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Form , **990**

SCANNED FEB 1 9 2013

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2011

K ---K

Open to Public Inspection

<u>A</u>	For the 2011 c	alendar year, or tax year beginning $06/01/11$, and ending $05/31/$	12		
	Check if applicable	C Name of organization		D Employe	er identification number
X	Address change	COOK NATIVE AMERICAN MINISTRIES			
\Box	Name change	Doing Business As		86-	0096776
吕	-	Number and street (or P O box if mail is not delivered to street address)	Room/surte	E Telephon	e number
\sqcup	Initial return	1830 WEST UNIVERSITY, SUITE 105		480	-968-9354
	Terminated	City or town, state or country, and ZIP + 4	ł A I		
$\bar{\Box}$	Amended return	TEMPE AZ 85281 URIGIN	ΙΔΙ	G Gross receip	ots \$ 400,004
吕	'	F Name and address of principal officer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O 0103310001p	
Ш	Application pending	SUANNE WARE-DIAZ	H(a) Is this a g	roup return for aff	filiates? Yes X No
		1830 WEST UNIVERSITY, SUITE 105	H(b) Are all aff	ilistes included?	Yes No
		· · · · · · · · · · · · · · · · · · ·		o," attach a list (s	
			-	, andorano (see monderio,
<u></u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
J	Website: W	WW.COOKNAM.ORG	H(c) Group ex		
	Form of organization		Year of formation $ {f 1} $	944	State of legal domicile AZ
P	Part I Su	ımmary			
	1 Bnefly de	scribe the organization's mission or most significant activities			
Ð	SEE	SCHEDULE O			
Ë	-				
Ľ					
Š	2 Check thi	s box Fig. if the organization discontinued its operations or disposed of more than 25%	of its net assets	2	
Activities & Governance	1	of voting members of the governing body (Part VI, line 1a)	or no not about		11
ග්				4	11
ţį		of independent voting members of the governing body (Part VI, line 1b)			
ξ		nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	4
Ac	1	nber of volunteers (estimate if necessary)		6	0
	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
<u>o</u>	8 Contribut	ons and grants (Part VIII, line 1h)		7,645	296,747
Revenue	9 Program	service revenue (Part VIII, line 2g)		4,630	600
Š	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		8,682	77,459
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	9,504	22,887
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61	0,461	397,693
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	6,300
		paid to or for members (Part IX, column (A), line 4)		0	0
	45 Calanaa	other compensation, employee benefits (Part IX, column (A), lines 5–10)	7	1,513	158,686
penses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0
ē	b Total fund	4 = 400			······································
Ä		, , , , , , , , , , , , , , , , , , , ,	25	9,271	213,571
_	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12		0,784	
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), Line 25)			378,557
	19 Revenue	less expenses Subtract line 18 from line 12	Beginning of Cui	9,677	19,136 End of Year
Net Assets or				7,330	1,653,091
3861 3813	20 Total ass	ets (Part X, line 16) State (Part X, line 26) JAN 2 8 2013			
A P	21 Total liab	inities (Fart A, line 20)		6,024	40,066
		s or fund balances Subtract line 21 from line 20	1,63	1,306	1,613,025
	Part II Si	gnature Block OGDEN UT			
		erjury, I declare that I have examined this return, including accompanying schedules and statements		my knowledg	e and belief, it is
tr	ue, correct, and co	mplete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		<u> </u>
Sig	an 🖊 🔻	ignature of officer		Date /	12
He	-	WA I VY	1	1-/6	~/ う
		ypo rpnit pome a title GARY G. MeToxen. Chairm	2N. RO3	01	-DILECTOR
		preparer's riame Preparer's signature	Date	Check	PTIN
Pai	.a	1 1 T			□"
	narer	L. TAIT / W / W		/13 self-empl	
	FIIIISTIA		F	irm's EIN ▶	86-0257194
US	e Only	3838 N CENTRAL AVE STE 1700			COO COO 1015
_	Firm's add		F	hone no	602-230-1040
Ma	y the IRS discus:	s this return with the preparer shown above? (see instructions)			X Yes No
For	Paperwork Re	duction Act Notice, see the separate instructions.			Form 990 (2011)

917.18

Pa	art 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_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			٠,,
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ. —	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			₹.
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.
_	"Yes," complete Schedule D, Part I	6	 	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_		₹.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, 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,"			x
	complete Schedule D, Part IV	9	 	_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	X.	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		-	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	115		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
d	The state of the s	110		-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
6	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
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	ł		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

4

Fe	RELIV Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		l	
	through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		
		24d		
25a			1	77
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	İ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	37
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		1	3 7
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l	i	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		$\frac{x}{x}$
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
- -	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
-	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	T	T	
	19? Note. All Form 990 filers are required to complete Schedule O	38	_X_	
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Pa	et V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			$\perp \perp$
	1.0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			x
_	reportable gaming (gambling) winnings to prize winners?	1c		
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			
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a 4] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ŀ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible?	6a		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		x
_	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) COOK NATIVE AMERICAN MINISTRIES 86-0096776 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 11 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 11 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Ye<u>s</u> No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 ΑZ List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Another's website X Upon request

State the name, physical address, and telephone number of the person who possesses the books and records of the 1830 WEST UNIVERSITY, SUITE 105

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

organization > THE ORGANIZATION

and financial statements available to the public during the tax year

TEMPE

٠,

AZ 85281

480-968-9354

19

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week (describe	bo	x, unle	Pos check ess pe	erson	than cost both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) GARY METOXEN										
CHAIRMAN	30.00	X		X	<u> </u>	<u> </u>		35,250	0	
(2) RONALD LUNDEEN MEMBER	8.00	x						20,650	o	C
(3) ALVIN DEER	0.00	1			\vdash	┢	\vdash	20,030		
TREASURER	1.00	x		x				o	o	C
(4) BETTY WESTON										-
CORP SECRETARY	1.00	X			<u> </u>			0	0	
(5) MICHAEL ALLISON						l :				
MEMBER	1.00	X			_			0	0	
(6) MICHELLE HALE MEMBER	1.00	x						o	o	C
(7) IRVIN PORTER	1.00	┝┸			\vdash	 	<u></u>		<u>_</u>	
VICE CHAIR	1.00	x		x				o	o	C
(8) SUSAN WARE LARSO										
MEMBER	1.00	x						o	o	· с
(9) EVELINE STEELE			·							
MEMBER	1.00	X						0	0	
(10) ROSITA TIPPECONN	IC									
MEMBER	1.00	X						0	0	
(11) SALLIE CUARESMA										
MEMBER	1.00	X		L	<u> </u>		Ш.	0	0	
(12) SUANNE WARE-DIAZ									_	_
EXECUTIVE DIRECTOR	40.00	Щ		X	_	_	<u> </u>	7,212	0	<u></u>
(13)										
(14)										

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, K	ey Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (describe hours for	of	ox, unl ficer a	Pos check ess pe ind a c	rson Irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	·	(F Estimation amout othe ompen	ated nt of er sation	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiz and re organiz	ated	
(15)														
(16)														
(17)	-	-					-				ļ <u> </u>			
(18)							-							
(19)				-										
(20)														
(21)														
(22)		<u> </u>					-							
(23)														
(24)	-												-	
(25)														
1b	Sub-total Total from continuation shee	oto to Dort VIII Si	ti -				'	>	63,112					
с d_	Total (add lines 1b and 1c)	tis to Part VII, S	ecuc	лі A				<u> </u>	63,112					
2	Total number of individuals (increportable compensation from				ose	listed	abo	ve)	who received more than \$10	00,000 in				
3	Did the organization list any for				ustee	. ke	v em	olov	ee, or highest compensated		Γ		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu 1a, is the sum of	le J repo	for so	uch i le co	ndıvi ımpe	dual ensat	ion a	and other compensation fror			3		X
	organization and related organi individual	-							•			4		х
5	Did any person listed on line 1a for services rendered to the org									lividual		5		x
	tion B. Independent Contract													
1	Complete this table for your five compensation from the organize	ation Report con	npen	satio	n for	nder the	t cor cale	ndar	r year ending with or within t	he organization's tax year				
	Name and	(A) business address							Descript	(B) ion of services		Co	(C) mpensat	bon
2	Total number of independent or received more than \$100,000 c		_						listed above) who	0				
DAA													000	

1

	rt V	III Staten	<u>nent of Reve</u>	nue					- 	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S S	12	Federated can	anaigne	1a				revenue		512, 513, or 514
Program Service Revenue Contributions, Gifts, Grants Amounts	ıa L	Membership de	· -	1b			4			
ΩĒ	ם ב	Fundraising ev	•							
fts,	<u>د</u>			1c						
<u>a</u>	a	Related organi		1d						
Sir	е	Government grants		1e						
utic	T	All other contribution and similar amounts				006 747				
ē				1f		296,747				
o d	g		ns included in lines 1a-1	lf	\$		222 - 4-			
<u>5 ē</u>	h	Total. Add line	s 1a–1f				296,747			
nue						Busn. Code				
eve	2a	TUITION	AND STUDENT	FEES			600	600		<u> </u>
ě.	b									
Si	С									<u>-</u>
လိ	d									
Ea	е									
<u>6</u>	f	All other progra	am service reven	ue						
٩	g	Total. Add line				<u> </u>	600			
	3	Investment inc	ome (including d	ividend	ls, interes	t,				
		and other simil	ar amounts)			•	79,770			79,770
	4		vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties				<u> </u>	-			·····
			(ı) Real		(II) F	Personal				
	6a	Gross rents	3,	350		·				
	b	Less rental exps								
	С	Rental inc or (loss)	3,	350						
	_d	Net rental inco	me or (loss)			•	3,350	3,350		
	/a	Gross amount from sales of assets	(i) Securities		(11)	Other				
		other than inventory								
	b	Less cost or other					+			
		basıs & sales exps				2,311				
	С	Gain or (loss)				-2,311				
	d	Net gain or (los	ss)			•	-2,311	-2,311		
a	8a	Gross income fro	om fundraising even	ts						
ž		(not including \$								
ě		of contributions r	eported on line 1c)							
Other Revenue		See Part IV, line	18	а						
Ę	b	Less direct ex	penses	b						
٥	С	Net income or	(loss) from fundr	aising	events	•				
	9a		om gaming activities							
i		See Part IV, line	19	а						
	b	Less: direct ex	penses	ь						
i	С	Net income or	(loss) from gamı	ng acti	vities	>				
	10a	Gross sales of								
		returns and alle	owances	а						
	b	Less cost of g	oods sold	b						
	С	Net income or	(loss) from sales	of inve	entory	▶				
		Mis	cellaneous Revenue			Busn. Code				
	11a	MISCELLAN	EOUS				19,537	19,537		
	b									
	С									
	d	All other reven	ue							
	е	Total. Add line	s 11a-11d			•	19,537			
\Box	12	Total revenue	. See instruction:	s		•	397,693	21,176	0	79,770

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Part IX Statement of Functional Expenses

Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.			Management and	Fundraising
	O t . 1 . 1		expenses	general expenses	expenses
•	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in		,		
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
v	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	6,300	6,300		
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors,				
	trustees, and key employees	63,112	42,462	20,650	
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	83,267	25,172	58,095	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,870	342	5,528	
10	Payroll taxes	6,437	1,409	5,028	
11	Fees for services (non-employees)				
а	Management	11 250		11 250	
b	Legal	11,358		11,358	
C	Accounting	31,179		31,179	
d	, ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,424	674	1,750	
g 42	Other	2,424	0/4	1,750	
12 13	Advertising and promotion Office expenses	50,495	5,373	27,899	17,223
14	Information technology	30,433	3,3,3	21,000	<u> </u>
15	Royalties				
16	Occupancy	22,889		22,889	
17	Travel	1.5.55	-		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,367		8,367	
23	Insurance				
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)	41 615	06 110	15 500	······································
а	TRUSTEE TRAVEL	41,615	26,113	15,502	· · · · · · · · · · · · · · · · · · ·
b	OTHER EXPENSES	15,707	9,907	5,800	
C	EDUCATION PROGRAMS	6,417 5,663	6,417	5,663	
d	INSURANCE	17,457	3,651	13,806	
e 25	All other expenses	378,557	127,820	233,514	17,223
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e 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)	310,331	127,620	233,314	11,223

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Part X **Balance Sheet** (A) (B) Beginning of year End of year 322,127 323,036 Cash—non-interest bearing 194,663 193,671 Sayings and temporary cash investments 66,706 64,339 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,697,228 1,272,307 other basis Complete Part VI of Schedule D 10a 430,276 424,921 10c b Less accumulated depreciation 109,296 115,596 11 11 Investments—publicly traded securities 12 Investments-other securties See Part IV, line 11 12 343,800 336,531 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 230,462 194,997 15 15 Other assets See Part IV, line 11 1,697,330 1,653,091 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 30,771 6,495 17 17 Accounts payable and accrued expenses 18 Grants payable 18 15,271 17,498 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 19,982 16,073 24 24 Unsecured notes and loans payable to unrelated third parties 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 66,024 26 40,066 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 885,167 982,873 27 Unrestricted net assets 399,410 319,985 28 Temporarily restricted net assets 328,448 328,448 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 1,631,306 1,613,025 33 Total net assets or fund balances 33 1,697,330 1,653,091 Total liabilities and net assets/fund balances

Form 990 (2011)

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Form 990 (2011)

orm	990 (2011) COOK NATIVE AMERICAN MINISTRIES 86-0096776			<u>Pa</u>	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response to any question in this Part XI		·		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>693</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>557</u>
3	Revenue less expenses Subtract line 2 from line 1	3	•	19,	<u> 136</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	31,	306
5	Other changes in net assets or fund balances (explain in Schedule O)	5		37,	417
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1,6	13,	025
Рa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	
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	X	
			For	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

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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. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

COOK NATIVE AMERICAN MINISTRIES

Employer identification number 86-0096776

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete t	his pa	rt)See	e instr	uctions	S			
Γhe	orgai	nization is not a	private foundation because	it is (For lines 1 through 11, che	eck only or	ne box)								
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).							
2	\Box	A school desc	cribed in section 170(b)(1)(A	N)(ii). (Attach Schedule E)										
3	Ħ			e organization described in secti	ion 170(b)	(1)(A)(iii)								
4	Ħ	•	•	in conjunction with a hospital de)(A)(iii).	Enter th	ne hospi	tal's name,			
•		city, and state		,			• • • •			•				
5		•		a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın				
Ū	لــا	•	b)(1)(A)(iv). (Complete Part	= -	.,	-, - 3								
6				··· / vernmental unit described in sec	tion 170/	h)(1)(Δ)(v	Λ							
7	X	•		ubstantial part of its support from				n the nei	neral nu	iblic				
'		_	section 170(b)(1)(A)(vi). (Co		ra govern	mental an		ii tiic gei	iorai pa					
۰	\Box			70(b)(1)(A)(vi). (Complete Part II										
8	H	•		• • • • • • • • • • • • • • • • • • • •		ntributions	membe	archin fe	es and	aross				
3	لـــا	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												
		•	·	d unrelated business taxable inco	-					1.0				
		• • •	•	, 1975 See section 509(a)(2). (1 1 tux, 11	om basi	100000					
10			•	xclusively to test for public safety		-	a)/4)							
11	H	9	•	xclusively to test for public safety xclusively for the benefit of, to pe				camy ou	t the					
''	Ш	-	- · · · · · · · · · · · · · · · · · · ·	d organizations described in sec						tion				
				e type of supporting organization										
		a Type		c Type III–Functiona			d		e III–Otl	her				
е	ГΠ		<u> </u>		-									
·	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
		or section 509		and the control passes, supply						(-/(-/				
f			, , , ,	mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a					
•		=	check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,	,,,,,,,,,		•					
g		•		on accepted any gift or contributi	on from ar	nv of the								
9		following per				•								
		• .		ntrols, either alone or together wi	th persons	describe	d in (ii) a	and				Yes	No	
			v, the governing body of the	_							11g(i)			
		٠,	member of a person describe	=							11g(ii)			
			ontrolled entity of a person de								11g(iii	1		
h		• •	ollowing information about th											
	i) Nam	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of		
	•	ganization	, ,	(described on lines 1-9	ın col (i) lı	sted in your		nization in	organizat		supp	ort		
				above or IRC section	governing	document?		of your port?		zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)														
` '					ļ									
(B)														
(C)														
		 _			ļ	<u> </u>								
(D)														
/E\				-		ļ			<u> </u>	\vdash				
(E)					<u>L</u>									
T-4.			E	}	E	Ŧ	1	3	3	Ŧ 1				

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	860,966	505,133	318,334	337,645	296,747	2,318,825
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	860,966	505,133	318,334	337,645	296,747	2,318,825
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,318,825
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	860,966	505,133	318,334	337,645	296,747	2,318,825
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,555	12,255	13,051	249,495	79,770	372,126
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	70,369	29,216	8,897	18,304	19,537	146,323
11	Total support. Add lines 7 through 10						2,837,274
12	Gross receipts from related activities, etc. (see instructions)	<u> </u>			12	23,487
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	n, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here	-					▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ige		•		
14	Public support percentage for 2011 (line 6,	column (f) divided b	y line 11, column (t	())		14	81.73%
15	Public support percentage from 2010 Scheo	dule A, Part II, line 1	4			15	79.72%
16a	33 1/3% support test—2011. If the organiz	zation 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 qualifi	ies as a publicly sup	ported organization	า			► X
b	33 1/3% support test—2010. If the organiz	zation did not check	a box on line 13 oi	16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organization	ation qualifies as a p	ublicly supported o	organization			▶ 🗌
17a	10%-facts-and-circumstances test—201	1. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	s	
	10% or more, and if the organization meets	the "facts-and-circu	mstances" test, ch	eck this box and st	op here . Explain in		
	Part IV how the organization meets the "fac	ts-and-circumstance	es" test. The organ	ization qualifies as a	a publicly supported	I	
	organization						▶ 🗌
b	10%-facts-and-circumstances test—201	0. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and line	е	
	15 is 10% or more, and if the organization in	neets the "facts-and	-cırcumstances" te	st, check this box a	nd stop here.		
	Explain in Part IV how the organization mee	ets the "facts-and-cir	cumstances" test	The organization qu	ualifies as a publicly		_
	supported organization						▶ [_
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check t	his box and see		. —
	instructions						▶ [_]

Page 3

Schedule A (Form 990 or 990-EZ) 2011 COOK NATIVE AMERICAN MINISTRIES

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from						- 1	
500	tion B. Total Support	<u> </u>	<u> </u>	<u> </u>	I	1	1	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	Т	(f) Total
9	Amounts from line 6	(=) ===:	(2) 233	(0, _ 0, _	(-)	(-,		(,
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 in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)				į į			
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)		▶ [
Sec	tion C. Computation of Public Su		tage		··· -			
15	Public support percentage for 2011 (line 8,			(f))			15	%
16	Public support percentage from 2010 Sche		=				16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2011 (lin	ne 10c, column (f)	divided by line 13,	column (f))			17	<u>%</u>
18	Investment income percentage from 2010	Schedule A, Part II	I, line 17			Ĺ	18	%_
19a	33 1/3% support tests—2011. If the organ							
	17 is not more than 33 1/3%, check this bo							▶ [_
b	33 1/3% support tests—2010. If the organ							
00	line 18 is not more than 33 1/3%, check thi							[
20	Private foundation. If the organization did	HOT CHECK a DOX 0	11 line 14, 19a, of 1	DU, CHECK THIS DOX 8	mu see mstruction	 		<u>.</u>

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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

CONFERENCES, PROJECTS & MISC. INCOME \$

146,323

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization 86-0096776 COOK NATIVE AMERICAN MINISTRIES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (duning year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2011

424,921

d Equipmente Other

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

(a) Description	(b) Book value
(1) SPLIT INTEREST AGREEMENTS	190,181
(2) OTHER ASSETS	4,816
(3)	
(4)	
(5)	_
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	194,997

Part X Other Liabilities. See Form 990, Part X, line 25

<u> 1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total	. (Column (b) must equal Form 990, Part X, col (B) line 25)	>

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Sche	dule D (Form 990) 2011 COOK NATIVE AMERICAN MINIST			Page 4
Pa	Reconciliation of Change in Net Assets from Form 990	to Audited Financial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	397,693
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	378,557
3	Excess or (deficit) for the year. Subtract line 2 from line 1		_ 3	19,136
4	Net unrealized gains (losses) on investments		4	-34,038
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	-3,379
9	Total adjustments (net) Add lines 4 through 8		9	-37,417
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	-18,281
Pa	rt XII Reconciliation of Revenue per Audited Financial State		Return	
1	Total revenue, gains, and other support per audited financial statements		1	360,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a -34,0	38	
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d		2d -3,3	79	
	Add lines 2a through 2d		2e	-37,417
3	Subtract line 2e from line 1		3	397,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	397,693
	rt XIII Reconciliation of Expenses per Audited Financial State	ements With Expenses ne	 - 	35.,000
1	Total expenses and losses per audited financial statements	monto vita Exponedo pe	1	378,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			3,0,001
	Donated services and use of facilities	2a		
a		2b		
	Pnor year adjustments	2c 2c		
C	Other losses	2d		
d	,	20	₂₀	
_	Add lines 2a through 2d		2e 3	378,557
3	Subtract line 2e from line 1	f 1		376,337
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	_ 4b	─	
	Add Ines 4a and 4b		4c	270 557
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	378,557
	rt XIV Supplemental Information			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
	/, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 40 Also complete this part to	proviae	
•	dditional information			
P	ART XI, LINE 8 - RECONCILIATION OF CHANGE	S - OTHER		
В	OOK/TAX DIFFERENCE ON DISPOSALS		\$	-3,379

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK/TAX DIFFERENCE ON DISPOSALS

Schedule D (Form 990) 2011

-3,379

Part XIV Supplemental Information (continued)

SCHEDULE F (Form 990)

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. ► See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

OMB No 1545-0047

Inspection

2011 Open to Public

Department of the Treasury Internal Revenue Service

Part I

COOK NATIVE AMERICAN MINISTRIES

Employer identification number 86-0096776

Form 990, Part IV, line 14b. 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 Yes No grants or assistance? 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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region (b) Number of a program service, expenditures for offices in the employees, agents, region (by type) (e g , describe specific type of region and independent fundraising, program services, and investments contractors investments. service(s) in region ın region grants to recipients in region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Page 3

Schedule F (Form 990) 2011 COOK NATIVE AMERICAN MINISTRIES 86-0096776

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

			1				l	ļ]			- 				1			[
(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2011
(g) Description of non-cash assistance		•																	Schedule
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement	CHECK																		
(d) Amount of cash grant	6,300																		
(c) Number of recipients	ER, CANADA																		
(b) Region	VANCOUVER,						i.												
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1) GRANT FOR SCHOLARSHIP		(3)	(4)	(5)	(9)		(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Ç

	art 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Part V Supplement

Supplemental Information

Complete this part to 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).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

COOK NATIVE AMERICAN MINISTRIES

Employer identification number 86-0096776

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

OUR MISSION IS TO EQUIP LEADERS TO BETTER SERVE THEIR CHURCHES AND

COMMUNITITES BOTH IN NATIVE AMERICAN AND NON-NATIVE AMERICAN COMMUNITITES

ACROSS THE COUNTRY THROUGH THE COMMISSION LAY PASTOR (CLP) PROGRAM AND THE

SUMMER AND WINTER SESSIONS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A BOARD MEMBER WILL REVIEW THE RETURN BEFORE AN AUTHORIZED MEMBER SIGNS THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OBTAINING WRITTEN COMPLIANCE STATEMENTS AND PERIODIC REVIEW OF TRANSACTIONS
THAT COULD LEAD TO CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS DETERMINE THE SALARY OF THE TOP OFFICIALS BY REVIEWING JOB DUTIES AND RESPONSIBILTIES AND COMPARING TO INDUSTRY STANDARDS FOR SIMILIAR POSITIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Identifying number

179

	COOK N	ATIVE AMERI	CAN MINIS	TRIES			86	<u>-009</u>	6776
	ss or activity to which this form relates NDIRECT DEPRECIAT	TON							
	et I Election To Expe		ertv Under Se	ction 179			•		
	Note: If you have	•	-		compl	ete Part	I.		
1	Maximum amount (see instruction	· · · · · · · · · · · · · · · · · · ·						1	500,000
2	Total cost of section 179 property	•	instructions)					2	
3	Threshold cost of section 179 pro	perty before reduction	ın lımıtatıon (see in:	structions)				3	2,000,000
4	Reduction in limitation Subtract lii							4	
5	Dollar limitation for tax year Subtract li	ine 4 from line 1. If zero or	less, enter -0- If mar	ned filing separately, s	ee instri	ictions		5	
6	(a) Descripti	on of property		(b) Cost (business use of	nly)	(c)	Elected cost		
						<u> </u>			
7	Listed property. Enter the amount	from line 29			7				<i>r</i>
8	Total elected cost of section 179 p	property Add amounts	ın column (c), lines	6 and 7				8	
9	Tentative deduction Enter the sm	naller of line 5 or line 8						9	
10	Carryover of disallowed deduction	•						10	
11	Business income limitation Enter		*	•	(see in:	structions)		11	
12	Section 179 expense deduction A							12	
13	Carryover of disallowed deduction				13	l			
	: Do not use Part II or Part III belov				-4:		<u></u>		
	art II Special Deprecia					lude liste	a prope) (enty	see instructions)
14	Special depreciation allowance fo		ner than listed prop	erty) piaced in servi	ce				
4-	during the tax year (see instruction	•						15	
15	Property subject to section 168(f)	• •						16	7,615
16	Other depreciation (including ACF MACRS Deprecia		de listed prope	rty) (See instru	ctions	٠ ١		10	7,010
<u> F.6</u>	MACKS Deprecia	ition (bo not more	Sect		CHOIR	o. j			
17	MACRS deductions for assets pla	red in service in tax vi						17	
18	If you are electing to group any assets placed	-	-		ore D		П	: <i> </i>	
		-Assets Placed in Se				eral Depre	eciation S	system	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre- (business/investment only-see instruction	use	(e)	Convention	(f) Met	hod	(g) Depreciation deduction
 19a	3-year property	Service	Orly see instructi	5(13)					
<u>154</u>	5-year property	7							
	7-year property	7							
	10-year property	7					1		
	15-year property	7			T				
f	20-year property	7							
g	25-year property	7 .		25 yrs			S/	L	
h	Residential rental			27 5 yrs		MM	S/	٦	
	property			27 5 yrs		MM	S/	L	
i	Nonresidential real			39 yrs		MM	S/	Ļ	
	property					MM	S/	L	
	Section C—A	Assets Placed in Serv	rice During 2011	Tax Year Using the	Alterr	ative Dep	reciation	System	1
20a	Class life						S/	L	
b	12-year			12 yrs			S/	L	
	40-year			40 yrs		ММ	S/	L	
P	Itt IV Summary (See in	structions.)							
21	Listed property Enter amount from	m line 28						21	
22	Total. Add amounts from line 12,			=	1 Ente	r here			_
	and on the appropriate lines of yo		•					22	7,615
23	For assets shown above and place	-	e current year, ente	er the					
	portion of the basis attributable to	section 263A costs			23	l			

00	\sim	\sim	776
nn-	1 11 1	чn.	/ /n

Federal Statements

Taxable Dividends from Securities

Desc	rip	tio	n
DC30	ייף	CIO	, ,

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

14

DIVIDENDS AND INTEREST

\$ 79,770

TOTAL \$ 79,770

- 4	-	in the
	\$ 600 3,350 \$ 23,487	
Federal Statements	Description	
86-0096776	TUITION AND STUDENT FEES MISCELLANEOUS RENTAL OF LAND TOTAL	

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service |X| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions print X 86-0096776 COOK NATIVE AMERICAN MINISTRIES Fife by the due date for Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions filing your 1830 WEST UNIVERSITY, SUITE 105 return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions TEMPE AZ 85281 01 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return Application Is For Code Is For Code Form 990 Form 990-T (corporation) 07 01 Form 1041-A 80 Form 990-BL 02 Form 990-EZ 01 Form 4720 09 Form 5227 10 Form 990-PF 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 THE ORGANIZATION 1830 WEST UNIVERSITY, SUITE 105 AZ 85281 The books are in the care of ▶ TEMPE Telephone No ▶ 480-968-9354 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15/13, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year ____ or \blacktriangleright X tax year beginning 06/01/11, and ending 05/31/12If the tax year entered in line 1 is for less than 12 months, check reason. | Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

EFTPS (Electronic Federal Tax Payment System) See instructions

estimated tax payments made. Include any prior year overpayment allowed as a credit

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

3b | \$