19	Revenue less expenses. Subtract line 18 from line 12	4,440,786	14,594,606

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	15,636,107	34,104,330
	21	Total liabilities (Part X, line 26)	912,718	1,411,335
	22	Net assets or fund balances. Subtract line 21 from line 20	14,723,389	32,692,995

Part II 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.

Sign Here

▶ Signature of officer — Date 2024-05-15

▶ TIA OROS PETERS CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
		2024-05-15		P00401346

Firm's name ▶ BAKER TILLY US LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 18500 VON KARMAN AVE 10TH FLOOR
IRVINE, CA 92612 — Phone no. (949) 222-2999

May the IRS discuss this return with the preparer shown above? See Instructions. [x] **Yes** [ ] **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

SUPPORT OF INDIGENOUS PEOPLE'S PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,181,791 including grants of $ 2,451,671) (Revenue $ 1,163,760)

COMMUNITY VITALITY: STRENGTHENS INDIGENOUS IDENTITIES BY REVITALIZING AND AMPLIFYING INDIGENOUS WAYS OF LIVING, KNOWING AND BEING; CULTURAL LIFEWAYS, LANGUAGES, ARTS AND CREATIVITY, AND REBUILDING COMMUNITY COHESION, TRADITIONAL FOOD SYSTEMS, AND STRENGTHENING CONNECTIONS.

4b (Code:) (Expenses $ 2,453,040 including grants of $ 893,269) (Revenue $ 75,000)

LAND, WATER, AND CLIMATE: RECOGNIZES AND SUPPORTS INDIGENOUS PEOPLES' TRADITIONAL RELATIONSHIPS, STEWARDSHIP AND RESONSIBILITIES TO LAND, WATER, COMMUNITY, AND SPIRIT. INCLUDES WORK FOR LAND ACQUISITION/LAND BACK AND WATER BACK, AND SACRED SITES PROTECTION, AND AGAINST AQUACIDE AND MEGA INDUSTRIAL EXTRACTION.

4c (Code:) (Expenses $ 1,817,052 including grants of $ 1,118,467) (Revenue $)

THRIVING WOMEN: RECOGNIZES INDIGENOUS WOMEN AND GIRLS' INHERENT STRENGTH AND CAPACITY FOR HEALING, LEADERSHIP, AND REGENERATING POSITIVE FUTURES BY DIRECTLY SUPPORTING WOMEN/GIRL, AND TWO-SPIRIT LED EMPOWERMENT INCLUDING TRAUMA RECOVERY, MMIWG2T RESPONSES, AND BODY SOVEREIGNTY.

(Code:) (Expenses $ 1,169,825 including grants of $ 1,116,195) (Revenue $)

FLICKER FUND: RESPONDS TO ALREADY VULNERABLE AND STRESSED INDIGENOUS COMMUNITIES ON THE FRONTLINES OF CLIMATE CAUSED CRISIS AND EMERGENCIES RANGING FROM FIRES, FLOODS, DROUGHT TO GLOBAL PANDEMIC AND ITS RIPPLING NEGATIVE EFFECTS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 1,169,825 including grants of $ 1,116,195) (Revenue $)

4e **Total program service expenses** ▶ 13,621,708

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	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 Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	165		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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	**2a**	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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 account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	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 gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	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**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**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.**				
a	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:				
a	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 facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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		Yes	
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the 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:				
a	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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	
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?			
a	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, MN, NM, NY, OK

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 ☑ Upon 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 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶TIA OROS PETERS PO BOX 4569 ARCATA, CA 95518 (707) 825-7640

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER PETERS PRESIDENT	40.00	X		X				99,891	0	8,051
(2) EDWARD WEMYTEWA DIRECTOR	2.00	X						40,228	0	0
(3) HELENE GADDIE DIRECTOR	2.00	X						19,460	0	0
(4) DR HENRIETTA MANN CHAIRPERSON	2.00	X		X				11,000	0	0
(5) BRIAN MONONGYE VICE CHAIRPERSON	2.00	X		X				6,000	0	0
(6) DEBORAH SANCHEZ BOARD SECRETARY & TREASURER	2.00	X		X				1,500	0	0
(7) JAKE EDWARDS DIRECTOR	2.00	X						0	0	0
(8) DR LUIS MACAS DIRECTOR	2.00	X						0	0	0
(9) TAWERA NGARONOA TAHURI DIRECTOR	2.00	X						0	0	0
(10) TIA OROS PETERS CHIEF EXECUTIVE OFFICER	40.00			X				93,780	0	15,943
(11) ALICE WOODWORTH CONTROLLER	32.00			X				56,537	0	7,748
(12) JOSEPH MCNEIL PROJECT MANAGER	40.00					X		103,999	0	1,001

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								432,395	0	32,743

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LUIS REYES 2607 HARRISON AVE EUREKA, CA 95501	BUILDING CONSTRUCTION/REPAIR	809,365
SWCA ENVIRONMENTAL CONSULTANTS PO BOX 7217 CAROL STREAM, IL 601977217	CONSULTANT WIND FARM PROJECT	568,520
LIATI GROUP LLC 14 WALL STREET - 20TH FLOOR NEW YORK, NY 10005	CONSULTANT WIND FARM PROJECT	322,065
DENTONS US LLP DEPT 3078 CAROL STREAM, IL 601323078	LEGAL ADVICE WIND FARM PROJECT	196,758
MOON JAGUAR STRATEGIES LLC SAYRA PINTO 923 29TH STREET RICHMOND, CA 94804	PROGRAM DEVELOPMENT SERVICES	133,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,110,974		
	g Noncash contributions included in lines 1a - 1f:$	1g			
	h **Total.** Add lines 1a-1f . . . . . ▶		28,110,974		

Program Service Revenue

	Business Code				
2a COMMUNITY VITALITY	900099	1,163,760	1,163,760		
b L.D.W.P	900099	75,000	75,000		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	1,238,760				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		142,257			142,257
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a Gross rents	6a	60,312					
b Less: rental expenses	6b	9,531					
c Rental income or (loss)	6c	50,781					
d Net rental income or (loss) . . . . . ▶				50,781			50,781

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	260,912	500				
b Less: cost or other basis and sales expenses	7b	0	0				
c Gain or (loss)	7c	260,912	500				
d Net gain or (loss) . . . . . ▶				261,412			261,412

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a	6,831				
b Less: cost of goods sold . .	10b	0				
c Net income or (loss) from sales of inventory . . ▶				6,831		6,831

OtherRevenueMiscAmt

	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . ▶		29,811,015	1,238,760	0	461,281

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

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	4,641,902	4,641,902		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	280,000	280,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	657,700	657,700		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,112	225,146	106,718	82,248
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	871,591	697,273	87,159	87,159
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,026	8,020	1,003	1,003
9 Other employee benefits	71,158	56,926	7,116	7,116
10 Payroll taxes	110,690	88,552	11,069	11,069
11 Fees for services (non-employees):				
a Management				
b Legal	316,804		316,804	
c Accounting	12,856		12,856	
d Lobbying				
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 O)	2,285,162	2,259,584	12,789	12,789
12 Advertising and promotion				
13 Office expenses	152,110	121,688	15,211	15,211
14 Information technology				
15 Royalties				
16 Occupancy	87,412	69,930	8,741	8,741
17 Travel	1,406,382	1,125,106	140,638	140,638
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13		13	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,669	154,669		
23 Insurance	26,465		26,465	
24 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 SUPPLIES	2,130,336	1,704,268	213,034	213,034
b CONVENING/PEER LEARNING	1,317,000	1,317,000		
c EQUIPMENT	224,953	179,962	44,991	
d WIND FARM PROJECT	24,884	24,884		
e All other expenses	20,184	9,098	11,086	
25 **Total functional expenses.** Add lines 1 through 24e	15,216,409	13,621,708	1,015,693	579,008
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,979,050	1	2,162,366
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	6,456,000
	4	Accounts receivable, net		70,000	4	24,233
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,198,635			
	b	Less: accumulated depreciation	10b 157,193	1,236,276	10c	3,041,442
	11	Investments—publicly traded securities		10,790,572	11	20,302,127
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		560,209	15	2,118,162
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		15,636,107	16	34,104,330
Liabilities	17	Accounts payable and accrued expenses		662,718	17	1,411,335
	18	Grants payable		250,000	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		912,718	26	1,411,335
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,638,710	27	25,608,316
	28	Net assets with donor restrictions		7,084,679	28	7,084,679
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		14,723,389	32	32,692,995
	33	Total liabilities and net assets/fund balances		15,636,107	33	34,104,330

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,811,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,216,409
3	Revenue less expenses. Subtract line 2 from line 1	3	14,594,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,723,389
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,375,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	32,692,995

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	4,025,512	8,259,247	11,139,948	13,965,399	28,110,974	65,501,080
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	4,025,512	8,259,247	11,139,948	13,965,399	28,110,974	65,501,080
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						1,113,374
6 **Public support.** Subtract line 5 from line 4.						64,387,706

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	4,025,512	8,259,247	11,139,948	13,965,399	28,110,974	65,501,080
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	32,688	8,221	22,642	33,989	202,569	300,109
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .		6,680	3,762		6,831	17,273
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	9,658	400	12,126			22,184
11 **Total support.** Add lines 7 through 10						65,840,646

12 Gross receipts from related activities, etc. (see instructions) **12** 1,894,506

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, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 97.790 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 89.950 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2021.** 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 . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2021.** 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 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	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 regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

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 tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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 supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. 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 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Name of the organization	**Employer identification number**
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC	68-0027247

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☑ Public exhibition
- **b** ☐ Scholarly research
- **c** ☑ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☑ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,100,618				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,100,618				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶ 0 %
- **c** Term endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,085,928	154,669	2,931,259
c Leasehold improvements				
d Equipment				
e Other		112,707	2,524	110,183
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,041,442

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)DEPOSITS	17,544
(2)BOARD-DESIGNATED RESERVE	2,100,618
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,118,162

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	29,849,128
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	29,082		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	29,082
3	Subtract line **2e** from line **1**			3	29,820,046
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-9,031		
c	Add lines **4a** and **4b**			4c	-9,031
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	29,811,015

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.

1	Total expenses and losses per audited financial statements			1	15,254,522
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	29,082		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	9,031		
e	Add lines **2a** through **2d**			2e	38,113
3	Subtract line **2e** from line **1**			3	15,216,409
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	15,216,409

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 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	Explanation
PART III, LINE 1A:	IN ACCORDANCE WITH THE PROVISIONS OF ASC 958-360-45-3, WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS, COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED DONATIONS NEED NOT BE RECOGNIZED IF THEY ARE ADDED TO COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND ARE SUBJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.
PART III, LINE 4:	COLLECTIONS ARE COMPRISED OF INDIGENOUS WORKS OF ART AND ARTIFACTS, WHICH ARE OF CULTURAL SIGNIFICANCE BUT LIMITED FINANCIAL VALUE.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DISPOSAL OF EQUIPMENT 500. RENTAL EXPENSES -9,531.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DISPOSAL OF EQUIPMENT -500. RENTAL EXPENSES 9,531.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1) SOUTH AMERICA	0	1	PROGRAM SERVICES	TRAVEL	100
(2) EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	TRAVEL, HONORARIUMS	2,200
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	15	PROGRAM SERVICES	POSTAGE, TRAVEL, HONORARIUMS, WORKSHOPS, TRANSLATIONS	118,722
(4) NORTH AMERICA	0	23	PROGRAM SERVICES	POSTAGE, TRAVEL, HONORARIUMS, WORKSHOPS	316,417
(5) EUROPE	0	0	GRANTS		30,000
(6) SOUTH AMERICA	0	0	GRANTS		75,000
(7) NORTH AMERICA	0	0	GRANTS		76,700
(8) EAST ASIA AND THE PACIFIC	0	0	GRANTS		180,000
(9) SUB-SAHARAN AFRICA	0	0	GRANTS		296,000
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	41			799,139
b Total from continuation sheets to Part I . . .	0	0			296,000
c Totals (add lines 3a and 3b)	0	41			1,095,139

Part II **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)		EAST ASIA AND THE PACIFIC	PROVIDING RELIEF FOR NGATI POROU COMMUNITIES AFFECTED BY CYCLONE GABRIELLE.	50,000	WIRE TRANSFER	0		
(2)		EAST ASIA AND THE PACIFIC	PROVIDING EMERGENCY MEDICAL SUPPLIES, CLOTHING AND MEALS TO TE KARAKA COMMUNITY MEMBERS IN THE WAKE OF CYCLONE GABRIELLE.	50,000	WIRE TRANSFER	0		
(3)		SUB-SAHARAN AFRICA	PROVIDING DISASTER SUPPORT AND FOOD RECOVERY FOR INDIGENOUS PEOPLES LIVING IN 9 MALAWI NATIONAL PARKS AFFECTED BY CYCLONE FREDDY.	50,000	WIRE TRANSFER	0		
(4)		SUB-SAHARAN AFRICA	PROMOTING AND ADVOCATING FOR INDIGENOUS WOMEN'S RIGHTS, EMPOWERMENT AND ENVIRONMENTAL CONSERVATION PRACTICES IN INDIGENOUS UGANDAN COMMUNITIES.	40,000	WIRE TRANSFER	0		
(5)		EUROPE	EMPOWERING THE VOICES OF INUIT YOUTH REGARDING THEIR OPPORTUNITIES AND OBSTACLES THEY FACE IN SEEKING MENTAL HEALTH SUPPORT.	30,000	WIRE TRANSFER	0		
(6)		NORTH AMERICA	REBUILDING IN THE NUXALK VILLAGE OF NUSQ'LST, LOCATED IN THE MIDDLE OF NUXALKULMC (BELLA COOLA VALLEY).	30,000	WIRE TRANSFER	0		
(7)		EAST ASIA AND THE PACIFIC	RECONNECTING INDIGENOUS COMMUNITIES WITH TAUNGA (SEA TURTLE) SPECIES.	30,000	WIRE TRANSFER	0		
(8)		EAST ASIA AND THE PACIFIC	CONNECTING COOK ISLANDS YOUTH TO THEIR NATURAL ENVIRONMENT THROUGH SCIENTIFIC AND CULTURE-BASED LEARNING, ADDRESSING THREATS TO CORAL REEF ECOSYSTEMS, OCEAN ECOLOGY AND TARAMEA REMOVAL TECHNIQUES.	30,000	WIRE TRANSFER	0		
(9)		SUB-SAHARAN AFRICA	SUPPORTING MAASAI PASTORALIST COMMUNITIES AFFECTED BY FORCED DISPLACEMENT IN NORTHERN TANZANIA.	30,000	WIRE TRANSFER	0		
(10)		SUB-SAHARAN AFRICA	DISTRIBUTING FOOD, WATER, LIVESTOCK FEED, DRUGS, VACCINES AND COORDINATING INRA-COMMUNITY DIALOGUES TO MEDIATE GRAZING AND DROUGHT RELATED CONFLICTS TO AFFECTED COMMUNITIES IN NORTHERN KENYA.	30,000	WIRE TRANSFER	0		
(11)		SUB-SAHARAN AFRICA	STRENGTHENING AND IMPROVING ETHNOMEDICAL KNOWLDEGE TRANSMISSION AMONG MAASAI AND SAMBURU COMMUNITIES.	30,000	WIRE TRANSFER	0		
(12)		SUB-SAHARAN AFRICA	REINTERGRATING TURUKANA INDIGENOUS	25,000	WIRE TRANSFER	0		

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)
			TEACHINGS, KNOWLEDGE, LANGUAGE, WISDON, CULTURE, SPIRIT AND PRACTICES AMONG YOUTH IN THE COMMUNITY.					
(13)		SUB-SAHARAN AFRICA	DRILLING A BOREHOLE AND INSTALLING A SOLAR PANEL PUMP, PROVIDING CLEAN WATER TO THE OGIEK COMMUNITY.	25,000	WIRE TRANSFER	0		
(14)		NORTH AMERICA	MENTORING KWAKWAKA'WAKW YOUTH, BRINGING BACK INDIGENOUS ART FORMS, AND TRANSFER OF LANGUAGE AND HISTORICAL KNOWLEDGE OF LEGENDS THROUGH ORAL, VISUAL AND ARTISTIC MEANS.	20,000	WIRE TRANSFER	0		
(15)		NORTH AMERICA	DOCUMENTING KNOWLEDGE THROUGH STORIES AND LAND-BASED SKILLS FROM ELDERS AND KNOWLEDGE KEEPERS.	15,000	WIRE TRANSFER	0		
(16)		SOUTH AMERICA	SERVING MY ANDEAN QUECHUA WOMEN AND GIRLS BY PRODUCING PAMPHLETS ON ANDEAN TRADITIONAL HOMEBIRTH/PREGNANCY-CORN-CYCLE AND MOONTIME TRADITIONS.	15,000	WIRE TRANSFER	0		
(17)		SUB-SAHARAN AFRICA	DISTRIBUTING TREATED MOSQUITO NETS TO YORUBA COMMUNITY MEMBERS IN BENIN, COMBATING THE SPREAD OF MALARIA.	13,000	WIRE TRANSFER	0		
(18)		SUB-SAHARAN AFRICA	ADVANCING THE RIGHTS OF INDIGENOUS PEOPLES AT THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES.	13,000	WIRE TRANSFER	0		
(19)		SUB-SAHARAN AFRICA	DISTRIBUTING FOOD, HEALTHCARE KITS FOR WOMEN, HYGIENE PRODUCTS, DIAPERS AND WATER FILTERS TO INDIGENOUS COMMUNITIES IN UGANDA AFFECTED BY FLOODS AND LAND SLIDES.	10,000	WIRE TRANSFER	0		
(20)		SUB-SAHARAN AFRICA	CONSERVING AND MANAGING THE UPSTREAM EWASO NYIRO SOUTH RIVER, IMPROVING THE HEALTH OF THE RIVER, COMMUNITY AND ANIMALS THAT RELY ON IT.	10,000	WIRE TRANSFER	0		
(21)		NORTH AMERICA	HOSTING COMMUNITY MEETINGS AND LEGAL PROTECTION FOR THE XIHUICAL, AHUICA, ACHUPIL AND ALAHUALTITLA PEOPLES SACRED SITES.	7,000	WIRE TRANSFER	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 . . . . . ▶ 21

3 Enter total number of other organizations or entities . . . . . ▶ 0

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 assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) TRADITIONAL HEALING FELLOWSHIP	SOUTH AMERICA	1	60,000	WIRE TRANSFER			
(2) TRADITIONAL HEALING FELLOWSHIP	SUB-SAHARAN AFRICA	1	15,000	WIRE TRANSFER			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	PROGRAM DIRECTOR AND STAFF REQUIRE A REPRESENTATIVE TO SIGN A GRANT AGREEMENT, THEN MONITOR GRANTEES AND REQUIRE SUBMISSION OF SUPPORTING DOCUMENTATION TO VERIFY EXPENDITURES.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFFILIATE WINGS - CENTRO DEL PUEBLO 1890 HAUSER COURT APT 3 ARCATA,CA 95521	92-0411172	501(C)(3)	68,760	0			SUPPORTING CENTRO DEL PUEBLO.
(2) WALKER RIVER PAIUTE TRIBE PO BOX 220 SCHURZ,NV 89427	88-0139307		50,530	0			EMERGENCY FLOODING SUPPORT TO THE WALKER RIVER PAIUTE TRIBAL COMMUNITY.
(3) ALASKA NATIVE BIRTHWORKERS COMMUNITY 4009 KINGSTON DRIVE ANCHORAGE,AK 99504	20-5806345	501(C)(3)	50,000	0			SUPPORTING NATIVE MOTHERS THROUGH BIRTHING, REPRODUCTIVE HEALTH AND PARENTHOOD.
(4) ALASKA NATIVE WOMEN'S RESOURCE CENTER PO BOX 80382 FAIRBANKS,AK 99708	47-4099129	501(C)(3)	50,000	0			PROVIDING TECHINICAL ASSISTANCE AND TRAINING TO ALASKAN NATIVE VILLAGES AGAINST DOMESTIC VIOLENCE, SEXUAL ASSAULT AND TRAUMA.
(5) BLACKFEET STRENGTHENING SUPPORT FOR INDIGENOUS ELDERS PO BOX 819 BROWNING,MT 59417	81-0378943	501(C)(3)	50,000	0			STRENGTHENING SUPPORTS FOR ELDERS IN BLACKFEET COMMUNITIES.
(6) CALIFORNIA INDIAN BASKETWEAVERS ASSOCIATION 428 MAIN STREET WOODLAND,CA 95695	68-0290749	501(C)(3)	50,000	0			PRESERVING, PROMOTING AND PERPETUATING TRADITIONAL BASKETWEAVING THROUGH INTERGENERATIONAL KNOWLEDGE TRANSFER IN CALIFORNIA TRIBES.
(7) CLARKS POINT VILLAGE COUNCIL (VILLAGE OF CLARKS POINT) PO BOX 90 CLARKS POINT,AK 99569	92-0073206		50,000	0			UPGRADING AND REPARING THE CLARKS POINT VILLAGE WATER TREATMENT PLANT, ENSURING THE COMMUNITY HAS RELIABLE CLEAN DRINKING WATER.
(8) COHARIE INTRA-TRIBAL COUNCIL 7531 US HIGHWAY 421 N CLINTON,NC 28328	56-1187928	501(C)(3)	50,000	0			RESTORING THE RIPATIAN HABITAT AND RETURNING THE GRAND COHARIE RIVER TO ITS ORIGINAL LAND STEWARDS.
(9) CROW STRENGTHENING SUPPORT FOR INDIGENOUS ELDERS PO BOX 940 CROW AGENCY,MT 59022	27-0566321	501(C)(3)	50,000	0			STRENGTHENING SUPPORTS FOR ELDERS IN CROW COMMUNITIES.
(10) CULTURAL FIRE MANAGEMENT COUNCIL SITE 10 BOX 13 HOOPA,CA 95546	47-5001679	501(C)(3)	50,000	0			HOSTING CULTURAL BURN TRAININGS WITHIN THE YUROK, KARUK AND HOOPA TRIBES AND EXPANDING THE USE OF TRADITIONAL BURN PRACTICES TO OTHER INDIGENOUS COMMUNITIES.
(11) DAKOTA WICOHAN - WIKOSKA & WICIYENA GIRLS LEADERSHIP PROGRAM PO BOX 2 - 230 WEST 2ND STREET MORTON,MN 56270	42-1552956	501(C)(3)	50,000	0			MENTORING WIKOSKA AND WICIYENA YOUTH TO BECOME FUTURE CULTURE BEARERS.
(12) DUK DUK GOOSE INC PO BOX 23390 BARRIGADA,GU 96921	66-0802731		50,000	0			PROTECT GUAM WATER PROJECT.
(13) EKVN-YEFOLECV PO BOX 148 WEOGUFKA,AL 35183	81-2293314	501(C)(3)	50,000	0			RETURNING MASKOKE TO THEIR ANCESTRAL HOMELANDS, RESTORING LANGUAGE, CULTURAL AND ECOLOGICAL RESTORATION AND EXPANDING AQUACULTURE FOR RE-INTRODUCTION OF ENDANGERED STURGEON.
(14) FAST (FOOD ACCESS AND SUSTAINABILITY TEAM) BLACKFEET PO BOX 2460 BROWNING,MT 59417	81-3755269	501(C)(3)	50,000	0			INCREASING FOOD SECURITY, IMPROVING HEALTHY FOOD ACCESS, PROVIDING NUTRITION EDUCATION FOR BLACKFEET CITIZENS.
(15) HEALING NATIVE HEARTS COALITION PO BOX 81064 FAIRBANKS,AK 99708	81-1313180	501(C)(3)	50,000	0			ADDRESSING DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN ALASKA AND REDUCING HARM INFLICTED ON WOMEN.
(16) HERRING PROTECTORS 308 MONASTERY ST SITKA,AK 99835	92-0096633	501(C)(3)	50,000	0			HOSTING THE FOURTH YAAW KOO.EX, REVITALIZING CULTURAL LIFEWAYS, AND ADDRESSING OPPRESSIVE SYSTEMS AFFECTING THE SITKA COMMUNITY.
(17) IAMLEGACY 501 BALLISTA BLVD BOX ELDER,SD 57719	83-4029546	501(C)(3)	50,000	0			PROVIDING HEALING SPACES FOR INDIVIDUALS WHO HAVE EXPERIENCED TRAUMATIC EVENTS, ABUSE, CRISIS OR HARDSHIP.
(18) IAKIONHNHEHKWEN 50 HERNE FARM ROAD AKWESASNE,NY 13655	84-4634997	501(C)(3)	50,000	0			BRINGING TOGETHER THREE GRASSROOTS COMMUNITY-BASED INITIATIVES CENTERED ON COMMUNITY RESILIENCE, REGENERATION AND SUSTAINABILITY.
(19) INDIGENOUS RESILIENCE DISASTER CASE MANAGEMENT PROGRAM 3731 OAK POINTE RD MONTEGUT,LA 70377	38-3892179	501(C)(3)	50,000	0			DISASTER RELIEF AND MANAGEMENT FOR TRIBES IN SOUTHERN LOUISIANA AFFECTED BY HURRICANE IDA.
(20) KANENHIIO IONKWAIENTHOS - (NOW FORMALLY KNOWN AS) REMATRIATION 102 1/2 CONCORD PLACE SYRACUSE,NY 13210	85-1101586	501(C)(3)	50,000	0			LAUNCHING A DIGITAL MENTORING PLATFORM FOR INDIGENOUS WOMEN.
(21) KAYAANI SISTERS ALASKA PLANT TEACHINGS 87 CHACON STREET KETCHIKAN,AK 99901	92-0064944	501(C)(3)	50,000	0			STRENGTHENING ALASKAN NATIVE COMMUNITIES CONNECTION WITH TRADITIONAL PLANTS, FOODS, LAND, LANGUAGES AND EACH OTHER FOR HEALING.
(22) KUMEYAAY COMMUNITY COLLEGE 910 WILLOW GLEN DRIVE EL CAJON,CA 92019	85-0736479	501(C)(3)	50,000	0			TRAINING AND EDUCATION TO COMMUNITY MEMBERS AND OTHERS THROUGH THE KUMEYAAY PERSPECTIVE, THROUGH LANGUAGE, ETHNOBOTANY AND ETHNOECOLOGY.
(23) KU SNIWLX (LET'S SOAR) PROJECT PO BOX 10271 SPOKANE,WA 99209	27-1126478	501(C)(3)	50,000	0			EXPANDING SALISH LANGUAGE INSTRUCTION TO TWO HIGH SCHOOLS IN SPOKANE.
(24) MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY,MT 59022	27-0566321	501(C)(3)	50,000	0			PROVIDING SUPPORT TO FAMILIES AFFECTED BY THE COVID-19 PANDEMIC, CROW CITIZENS LIVING WITH CHRONIC ILLNESSES EDUCATING THE COMMUNITY ON CANCER AWARENESS AND PREVENTION.
(25) NATIVE DADS NETWORK 1418 20TH STREET SACRAMENTO,CA 95811	46-4821826	501(C)(3)	50,000	0			SERVING NATIVE FAMILIES AND YOUTH IN NORTHERN CALIFORNIA, FACILITATING HEALING THROUGH RECONNECTION WITH TRADITIONAL PRACTICES.
(26) OAYE LUTA OKOLAKICIYE 937 EAST NORTH ST SUITE 401 PINE RIDGE,SD 57701	27-3978390	501(C)(3)	50,000	0			USING TRADITIONAL LAKOTA HEALING PRACTICES TO PROVIDE SOCIAL AND EMOTIONAL SUPPORT AND HEALING.
(27) PIEGAN INSTITUTE PO BOX 890 BROWNING,MT 59417	36-3566677	501(C)(3)	50,000	0			PROVIDING ORAL AND SIGN LANGUAGE INSTRUCTION, TRIBAL PROTOCOLS, AND HISTORY TO BLACKFOOT YOUTH.
(28) SAN XAVIER CO-OP (SXCA) 8100 S OIDAK WOG TUCSON,AZ 85746	38-3909062	501(C)(3)	50,000	0			ADVANCING A LEGACY OF DRY LAND AGRICULTURE, PROVIDING FRESH HEIRLOOM PRODUCE AND EDUCATIONAL OPPORTUNITIES ON THE FOR THE TOHONO O'ODHAM NATION AND SURROUNDING COMMUNITIES.
(29) SOGOREA TE LAND TRUST 2501 HARRISON ST OAKLAND,CA 94612	82-4415931	501(C)(3)	50,000	0			PROVIDING YOUTH PROGRAMS ON CHOCHENYO OHLONE LANDS.
(30) TEXAS TRIBAL BUFFALO PROJECT 2463 FM 1269 WAELDER,TX 789590001	85-3887724	501(C)(3)	50,000	0			PROVIDING QUALITY MEAT AND OTHER BUFFALO PRODUCTS AS WELL AS CULTURAL AND ECOLOGICAL EDUCATIONAL OPPORTUNITIES, STRENGTHENING LOCAL ECONOMIES.
(31) THREE SISTERS COLLECTIVE 427 LA JOYA RD SANTA FE,NM 87501	85-2503070	501(C)(3)	50,000	0			RE-ESTABLISHING PUEBLO AGRARIAN TRADITIONS AND CREATING A SAFE SPACE FOR INTERGENERATIONAL KINSHIP, KNOWLEDGE-SHARING, AND ARTS DEVELOPMENT.
(32) TRIBAL NATIONS CONSERVATION 1140 3RD STREET NE DISTRICT OF COLOMBIA,DC 20002	56-1849598	501(C)(3)	50,000	0			GATHERING TRIBAL CONSERVATION LEADERS TO ENVISION AND INFORM NATIVE-LED CAPACITY-BUILDING AND FUNDING TRIBES, INTER-TRIBAL ORGANIZATIONS AND PROJECTS PROTECTING NATIVE LANDS AND WATERS.
(33) WABANAKI CULTURAL PRESERVATION COALITION (DBA NIBEZUN) PO BOX 387 OLD TOWN,ME 04468	81-2298507	501(C)(3)	50,000	0			ORGANIZING CAMPS AS SPACES FOR HEALING, CELEBRATING CULTURE AS MEDICINE, AND REVITALIZING AND BRINGING FORWARD WABANAKI LANGUAGE AND CULTURE.
(34) WIYOT TRIBE 1000 WIYOT DRIVE LOLETA,CA 95551	94-2714533		50,000	0			THE DUGOUT CANOE PROJECT AT MOURALHERWAQH AND THE DIAGWUTITKHL VILLAGE RESTORATION PROJECT.
(35) YAKUTAT TLINGIT TRIBE PO BOX 418 YAKUTAT,AK 99689	92-0092584	501(C)(3)	50,000	0			FOREST AND FISHERIES PROTECTION IN YAKUTAT HOMELANDS.
(36) YUCHI LANGUAGE PROJECT PO BOX 1204 SAPULPA,OK 74067	45-3975380	501(C)(3)	50,000	0			RESTOREING THE STRENGTH OF THE YUCHI LANGUAGE AND THE CULTURAL HEALTH OF THE PEOPLE.
(37) YUP'IK WOMEN'S COALITION (YWC) PO BOX 207 EMMONAK,AK 99581	26-2639071	501(C)(3)	50,000	0			PROMOTING SAFETY OF YUP'IK WOMEN FROM DOMESTIC, SEXUAL AND DATING VIOLENCE, AND STALKING, SEX TRAFFICKING AND MISSING & MURDERED WOMEN.
(38) TURTLE MOUNTAIN IMPACT PO BOX 423 BELCOURT,ND 58316	04-3282285	501(C)(3)	45,000	0			HOSTING A COMING-OF-AGE CEREMONY FOR GIRLS AND TWO-SPIRIT YOUTH, CENTERING AROUND HEALTHY RELATIONSHIPS, SELF-DEFENSE AND CREATING COMMUNITIES FREE FROM GENDER-BASED VIOLENCE.
(39) UNITING RESILIENCE 1329 EGLIN ST BOX 271 RAPID CITY,SD 57701	84-3023840	501(C)(3)	45,000	0			HOLDING TRIBAL, LGBTQ+ AND TWO SPIRIT LAW EDUCATION WORKSHOPS FOR YOUTH, ADULTS AND ELDERS.
(40) ALEUTIAN PRIBILOF ISLANDS ASSOCIATION 1131 E INTERNATIONAL AIRPORT ROAD ANCHORAGE,AK 99518	92-0073013	501(C)(3)	40,000	0			TRAINING YOUNG ADULTS IN SKILLS AND ART FORMS OF THE UNANGAX PEOPLE WHILE PASSING DOWN KNOWLEDGE AND CUSTOMS TO THE NEXT GENERATION.
(41) ALL NATIONS GATHERING CENTER PO BOX 584 MARTIN,SD 57551	81-4143350	501(C)(3)	40,000	0			USING CULTURAL CUSTOMS, CEREMONIES AND PROTOCOLS TO DEVELOP A HEALTHIER, STRONGER AND WISER LAKOTA WOMEN COMMUNITY.
(42) HEALING WATERS INSTITUTE PO BOX 76 NIXON,NV 89424	88-0425570	501(C)(3)	40,000	0			PROTECTING SURFACE AND GROUND WATER, FISH SPECIES, ADVOCATE, EDUCATE AND CLEANING THE TRUCKEE RIVER WATER SYSTEM.
(43) INDIGENOUS KNOWLEDGE COLLECTIVE 11 W GUTIERREZ 3704 SANTA FE,NM 87506	84-4870893	501(C)(3)	40,000	0			RESTORING TRADITIONAL PUEBLO ARTISAN PRACTICES, SAFEGUARDING CULTURAL HERITAGE THROUGH EDUCATION AND TRAINING.
(44) INDIGENOUS LIFEWAYS 2418 E HWY 66 259 GALLUP,NM 87301	81-0688387	501(C)(3)	40,000	0			INDIGENOUS WOMEN HOLDING LEARNING SESSIONS ON POLICIES AFFECTING THE COMMUNITIES WAY OF LIFE, PROVIDING A SPACE FOR HEALING AND NAVIGATING CURRENT COLONIAL REALITIES.
(45) INTERTRIBAL MEDICINE COLLECTIVE 1628 E STREET LINCOLN,NE 68508	47-0458128	501(C)(3)	40,000	0			PROVIDING URBAN NATIVES WITH TRADITIONAL MEDICINES, EMERGENCY FOOD AND HYGIENE ITEMS.
(46) MAQLAQS PADDLE CLUB 1038 MAIN STREET KLAMATH FALLS,OR 97601	46-0720031	501(C)(3)	40,000	0			YOUTH ENVIORNMENTAL EDUCATION AND RIVER EXPERIENCES IN THE KLAMATH RIVER BASIN.
(47) MASHPEE WAMPANOAG TRIBE LANGUAGE DEPARTMENT 483 GREAT NECK RD SOUTH MASHPEE,MA 02649			40,000	0			SUSTAINABLE WOPANAAK LANGUAGE AND CULTURE RECLAMATION, FULLY INTERGRATING AND REPAIRING CENTURIES OF COLONIAL ASSAULT ON THE COMMUNITY.
(48) NATIVE AMERICAN COMMUNITY BOARD INC PO BOX 572 LAKE ANDES,SD 573560572	46-0392867	501(C)(3)	40,000	0			SERVING AS A FOOD PANTRY, COMMUNITY RADIO STATION, LANGUAGE REVITALIZATION AND WOMEN'S HEALTH EDUCATION RESOURCE CENTER FOR THE YANKTON SIOUX RESERVATION.
(49) NATIVE COAST ACTION NETWORK PO BOX 994 SANTA YNEZ,CA 93460	85-2180360	501(C)(3)	40,000	0			REVITALIZING INDIGENOUS PRACTICES OF ECOSYSTEM MANAGEMENT THROUGH CULTURAL BURNING.
(50) NATIVE CONSERVANCY PO BOX 456 CORDOVA,AK 99574	30-0131766	501(C)(3)	40,000	0			A SUBSISTENCE PROGRAM TO STRENGTHEN NATIVE ELDERS' CONNECTION AND RIGHTS TO SELF DETERMINATION, FOOD SOVEREIGNTY, FOOD SECURITY AND SUPPORT AID TO IMPACTED ALASKAN NATIVE COMMUNITIES.
(51) NIYAKE YUZA YOUTH SERVICES PO BOX 46 MCLAUGHLIN,SD 57642	87-1616759	501(C)(3)	40,000	0			PROVIDING A SAFE ENVIRONMENT FOR LAKOTA YOUTH TO SOCIALIZE, LEARN THE LAKOTA LANGUAGE AND CULTURE AND DIRECTING YOUNG ADULTS IN ACQUIRING BASIC NEEDS AND SERVICES.
(52) OGLALA LAKOTA CHILDREN'S JUSTICE CENTER PO BOX 5014 100 CRAZY HORSE DR PINE RIDGE,SD 57770	91-1810732	501(C)(3)	40,000	0			PROVIDING CULTURALLY-GROUNDED ADVOCACY OF CHILDREN WHO ARE VICTIMS OF VIOLENCE AND INTERGRATING CULTURAL PRACTICES INTO THE CHILD WELFARE SYSTEM OF THE PINE RIDGE RESERVATION.
(53) PAWNEE SEED PRESERVATION SOCIETY 46200 SOUTH 34700 ROAD PAWNEE,OK 74058	87-3365509	501(C)(3)	40,000	0			CAPACITY BUILDING FOR THE PAWNEE COMMUNITY THROUGH RE-INTRODUCTION OF TRADITIONAL, HEALTHY AND SPIRITUAL FOOD AND BUILDING INFRASTRUCTURE TO INCREASE FOOD PRODUCTION AND FOOD SOVERIGNITY.
(54) ROU DALAGARR FOOD SOVEREIGNTY LAB 2327 KAREN COURT ARCATA,CA 95521	27-1230591	501(C)(3)	40,000	0			SUPPORTING CULTURAL RECONNECTION FOR THE WIYOT COMMUNITY AND PROVIDING TRADITIONAL AND LOCALLY GROWN FOOD BOXES TO THE COMMMUNITY, PROMOTING FOOD SOVERIGNITY.
(55) SKOKOMISH YOUTH PROGRAM- SKOKOMISH INDIAN TRIBE 80 N TRIBAL CENTER RD SKOKOMISH,WA 98584	91-0874463		40,000	0			ENHANCING CULTURAL AWARENESS, EDUCATION AND IDENTITY AMONG SKOKOMISH YOUTH.
(56) TAMIEN NATION PO BOX 8053 SAN JOSE,CA 95155	81-1578458		40,000	0			CULTURAL FIRE LAND MANGENMENT IN TAMIEN HOMELANDS.
(57) YUROK CONDOR RESTORATION PROGRAM 190 KLAMATH BOULEVARD KLAMATH,CA 95548	68-0178020		40,000	0			RELEASING 4-6 CONDORS ANUALLY FOR THE NEXT 20 YEARS, RESTORING ECOLOGICAL AND SPIRITUAL IMPORTANTCE IN YUROK TERRITORY A CENTURY OF ABSENCE.
(58) POINTE-AU-CHIEN INDIAN TRIBE 3731 OAK POINTE RD MONTEGUT,LA 70377	72-1460716	501(C)(3)	37,000	0			SUPPORT FOR REPAIRS AND RE-OPENING OF THE POINTE-AU-CHIEN COMMUNITY CENTER BUILDING, TO HOST TRIBAL EVENTS AND GATHERINGS AND SERVING AS A RELIEF AND DISSTRIBUTION HUB AFTER DISASTERS.
(59) FIRST PEOPLES FUND - EMERGING POETS FELLOWSHIP 706 WEST BOULEVARD RAPID CITY,SD 57701	82-0583682	501(C)(3)	35,000	0			STRENGTHENING YOUNG NATIVE POETS BY PROVIDING CREATIVE SPACE TO DEVELOP THEIR CRAFT WHILE BUILDING SKILLS IN FINANCIAL LITERACY AND PROFESSIONAL ARTIST DEVELOPMENT.
(60) MOUNTAINS ALL AROUND PO BOX 1148 BROWNING,MT 59417	84-1962138	501(C)(3)	35,000	0			DEVELOPING ALTERNATIVE ENERGIES IN BLACKFEET TERRITORY.
(61) SEEDS OF HARMONY INC 1 CHAPTER HOUSE RD UNIT 1175 ROUND ROCK,AZ 86547	65-1311168	501(C)(3)	35,000	0			CREATING DEMONSTRATION PROJECTS IN THE NAVAJO NATION TO HIGHLIGHT THE IMPORTANCE OF RAINWATER INFILTRATION AND WATER REUSE.
(62) TWIN CITIES NATIVE LACROSSE 1308 E FRANKLIN AVE STE 203 MINNEAPOLIS,MN 55404	41-1632662	501(C)(3)	35,000	0			HOLDING CEREMONIAL AND SOCIAL LACROSSE GAMES BETWEEN INDIGENOUS GREAT LAKES COMMUNITIES, STRENGTHENING CULTURE AND KINSHIP BETWEEN THEM.
(63) TYPHOON MAWAR RECOVERY - GUAM PO BOX 23390 BARRIGADA,GU 96921	66-0802731		35,000	0			PROVIDING BASIC NEEDS, DEBRIS REMOVAL AND EMERGENCY REMOVAL FOR COMMUNITIES AFFECTED BY TYPHOON MAWAR.
(64) WEST KAUA'I FOOD SYSTEM REVITALIZATION PROJECT PO BOX 181 WAIMEA,HI 96796	47-3180959	501(C)(3)	35,000	0			REVITALIZING THE WEST KAUA'I FOOD SYSTEM BY EXPANDING EXISTING AGRICULTURAL OPERATIONS, INCREASING PRESERVATION, PROCESSING AND MANUFATURING OF LOCAL FOODS.
(65) ASHIWI AWAN MUSEUM & HERITAGE CENTER PO BOX 339 ZUNI,NM 87327	85-0156092		30,000	0			IMPROVING CULTURAL COLLECTIONS AND HELPING THE COMMUNITY TO REFLECT ON THE PAST AND IT'S RELEVANCE ON THE TRIBE'S FUTURE.
(66) COUP (COMMUNITY ORGANIZING FOR UNIFIED POWER) PO BOX 1966 RAPID CITY,SD 57709	82-5006521	501(C)(3)	30,000	0			INTERGENERATIONAL TEACHINGS BETWEEN OCETI SAKOWIN YOUNG WOMEN, GIRLS AND ELDERS, CULTURAL PREPARATION FOR TRADITIONAL WOMANHOOD CEREMONY, TALKING CIRCLE FOR TWO SPIRIT YOUTH AND DECOLONIZATION TRAINING.
(67) INDIGENOUS ALLIANCE WITHOUT BORDERS 225 E 26TH STREET SUITE 3 TUCSON,AZ 85713	52-2094677	501(C)(3)	30,000	0			DISTRIBUTING TRADITIONAL MEDICINES AND REMEDIES TO INDIGENOUS ORGANIZATIONS, ELDERS AND ACTIVISTS.
(68) MIWOK HERITAGE CENTER 901 QUAIL CT IONE,CA 95640	81-1036329	501(C)(3)	30,000	0			EDUCATING MIWOK COMMUNITIES ON THEIR HERITAGE USING ORAL HISTORY DOCUMENTATION, CULTURAL CLASSES, ELDER INTERVIEWS AND LANGUAGE WORKSHOPS.
(69) NURTURING PLANTS PO BOX 2133 SHIPROCK,NM 87420	83-1161098	501(C)(3)	30,000	0			TRAINING COMMUNITY MEMBERS ON HYDROPONIC GARDENING SYSTEMS AND DISTRIBUTING VERTICAL GARDENS.
(70) RAMAPOUGH CULTURE AND LAND FOUNDATION 21 HEMLOCK AVE NEWTON,NJ 07860	82-3698874	501(C)(3)	30,000	0			PROMOTING COMMUNITY SUSTAINABILTY BY SUPPORTING HEALTH AND WELLNESS, CULTURAL EDUCATION, FOOD SOVEREIGNITY AND LOCAL INDIGENOUS KNOWLEDGE.
(71) RED CLOUD RENEWABLE PO BOX 1609 PINE RIDGE,SD 57770	81-1578843	501(C)(3)	30,000	0			EDUCATING COMMUNITY MEMBERS ON RENEWABLE ENERGY AND SUSTAINABLE LIVING PRACTICES.
(72) SAAD K'IDILYE 9135 CANDELARIA RD NE ALBUQUERQUE,NM 87120	88-1729823	501(C)(3)	30,000	0			REVITALIZING THE DIN LANGUAGE.
(73) SEVEN DANCERS COALITION PO BOX 399 AKWESASNE,NY 13655	27-1010636	501(C)(3)	30,000	0			WORKING TO END VIOLENCE AGAINST NATIVE AMERICAN WOMEN AND FAMILIES. RIBBON SKIRT AND MOCCASIN MAKING, BEADING FOR HEALING AND TRADITIONAL MEDICINES.
(74) SING OUR RIVERS RED - SIPI PO BOX 4910 ALBUQUERQUE,NM 87196	20-1735061	501(C)(3)	30,000	0			MISSING AND MURDERED INDIGENOUS WOMEN AND PEOPLE COMMUNITY DISCUSSION, CREATIVE SPACE, SUPPORT AND CONNECTION BUILDING.
(75) TOLANI LAKE ENTERPRISES TOLANI LAKE ENTERPRISES HC 61 BOX 320 WINSLOW,AZ 86047	86-0999543	501(C)(3)	30,000	0			ESTABLISHING NURSERIES TO GROW NATIVE SAPLINGS, THAT WILL SERVE THE NEEDS OF THE COMMUNITIES ALONG THE LITTLE COLORADO RIVER VALLEY AND WATERSHED.
(76) TRIBAL MARINE COLLABORATIVE PO BOX 6353 EUREKA,CA 95501	94-3186347	501(C)(3)	30,000	0			PROMOTING CLEAN WATER, HEALTHY OCEANS AND TRIBAL MANAGEMENT OF CULTURAL MARINE RESOURCES FOR FUTURE GENERATIONS.
(77) WHITESWAN ENVIRONMENTAL 2348 LUMMI VIEW DRIVE BELLINGHAM,WA 98226	82-4293428	501(C)(3)	30,000	0			PRODUCING A CHILDREN'S BOOK SERIES FEATRURING STORIES OF KINSHIP, CULTURAL REVITALIZATION, INDIGENOUS IDENTITIES, KNOWLEDGE SYSTEMS, SACRED RESPONSIBILITIES AND LANGUAGE REVITALIZATION.
(78) EASTERN SHOSHONE CULTURAL CENTER EASTERN SHOSHONE TRIBE PO BOX 1008 FORT WASHAKIE,WY 82514			25,000	0			PROVIDING LANGUAGE AND CULTURAL PROGRAMS AND RESOURCES TO EASTERN SHOSHONE TRIBAL MEMBERS.
(79) HUI ALOHA 'AINA MOMONA 47-540 AHUIMANU RD KANEOHE,HI 96744	27-3930989	501(C)(3)	25,000	0			PROVIDING EDUCATION ON TRADITIONAL HAWAIIAN PREPARATION OF POI, TRAINING, MANPOWER AND EQUIPMENT TO ESTABLISH PAPA KU'I'AI ACCELERATOR AND UPGRADING EXISTING SITE.
(80) MECHOOPDA INDIAN TRIBE OF CHICO RANCHERIA 1920 ALCOTT AVENUE CHICO,CA 95928			25,000	0			MAIDU LANGUAGE REVITALIZATION
(81) THROUGH PISCATAWAY EYES (TPE) 7750 POMFRET LA PLANTA,MD 206465650	86-3915040	501(C)(3)	25,000	0			SUPPORTING THE PISCATAWAY COMMUNITY GARDEN.
(82) CENTRO DEL PUEBLO - MI HERMANA FLOR 1890 HAUSER COURT APT 3 ARCATA,CA 95521	92-0411172	501(C)(3)	20,000	0			CREATING HEALING SPACES FOR INDIGENOUS WOMEN IN WIYOT TERRITORIES.
(83) INDIGENOUS PEOPLES POWER PROJECT 211 SE MADISON ST SUITE 3 PORTLAND,OR 97206	85-0950676	501(C)(3)	20,000	0			ENVIRONMENTAL JUSTICE, CULTURAL LIVELIHOODS AND SELF-DETERMINATION.
(84) NO MORE MISSING AND MURDERED INDIGENOUS WOMEN AND RELATIVES GREAT LAKES 614 HAMMOND AVE APT 12 SUPERIOR,WI 54880	85-0839183	501(C)(3)	20,000	0			CAMPAIGNING AND SUPPORTING SURVIVORS OF TRAFFICKING & MMIWR FAMILIES.
(85) STANDING TOGETHER MINING AFFECTED COMMUNITIES FOR A JUST TRANSITION 220 S 27TH ST BILLINGS,MT 59101	84-1123481	501(C)(3)	19,000	0			GATHERING INDIGENOUS LAND AND WATER PROTECTORS OF MINING AFFECTER COMMUNITIES.
(86) AFFILIATE WINGS - MNI WICONI NAKICIZIN WOUNSPE PO BOX 357 MCLAUGHLIN,SD 57642	85-2531558	501(C)(3)	18,227	0			SUPPORT OF THE MNI WICONI NAKICIZIN WOUNSPE LANGUAGE AND CULTURE SCHOOL.
(87) KALAUOKEKAHULI - KA HANAU EA (THE SOVEREIGN BIRTH) 700 IAO VALLEY RD WAILUKU,HI 96793	84-4711448	501(C)(3)	18,000	0			PROVIDING NATIVE HAWAIIAN WOMEN WITH MIDWIFERY SERVICES THROUGH A HOME BIRTH PROGRAM.
(88) INTERNATIONAL INDIGENOUS RESPONSE TO 2022 EMPRIP TREATIES REPORT PO BOX 2003 RAPID CITY,SD 57709	32-0117272	501(C)(3)	15,000	0			ADVOCATING FOR THE RESOLUTION ON THE BROKEN TREATIES WITH THE OCETI SAKOWIN (SIOUX) PEOPLE.
(89) KARUK LANGUAGE MASTER-APPRENTICE PROJECT PO BOX 2276 MCKINLEYVILLE,CA 95519	72-1584619	501(C)(3)	15,000	0			MASTER-APPRENTICE LANGUAGE PROGRAM, TEACHING AND INSTRUCTING COMMUNITIES AND TEACHERS IN THE KARUK LANGUAGE.
(90) MARINE PROTECTED AREA STATEWIDE FORUMS PO BOX 6353 EUREKA,CA 95501	94-3186347	501(C)(3)	15,000	0			TRAVEL SUPPORT FOR CALIFORNIA NATIVES AND TRIBAL ADVOCATES TO ATTEND HEARINGS AND FORUMS ON THE MANAGEMENT REVIEW OF THE MARINE PROTECTED AREAS.
(91) MISSING MURDERED INDIGENOUS WOMEN PEOPLE AND FAMILIES 903 UNION ST 804 SEATTLE,WA 98101	83-2398323	501(C)(3)	15,000	0			EMPOWERING INDIGENOUS SURVIVORS OF SEX AND LABOUR TRAFFICKING THROUGH CULTURAL HEALING, LEADERSHIP AND COMMUNITY BUILDING.
(92) RISE COALITION 1787 WOLF RIDGE ROAD CLOQUET,MN 55720	41-1673625	501(C)(3)	15,000	0			ENGAGING COMMUNITY MEMBERS TI EDUCATE, ADVOCATE AND INSPIRE USING INDIGENOUS VALUES FOR A CLIMATE-FRIENDLY AND INCLUSIVE FUTURE.
(93) RISE (RESOURCES FOR INDIAN STUDENT EDUCATION INC) PO BOX 1878 709 E 6TH STREET ALTURAS,CA 96101	68-0346409	501(C)(3)	15,000	0			EDUCATING NATIVE YOUTH ON HYDROLOGY AND CONNECTING LOCAL ECOLOGIES IN THE PIT RIVER/MODOC HOMELANDS THROUGH THE NATIVE TRADITIONAL ECOLOGICAL KNOWLEDGE.
(94) YUCHI LANGUAGE PROJECT PO BOX 1204 SAPULPA,OK 74067	45-3975380	501(C)(3)	12,200	0			HOSTING A TRAINING ON LANGUAGE RECOVERY MODELS, ADVANCING THE RIGHTS OF INDIGENOUS PEOPLES AND ATTEND RELATED SIDE EVENTS AT THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES.
(95) ESTABLISHING TOOHBAA OPERATIONS CENTER PO BOX 1708 SHIPROCK,NM 87420	85-0433102	501(C)(3)	12,000	0			PROVIDING HEALTHY PRODUCE TO NAVAJO NATION COMMUNITIES.
(96) BLACK MESA TRUST PO BOX 33 KYKOTSMOVI,AZ 86039	86-0985865	501(C)(3)	10,000	0			PROTECTING SITES ALONG THE LITTLE COLORADO RIVER AND WORKING WITH TRIBAL GOVERNMENTS FOR TRANSITION INTO RENEWABLE ENERGY.
(97) MMIP CENTRAL OKLAHOMA CHAPTER PO BOX 87 TRYON,OK 74875	92-0644137	501(C)(3)	10,000	0			PROVIDING FOOD BASKETS/CARE PACKAGES DURING HOLIDAYS AND HOLDING ANNIVERSARIES FOR MISSING AND MURDERED INDIGENOUS PEOPLES.
(98) THE ZUNI YOUTH ENRICHMENT PROJECT PO BOX 447 ZUNI,NM 87327	26-3259987	501(C)(3)	10,000	0			ENGAGING ZUNI YOUTH ON TRADITIONAL FOOD GROWING AND COOKING, CONNECTING THEM TO ELDERS AND AGRICULTURAL LEADERS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 86

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 12

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) INDIGENOUS HEALING & LEADERSHIP FELLOWSHIP	12	180,000			
(2) ONONDAGA RESEARCH PROJECT	1	50,000			
(3) TRADITION BEARERS FELLOWSHIP	1	50,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	FOR ANY GRANTS MADE BY SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES, WE CONDUCT THE PROPER PRE-GRANT DUE DILIGENCE TO ENSURE THAT THE GRANT RECIPIENT IS TRULY CHARITABLE.

Additional Data

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Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SEVENTH GENERATION FUND
FOR INDIGENOUS PEOPLES INC

Employer identification number
68-0027247

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHRISTOPHER PETERS (PRESIDENT) AND TIA OROS PETERS (CHIEF EXECUTIVE DIRECTOR) ARE MARRIED.
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE FINAL FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF OFFICERS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 2,157,269. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,157,269. ADMINSTRATIVE SERVICES: PROGRAM SERVICE EXPENSES 102,315. MANAGEMENT AND GENERAL EXPENSES 12,789. FUNDRAISING EXPENSES 12,789. TOTAL EXPENSES 127,893.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Additional Data

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