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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.

2015 Open to Public

Form 990 (2015)

OMB No 1545-0047

Department of the Treasun Internal Revenue Service Inspection Information about Form 990 and its instructions is at www irs.gov/form990. For the 2015 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable COOK NATIVE AMERICAN MINISTRIES Address change Doing business as 86-0096776 Name change Number and street (or P.O. box if mail is not delivered to street address) 480-968-9354 1414 WEST BROADWAY, STE 122 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated TEMPE AZ 85282-1118 394,397 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending GARY METOXEN 1830 W. UNIVERSITY DR. SUITE 105 H(b) Are all subordinates included? If "No," attach a list (see instructions) 85281 AZ**X** 501(c)(3) 501(c) (insert no) 4947(a)(1) or Tax-exempt status WWW.COOKNAM.ORG Website: H(c) Group exemption number Year of formation 1944 X Corporation Trust Other > M State of legal domicile ΑZ Form of organization Association Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O 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) 10 10 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 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** B 768 318,348 Revanue 8 Contributions and grants (Part VIII, line 1h) 264 1,519 5,843 9 Program service revenue (Part VIII, line 2g) 8,570,109 57,907 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,393 16,623 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,844,113 394,397 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,000 23,375 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 191*.*807 158,716 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21...099 264,016 202,841 17 Other expenses (Part IX, column (A), lines 11a-11d, 11524e) EIVED 18 Total expenses Add lines 13-17 (must equal Part IX, column-(A),-line-25) 462,823 384,932 S 8,381,290 9,465 19 Revenue less expenses Subtract line 18 from line 12 NOV I & ZOIG Beginning of Current Year 88-End of Year 9,971,896 9,777,959 20 Total assets (Part X, line 16) 25,446 14,051 21 Total liabilities (Part X, line 26) 9,946,450 9,763,908 22 Net assets or fund balances Subtract line 21 from line 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 CHAIRPERSON Here Type o print name and title Date Print/Type preparer's name Preparer's signature Paid self-employed STEVEN L. STEVEN L. TAIT 11/10/16 P00017643 Preparer WALKER & ARMSTRONG, 86-0257194 Firm's EIN **Use Only** 3838 N CENTRAL AVE STE 1700 PHOENIX, AZ 85012-1994 602-230-1040 Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

			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	х	
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)			 -
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
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			l
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	'	x
0	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	X	ļ
1	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	1 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			l
	complete Schedule D, Part VI	11a	X	
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	116		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	ŀ
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		$_{\mathbf{x}}$
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	1 <u>2</u> a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	i	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		į	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1 1	}	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.5
	If "Yes," complete Schedule G, Part III	19	000	X
		Forr	n 990	(2015)

Part IV . Checklist of Required Schedules (continued)

			Yes	NC
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Γ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\sqcap
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	l
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	L _ I	X
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			ĺ
	employees? If "Yes," complete Schedule J	23		X
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		X
þ	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		ŕ
	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	(/ / / / / / · / / · / · · / · · · · ·			i
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1 1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	[]		ı
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	, ,	[[
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ļ	
	disqualified persons? 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,	1 1	ı	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		l	•-
00	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)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	201	1	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	"		_==
	Part I	31		X
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		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	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	1 1	j	
	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	1	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	_
	Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and]]]	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X 990	

ra	Check if School Quantains a response or note to any line in this Bart V			
	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		163	110
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			
	reportable gaming (gambling) winnings to prize winners?	1c		X
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1		1
	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 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		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		┝┻
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		├
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00		
-	gifts were not tax deductible?	6ь		}
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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?	7 <u>g</u>		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. Did a donor advised fund maintained by the			1
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter	9b		
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			
11	Section 501(c)(12) organizations. Enter			ļ
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			1
	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		Ĺ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			İ
	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? [6 Vec heart filed a Form 720 to report these payments? If No provide an explanation in Schodule O	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2015)

F*#	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	-	•			าร	
	Check if Schedule O contains a response or note to any line in this Part VI					X	
<u>Sec</u>	tion 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	<u>1a</u>	10	. ∤			
	If there are material differences in voting rights among members of the governing body, or	İ		'			
	if the governing body delegated broad authority to an executive committee or similar	l					
	committee, explain in Schedule O	1] '			
р	Enter the number of voting members included in line 1a, above, who are independent	1b	10	-}			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		77	
_	any other officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					7.2	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7		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	
L	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a	<u> </u>		
b	stockholders, or persons other than the governing body?			7b	'	X	
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	or by t	ho following	- '0			
8	The governing body?	ai by t	ne following	8a	х		
a b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			"			
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal R	evenue Co	de)			
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in 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	X		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	inflicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13		<u>x</u>	
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	_X_		
b	Other officers or key employees of the organization			15b		X	
	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					77	
	with a taxable entity during the year?			16a		X	
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?			165			
Sec	tion C. Disclosure			16b			
17	List the states with which a copy of this Form 990 is required to be filed AZ						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5)1(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 Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	icy, 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 reco	rds 🕨					
T	HE ORGANIZATION 1830 WEST UNIVERSITY, SUITE 105						
T	EMPE AZ 852	31	480	-96	8-9	354	

DAA

Form 990 (2015)

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 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

Check this box if neither the orga		y rela	ted			tion c	om			
(A) Name and Title	(B) Average hours per week (list any	box	Position do not check more than one ox, unless person is both an ifficer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) GARY METOXEN										
	1.00	١.		l i					_	
CHAIRPERSON	0.00	X		X	<u> </u>	 		6,950	0	0
(2) MICHELLE HALE	1 00									
WICE CUATRREDCON	1.00 0.00	x		x				825	o	_
VICE CHAIRPERSON (3) MICHAEL ALLISON	0.00	^	\vdash	^	-	\vdash		625		0
(3)MICHAEL ALLISON	1.00	ļ				l ,				
TREASURER	0.00	x		x				675	o	o
(4) BETTY WESTON										<u>~</u>
, ,	1.00	l				l				
CORP SECRETARY	_0.00_	x		X				525	0	0
(5) ROSITA TIPPECON										
	1.00	ĺ								
MEMBER	0.00	X			_	↓		300	0	0
(6) GARY LONG	1 00	1		1						
	1.00							205	_	
MEMBER (7) EVELINE STEELE	0.00	X	_		_			225	0	0
(/)EVELINE STEELE	1.00	1		l	ŀ					
MEMBER	0.00	x						150	o	o
(8) SALLIE CUARESMA	0.00	1		<u> </u>	-	-	_		_	
(0,000000	1.00	1	1		1					
MEMBER	0.00	x						150	o	0
(9) RANDEL BOHANON										
	1.00	1					,]	
DIRECTOR	0.00	X			_			75	0	0
(10) ISAAC CURLEY]]	1			
	40.00				}				_	_
EXECUTIVE DIRECTOR	0.00	┼	<u> </u>	X	 	├	L_	64,541	0	0
(11)										
	}									
	L		L	l		L		<u> </u>		l

Form 990 (2015)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

DAA

,		Check if Schedule	O con	tains a r	esponse oi	note to any line i	n this Part VIII		П
********						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated campaigns	1a	***************************************				······································	012:014
퉏	b	Membership dues	1b						
ÖĘ	c	Fundraising events	1c						
	4	Related organizations	10						
9	u	=	1e						
Sign Sign	•	Government grants (contributions)	<u> e </u>						
출험	٠	All other contributions, gifts, grants, and similar amounts not included above	ا مد ا	-	318,348				
물리			1f		310,340				
52	9	Noncash contributions included in lines 1a	-17 3	\$	_	318,348			
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue Amounts	_ <u>n</u>	Total. Add lines 1a-1f		—-т	Dura Out	310,340			
ᇙ	-			}	Busn Code	1,519	1,519		
اچ	2a					1,319			
9	b			}					
چَ	C								_
Š	a	d		ŀ	+				<u> </u>
Jran	e	All share seems conversely		}					<u> </u>
ĕ	T	All other program service reve	nue	L		1,519	<u>.</u>		<u></u>
_				do intoros		1,319			
	3	Investment income (including	aividei	ius, interes	٠٠, <u> </u>	57,907	1		F7 007
		and other similar amounts)		nt band ne		37,907			57,907
	4	Income from investment of tax	(-exem	pt bona pr	oceeds				
	5	Royalties		/w De					
		(i) Real		(11) P6	ersonal				
	6a	Gross rents	-						
	b	Less rental exps					İ		
		Rental inc or (loss)				1			
	d 7a				211.00				
		sales of assets		(11)	Jinei				
		other than inventory							
	D	Less cost or other			1				
		basis & sales exps	_			1			
		Gain or (loss)		<u> </u>		1		;	
	d	Net gain or (loss)							
e n	ва	Gross income from fundraising eve	ents		Į.				
/en		(not including \$,						
Re.		of contributions reported on line 1c							
Other Revenu		See Part IV, line 18	a						
ö		Less direct expenses	þ						
		Net income or (loss) from fund		events	-				
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	þ	4					
		Net income or (loss) from gan	- 1	tivities					
	ηυa	Gross sales of inventory, less							
	_	returns and allowances	a			1	l		
		Less cost of goods sold	þ			1		:	
	_ <u>c</u>	Net income or (loss) from sale	es of in	ventory	_				
	44	Miscellaneous Revenue			Busn Code	16 (00)	16 600		
	11a	MISCELLANEOUS		ŀ		16,623	16,623		
	b			}	 +				 -
	C	All atheres in the		}					 _
	d	All other revenue		ι		16 603			
	e	Total Add lines 11a-11d			.	16,623 394,397	10 140	0	E7 005
	12_	Total revenue. See instruction	ris		<u> </u>	394,397	18,142		57,907

Part IX Statement of Functional Expenses

Secu	Check if Schedule O contains a response			nete column (A)	
	ot include amounts reported on lines 6b, b, 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	23,375	23,375		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,416	7,312	61,282	5,822
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		Ì		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	70,671	8,009	56,283	6,379
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,154		9,154	
10	Payroll taxes	4,475		4,475	
11	Fees for services (non-employees)	l			
a	Management	52,221		43,475	0.746
b	Legal	52,221		43,4/5	8,746
C	Accounting				
d	Lobbying Professional fundraising services See Part IV, line 17				
e	Investment management fees				
' ~					
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		-		
13	Office expenses	4,696	100	4,596	
14	Information technology				
15	Royalties				
16	Occupancy	21,914		21,914	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	75		75	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,778		5,778	
23	Insurance	848		848	
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)	45 406		45 406	
а	INVESTMENT/ENDOWMENT	45,406	10 000	45,406	
b	GRANTS FUNDED	18,000 14,446	18,000	12 244	
C	BOARD OF TRUSTEES EXPENSE	13,075	2,202	12,244	
d	TELEPHONE & UTILITIES	26,382	10,778	13,075 15,452	152
2E	All other expenses	384,932	69,776	294,057	21,099
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	304,332	03,110		21,099
20	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)	<u></u>			
DAA					Form 990 (2015)

Form 990 (2015)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 436,623 491,193 Cash-non-interest bearing 565,663 129,753 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other 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) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or <u>47,365</u> 10a other basis Complete Part VI of Schedule D 37,354 10b 8,403 10c 10,011 b Less accumulated depreciation 188,540 11 208,555 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 8,554,745 8,731,768 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 217,922 206,679 15 Other assets See Part IV, line 11 9,971,896 9,777,959 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 12,245 4,450 Accounts payable and accrued expenses 17 17 18 18 Grants payable 9,600 9,601 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 3,601 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 25,446 14,051 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 9,060,846 416,725 8,956,366 27 Unrestricted net assets 338,663 28 28 Temporarily restricted net assets 468,879 468,879 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 9,946,450 9,763,908 33 Total net assets or fund balances 9,971,896 9,777,959 Total liabilities and net assets/fund balances

orm	990 (2015) COOK NATIVE AMERICAN MINISTRIES 86-0096776			Pa	ge 12
Pa	rt XI . Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	$\Box\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			397
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	34,	932
3	Revenue less expenses Subtract line 2 from line 1	3		9,	465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,9	46,	450
5	Net unrealized gains (losses) on investments	5	-1	92,	007
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	9,7	63,	<u>908</u>
Pa	rt 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 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	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				ĺ
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		:		
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		3h		l

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COOK NATIVE AMERICAN MINISTRIES

Employer identification number 86-0096776

			COOK NATIVE	MUNICAN MINISI	<u>CTRO</u>			0770			
P	ert i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instructio	ns			
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, c	heck only	one box)				
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	I)(A)(i).				
2		A school des	cribed in section 170(b)(1) (A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ))					
3		A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	b)(1)(A)(iii).				
4		A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital'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	X	An organizati	on that normally receives a	substantial part of its support fro	m a gove	rnmental	unit or from the general public	;			
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II)	_						
8				70(b)(1)(A)(vi). (Complete Part	H)						
9	П			I) more than 33 1/3% of its supp		contributi	ons, membership fees, and gro	oss			
		=		npt functions—subject to certain			- · · · · · · · · · · · · · · · · · · ·				
		support from	gross investment income ar	nd unrelated business taxable in	come (les	s section	511 tax) from businesses				
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Comple	te Part III)				
10		An organizati	on organized and operated	exclusively to test for public safe	ety Sees	ection 50	09(a)(4).				
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	e functio	ns of, or to carry out the purpo	ses of			
		one or more	publicly supported organizat	ions described in section 509(a)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check			
		the box in line	es 11a through 11d that des	cribes the type of supporting org	janization	and com	plete lines 11e, 11f, and 11g				
а	\Box	Type I. A sup	porting organization operate	ed, supervised, or controlled by	its suppor	ted orgai	nization(s), typically by giving				
		the supported	d organization(s) the power t	o regularly appoint or elect a ma	ajority of t	he directi	ors or trustees of the supportin	g			
		organization	You must complete Part I'	V, Sections A and B.							
b		Type II. A su	pporting organization superv	rised or controlled in connection	with its s	upported	organization(s), by having				
		control or ma	nagement of the supporting	organization vested in the same	e persons	that conf	rol or manage the supported				
		organization(s) You must complete Par	t IV, Sections A and C.							
С		Type III fund	tionally integrated. A supp	orting organization operated in o	connectio	n with, an	d functionally integrated with,				
		its supported	organization(s) (see instruc	tions) You must complete Par	t IV, Sect	ions A, I), and E.				
d		Type III non-	functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)				
		that is not fur	nctionally integrated. The org	ganization generally must satisfy	a distribi	ution requ	irement and an attentiveness				
		requirement ((see instructions) You mus	t complete Part IV, Sections A	and D, a	nd Part	v .				
е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a 1	Гуре I, Туре II, Туре III				
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organızatı	on					
f	Ent	er the number	r of supported organizations								
g	Pro	vide the follov	ving information about the si	ipported organization(s)							
(e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the c	•	(v) Amount of monetary	(vi) Amount of			
	org	janization		(described on lines 1–9 above (see instructions))	listed in you	ir governing nent?	support (see instructions)	other support (see			
				above (see mandenors))			man denoma)	instructions)			
_					Yes	No					
(A)											
					.						
(B)											
					<u> </u>						
(C)			}		1						
			 		 						
(D)			ļ					1			
					 						
(E)											
_		···									
Tota	ıl										

Page 2

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	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	296,747	477,414	72,881	264,768	318,348	1,430,158
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	296,747	477,414	72,881	264,768	318,348	1,430,158
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						1,430,158
	tion B. Total Support				 ,		
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	296,747	477,414	72,881	264,768	318,348	1,430,158
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,770	80,489	69,873	492,683	57,907	780,722
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	19,537	7,692	378	3,393	16,623	47,623
11	Total support. Add lines 7 through 10			·			2,258,503
12	Gross receipts from related activities, etc	•				12	18,142
13	First five years. If the Form 990 is for the	•	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
500	organization, check this box and stop her tion C. Computation of Public Su		tago				
		· · · · · · · · · · · · · · · · · ·		- (5)	 _		
14	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch		=	n (t))		14	63.32 % 58.66 %
15	33 1/3% support test—2015. If the organ			13 and line 14 is 1	33 1/3% or more o		38.6676
iva	box and stop here . The organization qual			•	55 17570 OI MOIE, C	illeck tills	► X
b	33 1/3% support test—2014. If the organ		• • •		15 is 33 1/3% or me	ore	
_	check this box and stop here. The organi					,	▶ □
17a	10%-facts-and-circumstances test—201	•		_	Sa. or 16b. and line	: 14 is	- 🗀
	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa				-		▶ □
b	10%-facts-and-circumstances test—201	4. If the organizati	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here.		
	Explain in Part VI how the organization me supported organization	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a pu	ublicly	▶ □
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	٠ 🖵
-	instructions						▶ 🗌

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

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 line 6)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			 		ļ	
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			ļ			
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 VI)	1					
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her		A - : -				
	tion C. Computation of Public Su			(0)		145	
15 46	Public support percentage for 2015 (line 8		- ·	nn (t))		15	%
16 Sec	Public support percentage from 2014 Scherion D. Computation of Investme					1 10 1	%_
17	Investment income percentage for 2015 (I			3 column (fl)		17	%
18	Investment income percentage from 2014		•	o, column (1))		18	%
19a	33 1/3% support tests—2015. If the orga			e 14, and line 15 is	s more than 33 1/3		
	17 is not more than 33 1/3%, check this b						▶ 🗌
b	33 1/3% support tests—2014. If the orga	inization did not ch	neck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the			· · · · · · · · · · · · · · · · · · ·		=	▶ 🔲
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this be	ox and see instruc	tions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete	ete Part V)		
Sect	on 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 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	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) 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		
С	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 11a or 11b in Part I, answer (b) and (c) below	4a	ĺ	
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	1	
С	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 (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ĺ		
	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	i	
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	j		
	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	j j		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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			
	ın section 509(a)(1) or (2))? if "Yes," provide detail in Part VI.	9a	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u>l</u>	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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	1 1		

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

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

		096776		Page 5
Pai	t IV . Supporting Organizations (continued)		V	
11	'Has the organization accepted a gift or contribution from any of the following persons?	[-	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			L
			Yes	No
1	Did the 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	r		
	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		į	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Sect	ion 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	1.1		
Sact	the supported organization(s) ion D. All Type III Supporting Organizations		-	
0000	ion D. An Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
	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 (2), 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		
Sect	ion 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 ins	tructions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		
•	Activities Test Applyor (a) and (b) holow	۲	V 1	
	Activities Test. Answer (a) and (b) below.		Yes	No
а		1 1	1	
	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	ا ء ا	l	
b		2a		
	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	1 1		
	activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.	20		······································
э a			1	
-	trustees of each of the supported organizations? Provide details in Part VI .	3a	ł	
ь		34		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	j	
 DAA		lle A (Form 990 o	r 990-F	Z) 2015

emergency temporary reduction (see instructions)

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

2

3

Schedule A (Form 990 or 990-EZ) 2015

Enter 85% of line 1

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

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2015 COOK NATIVE AMERIC			5776 Page 7
Parl		Supporting Organiza	tions (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity		.	
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations	 	ļ
<u>4</u>	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	ļ		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
<u>b</u>				
<u>C</u>				
	From 2013			
	From 2014			
_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
<u> i </u>	Carryover from 2010 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	<u>D, line 7</u>			
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2015 distributable amount	·		
<u>_</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	 		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c	<u> </u>		
8	Breakdown of line 7			
<u>a</u>	i		· · · · · · · · · · · · · · · · · · ·	
b				
	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	<u> </u>
a	Excess from 2014	L		l

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

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)

PART II, LINE 10 - OTHER INCOME DETAIL

CONFERENCES, PROJECTS & MISC. INCOME \$

47,623

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015
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Name of the organization Employer identification number COOK NATIVE AMERICAN MINISTRIES 86-0096776 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 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 tax year 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 violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(II)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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 XIII, 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) Revenue included on 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 a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2015 COOK NAT	IVE AMERICAN	<u>MINISTRIE</u>	S 86-	0096776	Page 2
Pa	rt 班 Organizations Maintaini	ng Collections of A	rt, Historical Tre	easures, or Otl	ner Similar Asset	s (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other records,	check any of the follo	wing that are a sig	nificant use of its	
а	Public exhibition	d 🗌 Lo	oan or exchange prog	rams		
b	Scholarly research		ther			
С	Preservation for future generations					
4	Provide a description of the organization's XIII	collections and explain h	now they further the o	rganızatıon's exem	ot purpose in Part	
5	During the year, did the organization solici	t or receive donations of	art, historical treasure	es, or other similar		
	assets to be sold to raise funds rather than					Yes No
Pa	rt IV Escrow and Custodial A				-	
	Complete if the organization 990, Part X, line 21	on answered "Yes" o	on Form 990, Par	t IV, line 9, or re	eported an amoun	t on Form
1a	Is the organization an agent, trustee, custo	odian or other intermedia	ry for contributions or	other assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	wing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or custo	odial account liabilit	y [?]	Yes No
b	If "Yes," explain the arrangement in Part X	III Check here if the exp	lanation has been pro	ovided on Part XIII		
Pa	rt V Endowment Funds.					
	Complete if the organization	<u>on answered "Yes" o</u>	on Form 990, Par	t 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	587,216	577,071	559,72		
b	Contributions				154,20	00
С	Net investment earnings, gains, and		j			
	losses	-55,241	32,122	21,45	39,08	-26
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	9,239	21,977	4,11	.1 8,30	6,98
	Administrative expenses					
g	End of year balance	522,734	587,216	577,07	1 559,72	26 374,74
2	Provide the estimated percentage of the c	•	(line 1g, column (a)) h	neld as		
	Board designated or quasi-endowment	%				
	Permanent endowment ► 89.70 %					
С		10.30 %				
_	The percentages on lines 2a, 2b, and 2c s					
3a	Are there endowment funds not in the pos	session of the organization	on that are held and a	administered for the	•	
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organ	· · · · · · · · · · · · · · · · · · ·				3b
4	Describe in Part XIII the intended uses of		ment funds			
#*a	et VI Land, Buildings, and Eq		F 000 B	407 1 44- 0	F 000 D	. V. I 40
	Complete if the organizati					
	Description of property	(a) Cost or other bas	1 ''		c) Accumulated	(d) Book value
- -		(investment)	(othe	''	depreciation	
	Land		- 			
	Buildings		- 			
	Leasehold improvements		 	17 365	27 254	10 01
	Equipment			17,365	37,354	10,011
	Other	A a must Form: 000 P. 13	(nalumn (D) 1 = 15			40.04
ıota	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Part)	k, column (B), line 10	c)		10,01

Part VII .	Investments—Other Securities. Complete if the organization answered "Yes" or	n 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 o	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		<u> </u>	
	n (b) must equal Form 990, Part X, col_(B) line 12)▶		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related.		
Latt Ath		n Form 000 Bort IV line	11a Coo Form 000 Bort V line 12
	Complete if the organization answered "Yes" o		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) PROGE	RAM RELATED INVESTMENTS	8,731,768	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13)	8,731,768	······································
Part IX	Other Assets. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organiz	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" of line 25.	n Form 990, Part IV, line	11e or 11f See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes	<u> </u>	
(2)	moonia taxos		
		 	
(3)		 	
(4)		 	
(5)			
(6)		 	
			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25) ▶		
=	uncertain tax positions. In Part XIII, provide the text of the f		· · · · · · · · · · · · · · · · · · ·
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the fo	otnote has been provided in Part XIII
DAA			Schedule D (Form 990) 2015

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

5

Part XIII . Supplemental Information (continued)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

COOK NATIVE AMERICAN MINISTRIES

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No 1545-0047

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Employer identification number

86-0096776

% ⋉ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance ☐ Yes non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 5,625 5,250 7,500 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable APPL'D FOR OK 73189-0127 73-1547147 73-1010390 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? 2) INDIGENOUS THEOLOGICAL TRAINING INS 3) UNITED NATIONAL INDIAN TRIBE YOUTH AZ 85003 AZ 85201 (1) EPISCOPAL DIOCESE OF ARIZONA (a) Name and address of organization 1 N MACDONALD DR, STE 312 or government 114 W ROOSEVELT ST PO BOX 890127 OKLAHOMA CITY PHOENIX Part I Part III MESA **₹** (2) 9 3 8 6 Schedule I (Form 990) (2015)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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 Schedule | (Form 990) (2015) COOK NATIVE AMERICAN MINISTRIES Part | Grants and Other Assistance to Domoctic Individuals Commission

	י מיניוון סמון פל מקטוסמוכע וו מעעונטוומו אסמכל וא וופכעכע	dial space is liceded				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
₹-						
2						
ო						
4						
2						
9						
7					-	
Part IV	Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2

CNAM BOARD, STAFF OR SELECT FUNDS ARE DISBURSED IN LUMP SUM IN JANUARY.

VOLUNTEERS MAY MAKE ONSITE VISITS TO THE GRANTEE TO MEASURE EFFECTIVENESS

THE EXECUTIVE AND PROGRESS OF FUNDED MINISTRIES AND PROJECTS.

DIRECTOR MONITORS FUNDED PROJECTS BY PHONE, EMAIL AND WRITTEN

CORRESPONDENCE WITH GRANTEES ON A QUARTERLY BASIS THROUGHOUT THE YEAR.

GRANTEES SUBMIT FINANICAL AND NARRATIVE REPORTS BY DECEMBER OR AT THE

CONCLUSION OF THE PROJECT WHICHEVER COMES FIRST.

SCHEDULE O (Form 990 or 990-EZ)

.

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.

OMB No 1545-0047
2015

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

rs.gov/form990. Inspection
Employer identification number

Name of the organization

COOK NATIVE AMERICAN MINISTRIES

86-0096776

FORM 990 - ORGANIZATION'S MISSION

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 - ADDITIONAL INFORMATION

THE ACTIVITY AND ENDING BALANCES FOR SCHEDULE D, PART V, ENDOWMENT FUNDS ARE ESTIMATED VALUES AS ACTUAL VALUES WERE NOT AVAILABLE AT THE TIME OF FILING.

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

Name of the organization

COOK NATIVE AMERICAN MINISTRIES

Employer identification number 86-0096776

AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.