Filing Instructions

Cook Native American Ministries Foundation

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due:

November 15, 2024

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/23 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Walker & Armstrong, LLP 1850 N Central Ave Ste 400 Phoenix, AZ 85004-4624

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2023 Open to Public

Form 990 (2023)

Dep	artment o	of the Treasury enue Service	Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
A	For th	he 2023 calenda	r year, or tax year beginning , and ending		mapecuon
В				Employe	r identification number
	Address	change	FOUNDATION		
	Name ch	nange			096776
Ħ	Initial ret			Telephone	number 968-9354
H	Final retu	um/ City o	or town, state or province, country, and ZIP or foreign postal code	200-	900-9334
\vdash	terminate	ed 📗	37.05000	^	eipts \$ 3,719,685
Ш	Amended	d meters	e and address of principal officer:	Gross rece	新於 3,719,665
	Application	on pending WE	NDY WESTON H(a) Is this a group of	etum for s	ubordinates? Yes X No
		12	08 E. BROADWAY ROAD, SUITE 218 H(b) Are all subording	nates incl	uded? Yes No
				ch a list.	See instructions
	Тах-ехе	mpt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J	Website		COOKNAM. ORG	n numbe	·
ĸ	Form of	organization:	Corporation Trust Association Other L Year of formation: 194	-	M State of legal domicile: AZ
P	art I	Summar	y		Mark Mark
	1	Briefly describe t	the organization's mission or most significant activities;		
9		SEE SCHEI	DULE O		G G G G G
Governance					
veri					
Ô	2	Check this box	if the organization discontinued its operations or disposed of more than 25% of its net assets.		
0 5	3	Number of voting	members of the governing body (Part VI, line 1a)	3	6
ties	4 !	Number of indep	endent voting members of the governing body (Part VI, line 1b)	4	6
Activities	5	Total number of i	individuals employed in calendar year 2023 (Part V, line 2a)	5	4
A	6	Total number of	volunteers (estimate if necessary)	6	5
	/a	lotal unrelated b	usiness revenue from Part VIII, column (C), line 12	7a	0
-	D	Net unrelated bus	siness taxable income from Form 990-T, Part I, line 11 Prior Year	7b	Current Year
-	8 (Contributions and	d grants (Part VIII, line 1h)	784	17,861
Revenue	9 1	Program service	revenue (Part VIII, line 2g)		0
eve			ne (Part VIII, column (A), lines 3, 4, and 7d) 581,1	151	1,001,881
œ	11 (Other revenue (P	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,244
	12	Total revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12) 620 , 4		1,037,986
			ar amounts paid (Part IX, column (A), lines 1–3) 45, 8	320	72,084
			or for members (Part IX, column (A), line 4)		0
S.	15 8	Salaries, other co	ompensation, employee benefits (Part IX, column (A), lines 5-10)	541	305,772
ns(16a F	Professional fund	raising fees (Part IX, column (A), line 11e)		0
Expenses	b∃	Total fundraising	raising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) 130,770		San Andrews San
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		191,990
			Add lines 13–17 (must equal Part IX, column (A), line 25) 539,3		569,846
느ળ	19 F	Revenue less exp	penses. Subtract line 18 from line 12 81, (468,140
Net Assets or Fund Balances	20 7	Fotal assets (Part	EX, line 16) Beginning of Current V		End of Year 14,361,753
Ass	21 7	Total liabilities (Pa			308,446
E SE	22 N		d balances. Subtract line 21 from line 20 12,736,2		14,053,307
	art II	Signatur		72	14,000,001
Un	ider per		declare that I have examined this return, including accompanying schedules and statements, and to the best of	my kno	wledge and helief it is
tru	е, сопе	ct, and complete. [Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my kno	wiedge and belief, it is
Sig	n	Signature of officer		Date	
Her	e e	WENDY W	ESTON EXEC DIRECTOR/CEO		
		Type or print name a			
D		Print/Type preparer's	name Date	Check	if PTIN
Paid		KIMBERLY ANN	BOLLIGAR KINCHILL UMA DOLLIGAT 10/21/24	self-emplo	pyed P01236721
	arer	Firm's name	BOLLIGAR Kincherly Ahr Bolliger 10/21/24 WALKER & ARMST Firm's E	an	86-0257194
use	Only		1850 N CENTRAL AVE STE 400		
_		Firm's address	PHOENIX, AZ 85004-4624	10.	602-230-1040
May	the IR	S discuss this re	turn with the preparer shown above? See instructions		X Yes No

	n 990 (2023) COOK NATIVE AMERIC			86-0096776	Page 2
Pa	art III Statement of Program Servic				
_	Check if Schedule O contains a	resp	onse or note to any li	ne in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O				
					72. 725. 72
	·				
2	Did the organization undertake any significant pro	gram s	services during the year wh	nich were not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
3	If "Yes," describe these new services on Schedule				
,	Did the organization cease conducting, or make s services?				□ (t p]
	If "Yes," describe these changes on Schedule O.	• • • • • •		• • • • • • • • • • • • • • • • • • • •	Yes X No
ŀ	Describe the organization's program service according	mplish	ments for each of its three	largest program services, as m	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organize	zations	are required to report the	amount of grants and allocation	s to others.
	the total expenses, and revenue, if any, for each	progra	m service reported.		
E S P	(Code:)(Expenses \$ 72 NAMF MAKES GRANTS TO 501 RGANIZATIONS FOR INNOVATI	MMUN ERME TO F PI ,08 (C) (ITIES IN THE INT THROUGH A BUILD COMMUNI ROMOTE HEALTH including grants of \$ 3) CHURCH, THE PROGRAMS AND F NATIVE AMERICANT	AREAS OF COMMUNING EED GRANTING EITY CONNECTIONS Y, SUSTAINABLE T 72,084) (Re RIBAL, AND FAITH PROJECTS TO EDU	AND SUPPORT TO PRIBAL COMMUNITIES.
					······
	***************************************			88 ×	gggggggg.
	5222		6 - 17 - 18 - 11 ph p	AG. 63 . 6 605 . Ab . 27	Entre Control of the
	52/114/110 1122/132/132/132/10 1192/1001500160016		8 · 108 · 104 · 114 · 15 · 144 · 6343		
	² arragean errein en reinskerrein eer		ggp.ggaa.		
	**************************************	221 (33)	Maah.:::aa		
	(Code:) (Expenses \$ /A	mm	including grants of \$) (Re-	venue \$)
	· · · · · · · · · · · · · · · · · · ·				
			9		
		2 (IU.S.)	**************************************		
	906050	energe. B. Og			(
	E000-050-1-0-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1-050-1	81			
3		000		8-17-110-13-13-13-13-13-13-13-13-13-13-13-13-13-	
	Other program services (Describe on Schedule O.)				
	(Expenses \$ including		s of \$) (Revenue \$	3
e ·	Total program service expenses	236	.416	7	T

Part IV Checklist of Required Schedules

		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2	1	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,	1		A
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	X
	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,"		_	-
	garganista Cabadida D. Dad III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1	1	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Ves." complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		-
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
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	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	11b		X
C				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	The second secon			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Ted, complete			
b	Schedule D, Parts XI and XII Was the organization included in consolidated independent audited facesial attachment for the target of the consolidated independent audited facesial attachment for the target of the consolidated independent audited faces and the consolidated fa	12a	X	
	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	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	X
14a		13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
_	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any farainn amenination 2 if #2/as # associate Octobrilla E. D. C. H	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
D 4 4				

Form **990** (2023)

_	m 990 (2023) COOK NATIVE AMERICAN MINISTRIES 86-0096776 art IV Checklist of Required Schedules (continued)		F	age
	artiv Checklist of Required Schedules (Conditional)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		
С	The state of the s			
	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				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		- 1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.7
0.4	conservation contributions? If "Yes," complete Schedule M		-	X
31 32	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,"	00		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
JJ	204 7704 0 and 204 7704 00 16 Was 1 annual to Date of the Date of	22		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
0.7	ar II / and Dart I / line 4	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
_	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	305		
-	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			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	400000000000000000000000000000000000000		

	Check if Schedule O contains a response or note to any line in this Part \	/		4446	· · · · · ·	
		n -			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		50	
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	orm 1096. Enter -0- if not applicable ed on line 1a. Enter -0- if not applicable withholding rules for reportable payments to vendors and				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	s)				
	reportable gaming (gambling) winnings to prize winners?			10		X

P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			Yes	No
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	4			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	Maria de la maria	2b	X	
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 on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country			19		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?		en edin edit disconnici	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			(E) (-0)	
	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?	<u> </u>		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	_	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8	_	_
9	Sponsoring organizations maintaining donor advised funds.				FIN	
a	Did the sponsoring organization make any taxable distributions under section 4966?		i rejih re o rejo re rijeris	9a	_	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		CC++C+++C+++++++++C++++	9b		
10	Section 501(c)(7) organizations. Enter:	20		-a4		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			64	
_ 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:	1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				- 3	
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		12a	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		1		
а				40.	-	
u	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		Internation and control of	13a		_
b	Enter the amount of reserves the organization is required to maintain by the states in which			3.5		
-		13b				
С	Foton the appearant of account on the second	13c				
14a	Pital the second off			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		.esurantahii.s	14b	_	-
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			. 70/	_	
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				West	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		X
	If "Yes," complete Form 4720, Schedule O.		· · · · · · · · · · · · · · · · · · · ·			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	if "Yes," complete Form 6069.	124	.,	-		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 6 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 6 1b 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on 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. COOK NATIVE AMERICAN MINISTRIES FDN 1208 E. BROADWAY ROAD, SUITE 218 AZ 85282 480-968-9354

Form 990 (2	(2023) COOK NATIVE AMERICAN MINISTRIES 86-0096776	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.		
1a Complete organization:	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within n's tax year.	the
- Liet all	all of the experience automate efficace diseases touches (abother instituted as a control of the	

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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. See the instructions for the order in which to list the persons above.

Check this box if neither the on	ganization nor a	ny re				ation con	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	erson direct	than one is both an or/trustee) Former Highest compensated	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WENDY WESTON	40.00								
EXEC DIRECTOR/CEO	0.00			X			97,846	0	C
(2) VANCE HOME GUN									
VICE CHAIR	3.75 0.00	x		x			0	o	0
(3) REV. DR. STEVEN	MARSH								
	3.75								
LIFE TRUSTEE	0.00	X		X			0	0	(
(4) DAVID MARTINEZ									
	0.00								
DIRECTOR	0.00	X					0	0	
(5) SANDRA PATTEA									
CU3 TD	3.75								_
CHAIR (6) THERESA NATONI	0.00	X		X	_		0	0	
(6) THERESA NATURE	PRICE 3.75								
TREASURER	0.00	x		x					
(7) ANNETTE STEWART	0.00	^	\vdash	^			0	0	C
()AMMELLE SIEMAKI	3.75								
SECRETARY	0.00	x		x			o	o	C
(8)	0.00	-	\dashv	-			•		
	patar a								
(9)			\dashv	-	-	_			
(-)									
s. a									
(10)									
	erra moranna								
(11)		\vdash	\dashv	\dashv					

Pa	art VII Section A. Officer	s, Directors, Tru	ıste	es, k	(ey l	Emp	loye	es, a	and Highest Compensated	Employees (continued)		га
	(A) Name and title	(B) Average hours per week	bo	ox, un ficer a	Po check less po and a	erson	than is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	((F) ated amount of other
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fi organ	npensation from the nization and organizations
(12)												
(13)												
(14)	co, meg, gan, se anse an men mest.	o										
(15)												
(16)	· · · · · · · · · · · · · · · · · · ·											
(17)	3.12.12.12.12.12.14.14.14.14.14.14.14.14.14.14.14.14.14.											
(18)	. 4 8											
(19)	7 sp O. (e . (a . 1) 13) 0											
1b c d	Subtotal Total from continuation shee	ts to Part VII, S	ectio	on A	٠				97,846 97,846			
2	Total (add lines 1b and 1c) . Total number of individuals (inc	cluding but not li	nited	to i	those	liste	ed al	bove		\$100,000 of		
3	reportable compensation from Did the organization list any fo	rmer officer, dire	ector.	, trus	stee,	key	emp	loye	e, or highest compensated			Yes N
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	: 1a, is the sum	of re than	porta \$15	able 0,00	com 0? <i>If</i>	pens "Yes	ation	and other compensation fi	rom the	3	J FINES
5 Section	Did any person listed on line 1 for services rendered to the or on B. Independent Contractor	a receive or acc ganization? If "Ye	rue c	omp	ensa	ation	from	any	unrelated organization or or such person	individual	5	
1	Complete this table for your five compensation from the organization	e highest compe	nsat	ed in	ndep	ende	ent co	ontra	ctors that received more th	an \$100,000 of		
	Name and	(A) business address	прег	isau	DII IC	n the	Can	enua		The organization's tax years) B) n of services		(C) Compensation
2	Total number of independent of	ontractors (includ	ing t	out r	ot lir	nited	l to t	hose	listed above) who			
AA	received more than \$100,000 c	or compensation	from	the	orga	niza	tion			0	F	orm 990 (202

Part VIII Statement of Revenue

_		Check	it Sch	edule O cont	ains a	response or note	to any line in thi	s Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>s</u>	3 1a	Federated carr	paigns	\	1a					
s, Gran		Membership du		AN THE CASE OF	1b					
		Fundraising ev			1c					
# :		Related organia	zations		1d					
Contributions, Gifts, Grants	6	Government grants (1e					
		f All other contributions	, gifts, gr	ants,						
ğ		and similar amounts r Noncash contributions			1f	17,861				
펄	2	lines 1a-1f			1g \$				100	
20 8	ŀ	Total. Add lines	s 1a–1	f			17,861			
						Business Code				
ė	2a									
<u>چ</u>	∫ b									
တ	c									
Tam Seve	d	1								
Program Service	е									
ш.	1	All other progra	m serv	ice revenue						
								12-25-11		
	3	Investment inco								
		other similar an	nounts))			290,564			290,564
	4	Income from inv	estme/							
	5	Royalties								
				(i) Real		(ii) Personal			Wallet Hall	
	6a	Gross rents	6a							
	b	Less: rental expenses	6b						1	
	С	Rental inc. or (loss)	6c							
	_d		ne or (I	oss)	Tim (0.00)					
	7a	Gross amount from sales of assets		(i) Securities		(ii) Other				Gentle III
		other than inventory	7a	3,275,	297	117,719				
ne	b	Less: cost or other								
/en		basis and sales exps.	7b	2,681,	699					
Re	С	Gain or (loss)	7c	593,	598	117,719				
Other Revenue	d	Net gain or (loss	s)				711,317	711,317		
ਰੋ	8a	Gross income from	n fundra	ising events						
		(not including \$								
		of contributions rep	orted o	n line				St. Access		
		1c). See Part IV, lir	ne 18		8a					
	b	Less: direct expe			8b					
	C	Net income or (I	oss) fr	om fundraising	events					
	9a	Gross income from	om ga	ming						
		activities. See Pa	art IV,	line 19	9a			100		
		Less: direct expe			9b					
	C	Net income or (I	oss) fr	om gaming activ	rities	.222221				
	10a	Gross sales of in		• •						V - 3
		returns and allow	vances	·	10a					
		Less: cost of god			10b			181 181 1		
	С	Net income or (le	oss) fro	om sales of inve	ntory					
2						Business Code				
Revenue	11a	MISCELLANEC	US I	NCOME	855	sum -	18,244	18,244		
e la	þ				aa					
36	C					808				
Ĕ	d	All other revenue								
		Total. Add lines					18,244			
_	12	Total revenue.	See in:	structions		error and a second	1,037,986	729,561	0	290,564

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 7b, 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	72 004	72 094		
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	72,084	72,084		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and		1		
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,847	27,154	33,286	37,407
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	155,886	42.050	F2 001	
7 8	Other salaries and wages Pension plan accruals and contributions (include	155,886	43,258	53,031	59,597
٠	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits	31,881	8,847	10,846	12,188
10	Payroll taxes	20,158	5,707	6,767	7,684
11	Fees for services (nonemployees):		3,707	0,707	7,003
а	Management				
b	Legal				
C	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	54,743	54,743		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	49,353		38,952	10,401
12	Advertising and promotion	717			717
13	Office expenses	1,480	101	795	584
14 15	Information technology				
16	Royalties	30,654		30 CEA	
17	Occupancy Travel	6,066	1,110	30,654 3,142	1 014
18	Payments of travel or entertainment expenses	0,000	1,110	3,142	1,814
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,874	2,874		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,887	18,887		
23	Insurance	3,108		3,108	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	10 101		10 101	
a	BOARD OF DIRECTORS EXP TELEPHONE AND INTERNET	10,101		10,101	
b	EDUCATION PROGRAMS	4,922 4,654	1 651	4,922	
d	DUES AND SUBSCRIPTIONS	2,936	1,651	3,003	240
	All other expenses	1,495		2,587 1,466	349
	Total functional expenses. Add lines 1 through 24e	569,846	236,416	202,660	29 130,770
	Joint costs. Complete this line only if the	555,530	230,410	202,000	130,770
	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)				
DAA					Form 990 (2023)

1 2 3 4 5	Cash—non-interest-bearing					End of year
2 3 4				Beginning of year 555,077	1	End of year 684,77 (
3 4				21,812	2	23,80
4	Savings and temporary cash investments	6656 - 49 - 15 1	888	21,012	3	23,80
	Pledges and grants receivable, net			4		
	Accounts receivable, net Loans and other receivables from any current or form	er officer dire	rtor		4	
	trustee, key employee, creator or founder, substantial		,			
	controlled entity or family member of any of these per				5	
6	Loans and other receivables from other disqualified p	ersons (as def	ined			
	under section 4958(f)(1)), and persons described in s				6	
7 8	Notes and loans receivable, net		(0)(0)		7	
8	Inventories for sale or use	l l		8		
9	Prepaid expenses and deferred charges	. 10 . 000 . 141 15			9	
10a	Land, buildings, and equipment: cost or other			7,		
	basis. Complete Part VI of Schedule D	10a	105,900			
b	Less: accumulated depreciation		34,144	16,294	10c	71,756
	Investments with list and advantage			344,741	11	345,939
12	Investments—other securities. See Part IV, line 11			12		
13	Investments—program-related. See Part IV, line 11		11,603,485	13	12,779,599	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		460,563	15	455,876	
16	Total assets. Add lines 1 through 15 (must equal line	33)		13,001,972	16	14,361,753
17	Accounts payable and accrued expenses		19,260	17	19,118	
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities	88			20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule [21	
22	Loans and other payables to any current or former off					
	trustee, key employee, creator or founder, substantial					
22	controlled entity or family member of any of these personal	sons			22	
23	Secured mortgages and notes payable to unrelated th	ird parties			23	
24	Unsecured notes and loans payable to unrelated third	parties		246,418	24	279,829
	Other liabilities (including federal income tax, payables					
	parties, and other liabilities not included on lines 17-24					
	of Schedule D				25	9,499
	Total liabilities. Add lines 17 through 25			265,678	26	308,446
	Organizations that follow FASB ASC 958, check he	re X				
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			11,930,783	27	13,184,218
1	Net assets with donor restrictions			805,511	28	869,089
	Organizations that do not follow FASB ASC 958, cl	eck here				
1	and complete lines 29 through 33.	-			-4	
	Capital stock or trust principal, or current funds			29		
	Paid-in or capital surplus, or land, building, or equipme				30	
	Retained earnings, endowment, accumulated income,		***************************************	10 726 004	31	14 050 005
	Total liabilities and net assets/fund balances			12,736,294 13,001,972	32	14,053,307 14,361,753

	m 990 (2023) COOK NATIVE AMERICAN MINISTRIES 86-0096776			Pi	age 12
P	art XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI	Y695			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,	986
2	Total expenses (must equal Part IX, column (A), line 25)	2			846
3	Revenue less expenses. Subtract line 2 from line 1	3			140
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,7		
5	Net unrealized gains (losses) on investments	5			873
6	Donated services and use of facilities	6			
7	Irivestment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	14,0	53	307
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				П
	<u>_</u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				100
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				150
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		175-1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		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 on Schedule O and describe any steps taken to undergo such audits		3b		