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DLN: 93493319103016

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the

Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

B Ch ☐ A	eck if ap		lendar year, or tax year beginning 07-01-2015 , and ending 06-30-201	<u> </u>			
_ A		nlicable	C Name of organization		D Emple	over ide	entification number
_	ddress cl		ASSOCIATION OF TRIBAL ARCHIVES LIBRARIES AND MUSEUMS			-	
	ame cha	-				85327	⁷ 8
☐ Ir	nitial retu	ırn	Doing business as				
F			Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Teleph	one nur	mber
	/termina nended i		6308 Harden		(405)401-	9657
		pending	City or town, state or province, country, and ZIP or foreign postal code			,	
		.]	Oklahoma City, OK 73118		G Gross	receipts	\$ 657,972
			F Name and address of principal officer	H(a)	Is this a grou	retur	n for
			Susan Feller		subordinates?		⊤ Yes 🗸
			6308 Harden Drive Oklahoma City, OK 73118		No		
 I Ta	ıx-exem	pt status	▼ 501(c)(3)		Are all subord included?	inates	□Yes □ No
		.		:	If "No," attacl	n a list	(see instructions)
J W	ebsite	:► ww\	w atalm org	H(c)	Group exemp	tion nu	ımber 🕨
K For	m of org	anızatıon	Corporation	L Yea	r of formation 2	009 N	State of legal domicile Ok
Pa	rt I		mary				
			scribe the organization's mission or most significant activities ciation of Tribal Archives, Libraries, and Museums is organized exclusiv	ely for c	haritable and	educa	tional purposes It
			ulturally relevant training programs and services that help preserve an	•			
nce	_						
Ē	-						
ξ	2 C	heck th	is box ▶ ☐ if the organization discontinued its operations or disposed o	of more t	han 25% of it	s net a	issets
Ğ							
ಶ	3 N	umber	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$			3	5
Activities & Governance	4 N	umber	of independent voting members of the governing body (Part VI, line 1b)			4	5
₹	5 T	otal nur	nber of individuals employed in calendar year 2015 (Part V, line 2a) $$.		5	2	
ĕ	6 T	otal nur	nber of volunteers (estimate if necessary)			6	350
	7a ⊤	otal unr	related business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	et unrela	ited business taxable income from Form 990-T, line 34			7b	C
					Prior Year		Current Year
•	8	Contri	butions and grants (Part VIII, line 1h)		128	,101	479,652
Ravenua	9	Progra	am service revenue (Part VIII, line 2g)	106	,835	178,320	
λċΙ	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Totalı 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	2	234	,936	657,972
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		1.0	C 1 4	105 170
Expenses		5-10)			18	,614	185,178
£	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	·		0	0
Ä	b	Total fu	ndraising expenses (Part IX, column (D), line 25) $ ightharpoonup 0$				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		154	,171	320,117
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		172	,785	505,295
(5	19	Reven	ue less expenses Subtract line 18 from line 12	•	62	,151	152,677
Net Assets or Fund Balances				Beginn	ning of Current	Year	End of Year
alar	20	Total	assets (Part X, line 16)		461	.952	631,000
A As	21		liabilities (Part X, line 26)	. —		0	0
Ş	22		sets or fund balances Subtract line 21 from line 20		461	,952	631,000
Pa	rt II		ature Block				
			perjury, I declare that I have examined this return, including accompan				
			belief, it is true, correct, and complete Declaration of preparer (other th nowledge	an office	er) is based or	i all inf	ormation of which
			atura of officer		2016-11-07		
Sigr		y Signa	ature of officer		Date		
Her	e		n Feller President or print name and title				
		<u> </u>		ate	T	PTIN	
D~:	۸		Time Type preparers name Preparers signature	u re	Check If self-employed	FITIN	
Paid		<u>,</u> F	irm's name		Firm's EIN ►	1	
rre	pare Onl	r	irm's address ▶		Phone no		
		-4			1		

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

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

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21	Did the organization report more than $\$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d		

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

29 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

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

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2015)

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Nο

Nο

Νo

Nο

Νo

Νo

Nο

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		1			_
		Check it Schedule o Contains a response of note to any line in this	Part	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	2			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	ors and reportable	1 c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered	20	2			
b	If at le	s return			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	vear?	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	chedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a sin a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	es," enter the name of the foreign country ▶	and f	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	rzation solicit any contributions that were not tax deductible as charitable contributions that were not tax deductible as charitable contributions that were not tax deductible?			6 b		
7		nizations that may receive deductible contributions under section 170(c).	•				
а		ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7 b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7 f		
g	If the requir	organization received a contribution of qualified intellectual property, did the or	rganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did t	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness	holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		Νo
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> i	tion in	Schedule O	14b		

orm	990 (2015)			Page
Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			[
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	

b Describe 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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Νo Did the organization have a written document retention and destruction policy? . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Nο 15b Nο 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 **16**a Νo **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

List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►Melissa Brodt 6308 Harden Oklahoma City, OK 73118 (405) 401-9657

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organization no	r any related or	ganıza	tion	com	pen	sated	any	current officer, d	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Susan Feller President & CEO	40 0	×		х	×	x		82,000	0	5,242
(2) Walter Echo Hawk Board Chair	2 0			х				0	0	0
(3) Letitia Chambers Board Chair Ementa	2 0			x				0	0	o
(4) Mary Ellen Meredith Treasurer	2			х				0	0	0
(5) Richard West Board Member	2			х				0	0	C
(6) Melissa Brodt	40				x			29,167	0	3,707
Project Director	0							,		· ·
										Form 990 (2015)

Part VII	Section A. Officers, Direct	ors, Trustees, Key Employees	s, and Highest Compensated Employees (continu	ued)

		for related organizations below dotted line)	individual trustee or director	Institutional	Officer	key en	Higher	Former	2/1099-MISC)	2/1099-MISC)	organization and related
		organızatıons below	Đ Đ	Trustee		key employee	Highest compensated employee	Net	2/1099-MISC)	2,1033 MI3C)	
1b Su	ıb-Total			٠.			. ▶				
	otal from continuation sheet	•				-	. 🖊			_	
d To	otal (add lines 1b and 1c) .					•	•		111,167	0	8,949

- 3
 - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual .

 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

4 Νo 5 Νo

Yes

3

No

Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending w	with or within the organization's	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	Ш	Statement o						
		Check if Schedu	ule O contains a respons	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a	0				
Grants mounts	ь	Membership du	es 1b	9,809				
G. Gr	c	Fundraising eve	ents 1 c	0				
ifts ar A	d	Related organiz	ations 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) 1e	462,733				
ion r Si	f	All other contribution	ons, gifts, grants, and 1f	7,110				
ib He	g		ons included in lines	0				
Contr and C	-	1a-1f \$. 4 - 46		479,652			
<u>3 F</u>	n	Total. Add lines	s 1a-1f		479,632			
₹ F	2a	2015 Program & Se	anvicas	Business Code 611430	78,463	79.462	(
ever	b	2016 Program & Se		611430	99,857	78,463 99,857		
<u>مح</u>	c			311 150	33,007	33,001		
er Ķ	d		_					
S.	e							
Program Service Revenue	f	All other progra	im service revenue		0	0	(0
Ě	g	Total. Add lines	s 2a – 2f	•	178,320			
	3		ome (including dividend		o	0	(0
	4		tment of tax-exempt bond pr		0	0	(0
	5	Royalties		🕨	0	0	(0
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses	_					
	C	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther				
	b	Less cost or other basis and sales expenses Gain or (loss)	0	0				
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding 0 s reported on line 1c)					
Other			a penses b					
	9a		rom gaming activities e 19	vents •				
	1		penses b	ities				
	10a	Gross sales of returns and allo		•				
	b c		oods sold b loss) from sales of inve					
	11a	Miscellaneous	s Revenue	Business Code				
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions	•	657,972	178,320	(0
	_							

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX	•
ion 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	

	t include amounts reported on lines 6b, , 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	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	158,367	142,530	15,837	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	o	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	17,335	15,601	1,734	0
10	Payroll taxes	9,476	0.530	948	0
11	Fees for services (non-employees)	9,476	8,528	940	
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0	Ů		0
f	Investment management fees	0	0	0	
g g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	7,147	5,276	1,871	
14	Information technology	1,814	1,814	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	8,788	8,788	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	297,368	297,368	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
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)				
а	Special Project-Archie Blackowl Preservation	5,000	5,000	0	0
b					
c					
d					
e	All other expenses	1			
25	Total functional expenses. Add lines 1 through 24e	505,295	484,905	20,390	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1	Cash-non-interest-bearing	Beginning of year 457,952	1	End of year 627,000
	2	Savings and temporary cash investments	4,000	2	4,000
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees Complete Part			
		II of Schedule L			
		Schedule L.	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under			
Assets		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	0	6	0
AS.	7	Notes and loans recovable not	0	7	0
	8	Notes and loans receivable, net	0	8	0
	9		0	9	0
	10a	Prepaid expenses and deferred charges	0	9	
	IUa	Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	461,952	16	631,000
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ī		persons Complete Part II of Schedule L	0	22	0
Liab	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
alanc	27	Unrestricted net assets	457,952	27	627,000
<u> </u>	28	Temporarily restricted net assets	0	28	0
חב	29	Permanently restricted net assets	4,000	29	4,000
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
۲ پ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	461,952	33	631,000
	34	Total liabilities and net assets/fund balances	461 952	34	631.000

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

3b

SCHEDULE A Public Charity Status

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.

494/(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.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

2015
Open to Public Inspection

DLN: 93493319103016

Employer identification number

27-3853278

Department of the
Treasury
Internal Revenue Service

Name of the organization

990EZ)

1

2 3

(Form 990 or

ASSOCIATION OF TRIBAL ARCHIVES LIBRARIES AND MUSEUMS

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

hospital's name, city, and state

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

		170(b)(1)(A)(iv). (Cd	omplete Part I	I)				
6	Г	A federal, state, or loc			described in se	ection 170(b)(1)(A)(v).	
7	√	An organization that ne described in section 1 7				om a governm	ental unit or from the g	eneral public
8		A community trust des	cribed in sect	ion 170(b)(1)(A)(vi)	, (Complete Par	tII)		
9	Ė	receipts from activitie	es related to it t income and i	s exempt functions—s unrelated business tax	ubject to certa kable income (le	in exceptions, ess section 51	ributions, membership and (2) no more than 3 1 tax) from businesse	331/3% of its support
10		An organization organi					n 509(a)(4).	
11	İ-	An organization organi one or more publicly si	upported orga	nızatıons described in	section 509(a))(1) or section	509(a)(2) See sectio	n 509(a)(3). Check
a	Г	the box in lines 11a th Type I. A supporting o supported organization organization You must	rganization op n(s) the power	erated, supervised, or to regularly appoint o	controlled by in the controlled by interest by the controlled by the	ts supported o	organization(s), typical	ly by giving the
b		Type II. A supporting management of the sumust complete Part IV	organization s pporting orgar /, Sections A a	upervised or controlle nization vested in the s and C.	d in connection same persons t	hat control or	manage the supported	organization(s) You
c		Type III functionally i						grated with, its
_	•	supported organization						
d	Г	Type III non-functiona not functionally integral (see instructions) You	ated The orga	nızatıon generally mus	st satisf y a dist	rıbutıon requir		
e		Check this box if the o integrated, or Type III	rganızatıon re	ceived a written deter	mınatıon from t	he IRS that it	ıs a Type I, Type II, T	ype III functionally
f	Enter	the number of supporte	ed organizatio	ns			<u> </u>	
g		Provide the following in	nformation abo	out the supported orga	nization(s)			
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	l							

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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.) Part II

Section .	A. Publ	ic Su	pport
-----------	---------	-------	-------

S	ection A. Public Support						
(or	Calendar year 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)	171,404	251,454	189,611	234,936	657,972	1,505,377
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	C	О	0	o	0	0
3	The value of services or facilities furnished by a governmental unit	24,000	24,000	24,000	0	0	72,000
4	to the organization without charge	195,404	275,454	213,611	234,936	657,972	1,577,377
4 5	Total. Add lines 1 through 3 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)	133,404	273,434	213,011	234,330	037,972	
6	Public support. Subtract line 5						1,577,377
S	from line 4 ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)⊤otal
	fiscal year beginning in) 🟲					· ·	
7	Amounts from line 4	195,404	275,454	213,611	234,936	657,972	1,577,377
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly	0	0	0	0	0	0
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		0		0	0	0
11	Total support. Add lines 7 through 10						1,577,377
12	Gross receipts from related activiti	ies, etc (see inst	ructions)			12	0
13	First five years. If the Form 990 $$ is	_				, , , ,	organization,
	check this box and stop here		<u> </u>			▶ 🔽	
	ection C. Computation of Pul						
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	·				15	
16a	33 1/3% support test—2015. If the	3		•	ne 14 is 33 1/3%	or more, check th	_
b	and stop here. The organization qua 33 1/3% support test—2014. If the	organization did	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or more, ch	
17a	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization med	—2015. If the organization meets the fa	inization did not c cts-and-circumst	heck a box on line ances test, checl	k this box and sto	p here. Explain	
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nızatıon meets th	e "facts-and-circi	umstances" test,	check this box ar	nd stop here.	▶
18	supported organization Private foundation. If the organizationstructions	ion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and see	►□

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
	A mounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
Corfisca Figure Figure	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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 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	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
Ĺ	Net short-term capital gain	1			
	Recoveries of prior-year distributions	2			
	Other gross income (see instructions)	3			
	Add lines 1 through 3	4			
	Depreciation and depletion	5			
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
,	Other expenses (see instructions)	7			
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	
	Aggregate fair market value of all non-exempt-use assets (see	1			
_	instructions for short tax year or assets held for part of year)	—			
a L	A verage monthly value of securities	1a 1b			
b -	A verage monthly cash balances	1c			
C C	Fair market value of other non-exempt-use assets	1d			
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10			
e	(explain in detail in Part VI)				
	Acquisition indebtedness applicable to non-exempt use assets	2			
	Subtract line 2 from line 1d	3			
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 035	6			
	Recoveries of prior-year distributions	7			
	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
	Enter 85% of line 1	2			
	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3			
	Enter greater of line 2 or line 3	4			
	Income tax imposed in prior year	5			
i	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)					

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough o			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		I	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable A mount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c 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 3 ₁ and 4c			
8 Breakdown of line 7		•	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) (2015

DLN: 93493319103016

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations
 Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	ime of the organization SOCIATION OF TRIBAL ARCHIVES LIBRAR	DIEC AND MICELIMO		Employer iden	tification number
H33	SOCIATION OF TRIBAL ARCHIVES LIBRAR	KIES AND MOSEOMS		27-3853278	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			>	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt under	section 501(r)(3).	
1		e tax incurred by the organization uni			\$
2	•	e tax incurred by organization manag			\$
3	·	ection 4955 tax, did it file Form 472			Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				1 100 1 110
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
<u> </u>					

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

	filed Form 5768 (election under section 501(h)).		a)	/ b\	
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying intivity				(b)	
				A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), o	r sectio	n
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1 Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		\vdash	2 Yes	ļ.,
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
4					
4 5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Explanation

Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or Complete to provide information for responses to specific questions on 990-EZ)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

OMB No. 1545-0047 2015 Open to Public Inspection

DLN: 93493319103016

Service Name of the organization ASSOCIATION OF TRIBAL ARCHIVES LIBRARIES AND MUSEUMS

Return

Reference Form 990, Part VI.

Section A. Line 6

Department of the

Internal Revenue

Treasurv

990 Schedule O, Supplemental Information

Explanation

27-3853278

Employer identification number

In May 2015, ATALM created a membership group as a better way to stay involved with tribal archives, libraries and museums. To date wie have approximately 600 members from tribal and non-tribal organizations all over the country. More

information about the benefits of the membership organization can be found on our wiebsite at www atalmorg. The membership group does not have any voting rights

Form 990, Part VI, Prior to the Form 990 being submitted an electronic copy is sent out to our governing body Section B, Line for review Any changes they have are incorporated into the 990 prior to being submitted

11b

990 Schedule O, Supplemental Information

Return Reference Explanation

	Governing board members and employees are asked at the beginning of each year to read and sign a conflict of interest policy
5 000 D 11/1 O 1 O 1	

Form 990, Part VI, Section C, Line
A copy of our 990 is available on the website "Guidestar" Our 990 and any other governing or financial documents are available to the public upon request