### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

### Subcommittee on Indian and Alaska Native Affairs Legislative Hearing on:

- **H.R. 409 (Simpson),** To provide for Indian trust asset management reform, and for other purposes. "Indian Trust Asset Reform Act"
- **H.R. 4350 (Daines),** To direct the Secretary of the Interior to take lands and mineral rights on the reservation of the Northern Cheyenne Tribe of Montana and other culturally important lands into trust, and for other purposes. "Northern Cheyenne Lands Act"

	May 7, 2014
For Ind	lividuals:
1. Nan	ne:
2. Add	lress:
3. Ema	nil Address:
4. Pho	ne Number:
	* * * *
For Wi	tnesses Representing Organizations:
1.	Name: Ernest L. Stensgar
2.	Name of Organization(s) You are Representing at the Hearing: Affiliated Tribes of Northwest Indians
3.	Business Address: [Information redacted for privacy]
4.	Business Email Address: [Information redacted for privacy]
5.	Business Phone Number: [Information redacted for privacy]

#### For all Witnesses

Name/Organization: Ernest L. Stensgar, Chair, Trust Reform Committee, Affiliated Tribes of Northwest Indians

Title/Date of Hearing: Leg. Hrg on HR 409 (Simpson), "Indian Trust Asset Reform Act" and HR 4350 (Daines), "Northern Cheyenne Lands Act" / May 7, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Currently serving as Vice Chairman of Coeur d'Alene Tribe
  - served as Chairman of the Coeur d'Alene Tribe for nearly 20 years
  - former President of the Affiliated Tribes of Northwest Indians
  - Chair of Trust Reform Committee, Affiliated Tribes of Northwest Indians
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

See below

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

### **Witnesses Representing Organizations**

Name/Organization: Ernest L. Stensgar, Chair, Trust Reform Committee, Affiliated Tribes of Northwest Indians

Title/Date of Hearing: Leg. Hrg on HR 409 (Simpson), "Indian Trust Asset Reform Act" and HR 4350 (Daines), "Northern Cheyenne Lands Act" / May 7, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Former Chairman of ATNI

- Current Chair of Trust Reform Committee
- i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Source - BIA (Reg'l office) Organizational Support - A08AV00114 (GTP00X9O502) \$173,000

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached.

2013
ණ <b>ව</b>
APR
SCANNED

ATNI 09/12/2011 12.	PM		
Form 990	Return of Organization Exempt From Income Ta		2010
Department of the T	Under section 501(c), 527, or 4847(a)(1) of the internal Revenue Code (except blue benefit trust or private foundation)	ick lung	Open to Public
Internal Revenue Se		drements	* Altopedicités
A For the 2010 c	lender year, or trx year beginning and ending		
B Check if applicable.	C Name of organization Affiliated Tribes of Northwest	D Emi	ployer identification number
Address change	Indiana	٠,	-0934830
Marine change	Doing Business As  Number and street (or P O bux if mall is not delivered to street address)  Floom/supp		phone number
inti≇ rchum	1827 NB 44th Ave.		3-249-577Q
Terminaled	City or town, state or country, and ZIP + 4		
Arrended return	Portland OR 97213	G Gross n	ecelpts 835,081
Application pending	F Name and address of principal officer  H(a) is this a	amius režum fi	SEE
	H(D) Area		ā. ā.
	· · · · · ·		list. (see instructions)
1 Tax-exempt state	s X 501(c)(3)		•
	ww.atnitribes.org H(c) Group	exemption r	number 🕨
K Form of organization	X Corporation Total Association Other L Year of Ignitiation		M State of legal domeste
	mmary		
	scribe the organization's mission or most significant activities. RECENED		
g . ≥••.	Schedule O		
2 Check to 3 Number 4 Number 5 Total nu	- Man A C 2012		
5 2 Check t	s box >   If the organization discontinued its operations of disposed of more than 25% of its net as	50ts.	
3 Number	if voting members of the governing body (Part VI, line 1s) Contribution (1971)	3	7
4 Number	if independent voting members of the governing body (Part VI, line, back a	. 4	250
5 Total nu	eber of individuals employed in calendar year 2010 (Part V, line 28)	6	350
₹ 6 Total nu	ther of volunteers (estimate if necessary)  tated business revenue from Part VIII, column (C). Inte 12	78	250
	Mad business taxable Income from Form 990-T, line 34	7b	0
B 14et Onlie	Prior Yo	11	Correct Year
8 Contribu		9,667	435,847
-		6,520 45	394,822
E 10 investme	t income (Part VIII, column (A), lines 3, 4, and 7d) nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	985	4,404
		7,217	835,081
	d similar amounts paid (Part IX, column (A), lines 1-3)		
	sid to or for members (Part IX, column (A), line 4)		222
g 15 Seleries,	The state of the s	2,053	235,215
2   16a Professio	at fundraising (see (Part IX, column (A), line 11e)	Contraction of the second	
to Total fund	releng expenses (Part IX, column (D), line 25) RECEIVED OSC 08 56:	3,027	527.379
	nses Add lines 13-17 (must equal Part IX, column (A), line 25) 62	5,080	762,594
18 Revenue	ess expenses, Subtract line 18 from line 12 MAR 2 0 2013 -6"	7,863	72,487
8	Beginning of Cur	1,070	End of Year 213,046
20 Total sass	Of St Dept.	255	27,744
		,815	185, 302
9 22 Net area			হারে(হারাগ)
22 Net asset	nature block		
Partition Sign	nature Block (ury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	my knowled	ge and bollst, it is
Partition Sign	NEXTUP G-1905.  [ury, I deciare that I have examined this return, including eccompanying schedules and elatements, and to the best of plots. Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge.	my knowled	ge and belief, it is
Under penalties of protocol, and cor	jury, I deciare that I have examined this return, including eccompanying schedules and elatements, and to the best of plote. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	my knowled	go and belas, it is
Partition Signature of protection of protection of protection of the second signature of the second si	(ury, I deciate that I have examined this return, including accompanying schedules and statements, and to the best of plots. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge nature of officer.	Deta	lige and bollet, it is
Parisher Sig Under penalties of privile, correct, and correct, and correct ign	(ury, I deciare that I have examined this return, including accompanying schedules and elatements, and to the best of plots. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge insture of officer.    Annual Control Contro	Data	ope and bollet, it is  U 3 0 5 8
Parisities of protection of pr	jury, I deciare that I have examined this return, including eccompanying schedules and elaterments, and to the best of plots. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge nature of officer.  The or partiname and high NO PMM TEAN LANGE. Secretary	Data 3/	Ope and bollet, it is  10 3 0 5 8  1 / / 3 ::::::::::::::::::::::::::::::::
Parisities of properties of properties, correct, and configured in the correct of	July 1 deciare that I have examined this return, including accompanying schedules and elatements, and to the best of plots. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge nature of officer.  The preparer's planting and top Norman Team Lawre Secretary preparer's planting.  The preparer's planting of the prepar	Data 3	リラ む 5 数   // 3 元 3 - PATE (   X    PTIN ployed P81358796
Paris Sig Under penalties of pi true, correct, and corr ign ere Print/Type	pays to deciate that I have examined this return, including accompanying schedules and elatements, and to the best of plots. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge as the preparer is a server of officer.  The preparer's planting and top porters of the preparer's signature preparer's name.  R. Stauffer and Associates PLIC  Fig. 1912/12/12/1918/1918/1918/1918/1918/1918	Data 3	U 3 0 5 8
Under peralties of properties, correct, and correct, and correct error of the correct error o	party is decised that it have examined this return, including accompanying schedules and elatements, and to the best of plots Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge insture of officer.  The preparer's plants of the preparer is significant.  The p	Check	
Under peratiles of pitrue, correct, and correct and co	Unit   deciare that I have examined this return, including accompanying schedules and elatements, and to the best of plots Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge error of officer    Maria   Security   Se	Check	リラ む 5 数   // 3 元 3 - PATE (   X    PTIN ployed P81358796

048.901

Part III		Tribes of Northwest	<u>93-09</u> 34830	Page
		ram Service Accomplishments		
			uestion in this Part III	X
	describe the organization's m			
pee 1				
• • • • • •				
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
2 Did the	e organization undertake any	significant program services during the y	vear which were not listed on the	
prior F	orm 990 or 990-EZ?			Yes X No
If "Yes	s," describe these new service	s on Schedule O.		
3 Did the	e organization cease conducti	ing, or make significant changes in how it	t conducts, any program	
service	es?			Yes X No
If "Yes	s," describe these changes on	Schedule O.		
			ree largest program services by expenses	
			ired to report the amount of grants and allo	cations to
others,	, the total expenses, and reve	enue, if any, for each program service rep	orted.	
ta (Code:	\/Evnoncec \$	156 335 including grants	of \$ (Reven	¢
Varic	ous educational	and leadership for	uma for the	
			of information of	
mutua	l concern amou	ing member tribes. Se	everal conferences	
and w	work shops are	held throughout the	year on behalf of	• • • • • • • • • • • • • • • • • • • •
ATNI	member tribes.		· · · · · · · · · · · · · · · · · · ·	
				*************************
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************
h (Oada)	) /E	tankudian aranta		6
			of \$ ) (Revenue	
• • • • • • • •				
±		27. U.S. 100 - 101   11   11   11   11   11   11		
±		27. U.S. 100 PET INSTITUTE STATE OF THE STAT	**************************************	
±		27. U.S. 100 PET INSTITUTE STATE OF THE STAT		
*******		27. U.S. 100 PET INSTITUTE STATE OF THE STAT		
± · · · · · ·		27. U.S. 100 PET INSTITUTE STATE OF THE STAT		
±		27. U.S. 100 PET INSTITUTE STATE OF THE STAT		
*******		27. U.S. 100 PET INSTITUTE STATE OF THE STAT		
# #				
# #				
#				
#				
#				
#				
#				
#				
#				
#				
#				
#				
(Code:	) (Expenses \$	including grants		
: (Code:	) (Expenses \$	including grants		

#### 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," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 2 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 X 3 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 X 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, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." X complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 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 X 11b 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 X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 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) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 X 19 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) Affiliated Tribes of Northwest
Part W Checklist of Required Schedules (continued) 93-0934830

<u>. #</u>	with its Checklist of Required Schedules (Continued)	Т	1	_
0.4	Did the experiention variety was they \$5,000 of grants and other angietanne to governments and experientions		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	-21	+	125
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		+	+
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	1	x
24a			+-	+
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ĺ	-
	through 24d and complete Schedule K. If "No," go to line 25	24a	1	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	+
C	The state of the s	240		
•	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	_	$\vdash$
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			+
, D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b	ŀ	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		i	
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a	i		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	ľ		
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	J	- 1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	37		<u> </u>
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ...... b

	mm 990 (2010) Affiliated Tribes of Northwest 93-0934830			Page (
ŀ	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in S	ched	lule
	O. See instructions.			
_	Check if Schedule O contains a response to any question in this Part VI			X
Se	ection A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year			
t				
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a				$\Box$
	of the governing body?	7a	х	l
b		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:	32 J		
а		8a	х	Î
b	Each committee with authority to get an habel of the converted had.	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	x	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue			
00.	out b. 1 onetes (This costion b requests information about policies not required by the internal recyclic	<del>. 000</del>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	162	X
b		Iva		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
119	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	100		
110	form?	11a		x
b		Ha		
	Done the expenientian have a written conflict of intersect notice? If "No." as to line 12	42-	x	i
12a		12a		-
Ь		404	v	
	rise to conflicts?	12b	X	
С			v	
4.5	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	***************************************
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	$\perp$	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
-	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► Cleora Scott 1827 NE 44th Ave. #130			
Po	* * * * * * * * * * * * * * * * * * * *	-249	-57	70
				<u>-~~</u>

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the org	(B)	1		(	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director				m Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Brian Cladoosby										· .
President	1.00	<u> </u>		X				0	0	(
(2) Henry M. Cagey Vice-President 1	1.00			X		-		o	0	(
(3) Harvey Moses Jr.										
Vice-President 2	1.00	<u> </u>		X				0	0	
(4) Melvin R. Sheldo Vice-President 3	n Jr. 1.00			x				0		
(5) Norma Jean Louie	1.00	$\vdash$				$\dashv$	$\dashv$		0	
Secretary	1.00			x						d
(6) Sonya M. Tetnows	ki									·
Asst. Secretary	1.00			X	i			0	oi	O
(7) Sharon Goudy										
Treasurer	1.00			Х	_	_	_	0	0	0
(8)						1				
(9)						$\exists$				
(10)					$\dashv$		1			
(11)				$\forall$	$\dashv$		+			<u> </u>
(12)			1		1	1	$\dagger$			
(13)		$\dashv$		$\dashv$	$\dashv$	+	$\top$			
(14)		$\dashv$	$\dashv$	$\dashv$	$\dashv$	+	$\dagger$			
(15)	-	+		+	$\dashv$		$\dagger$			
(16)		$\dashv$	$\dashv$	+	+	+	+			

(A)	(B)				C)			nd Highest Compensated (D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	or director	_	<del></del>		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(17)										
(18)										
(19)										
(20)										
(21)										
(22)		<del>                                     </del>						l'	<u> </u>	
(23)										
(24)										
(25)		Н		Н						
(26)										
(27)		H				$\dashv$	-			
(28)						-	-			
1b Sub-total	eets to Part VII, So	mited	to t				bove	) who received more than	\$100,000 in	
3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on lorganization and related organization."	former officer, dire s," complete Sched ine 1a, is the sum of anizations greater	ector lule J of rep	or tri for s orta \$150	such ble c	indi comp or If	vidua ensa "Yes	al ation	and other compensation f	rom the	Yes No
5 Did any person listed on line for services rendered to the Section B. Independent Contract	: 1a receive or accr organization? If "Yo	ue co	ompe	ensa	tion	from				5 X
Complete this table for your compensation from the organical compensation from the organi	five highest compe	nsate	ed in	depe	ende	nt co	ontra	ctors that received more th	nan \$100,000 of	
	(A) nd business address							Description	(B) on of services	(C) Compensation
						4			<del></del>	
						-	<del></del>			
		-				$\dashv$				-
		·				$\uparrow$				
2 Total number of independent received more than \$100,000		_						listed above) who	0	

art	VIII Statement of Re	evenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>၌</b> 1	la Federated campaigns	1a					
悥	<b>b</b> Membership dues						
틦	c Fundraising events						
ā	d Related organizations						
<u> </u>	Government grants (contributions)		426,847				
ther s	f All other contributions, gifts, grants, and similar amounts not included above		9,000				
≒ľ	g Noncash contributions included in lines h Total. Add lines 1a-1f	1a-1f: \$		435,847			
+-	II TOTAL AGGINES 14-11		Busn. Code	133,017			
,	a Conference Revenu	•	Busii. Code	338,292	338,292		
-				56,530	56,530		<del> </del>
'	b Membership Fees			50,550	30,330		+
[ '	C				-	-	
1 '	d	• • • • • • • • • • • • • • • • • • • •					<del></del>
J '	e						-
'	f Ali other program service re						<u> </u>
╨	g Total. Add lines 2a-2f			394,822			
3							
1	and other similar amounts)			8			
4	Income from investment of t	ax-exempt be	ond proceeds 🕨 📙				"
5	Royalties						
	(i) Rea		(ii) Personal				
6a	a Gross Rents						
l b	Less: rental exps.						
C	Rental inc. or (loss)						20 20 20
اً ا				· · · · · · · · · · · · · · · · · · ·			
	Gross amount from (i) Securit		(ii) Other		- 1, 19		
	sales of assets	.00	(ii) Galer				
Ι.	other than inventory						
Þ	Less: cost or other						X 11/2
	basis & sales exps.						
1	Gain or (loss)						
,	Net gain or (loss)						
8a	Gross income from fundraising even	vents					
	(not including \$						
1	of contributions reported on line 1	c).					
ĺ	See Part IV, line 18	a					
Ь	Less: direct expenses			A			
	Net income or (loss) from fur		nts		Str. 188 1		
	Gross income from gaming activit						
""	See Part IV, line 19				75 5		
<u>_</u>	Less: direct expenses		111				
	Net income or (loss) from gal			<del></del>			
			s 🕨				
าบล	Gross sales of inventory, less		1	=,=			
		. a					
	Less: cost of goods sold	Þ└		=			
C	Net income or (loss) from sal						
	Miscellaneous Revenu		Busn. Code		21 20 20 10	V 1	
11a	Other Income			4,404	4,404		
b	*		1				
C	***************************************						
	All other revenue						
d	All other revenue				The state of the s	ASSESSMENT OF THE PROPERTY OF	
	Total. Add lines 11a–11d			4,404			

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		, parasa		<del> </del>
·	organizations in the U.S. See Part IV, line 21				
2					
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		<u> </u>		······································
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1			
6	Compensation not included above, to disqualified			·	
	persons (as defined under section 4958(f)(1)) and		4		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	207,425	42,605	164,820	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	27,790	5,708	22,082	
10	Payroll taxes				
11	Fees for services (non-employees):	Ī			
а	Management				
b	Legal	672	138	534	
C	Accounting	35,962	7,387	28,575	-
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	114,215	23,460	90,755	
12	Advertising and promotion	37,325	7,667	29,658	
13	Office expenses	7,520	1,545	5,975	
14	Information technology				
15	Royalties				
16	Occupancy	20,664	4,244	16,420	
17	Travel	62,329	12,802	49,527	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	144,744	29,730	115,014	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	599	123	476	
23	Insurance	29,489	6,057	23,432	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
1	line 24f amount exceeds 10% of line 25, column				
1	(A) amount, list line 24f expenses on Schedule O.)				
a	Bad Debt	35,383	7,268	28,115	
b	Equipment Maintenance	13,942	2,864	11,078	
C	Telephone	11,324	2,326	8,998	
d ,	Bank Service Charges	6,161	1,265	4,896	
e	Postage/Printing	3,616	743	2,873	
f /	All other expenses	3,434	403	3,031	
	otal functional expenses. Add lines 1 through 24f	762,594	156,335	606,259	0
	loint costs. Check here ▶ ☐ if following				
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column	1	1		
	novo de prosoczadon renoden (N.COILIMA 👚 )	ı	ı		
	B) joint costs from a combined educational		ļ	ı	

Par	X Balance Sheet					
				(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing			22,846	1	53,36
	2 Savings and temporary cash investments				2	
;	Pledges and grants receivable, net			132,878	3	150,687
- 14	4 Accounts receivable, net			36,570	4	5,344
(	5 Receivables from current and former officers, direct	tors, trustees, key	/			
	employees, and highest compensated employees.			· · · · · · · · · · · · · · · · · · ·		
	Schedule L				5	
(	6 Receivables from other disqualified persons (as def	fined under section	on			
	4958(f)(1)), persons described in section 4958(c)(3)	(B), and contribu	ting			
	employers and sponsoring organizations of section					
,,	employees' beneficiary organizations (see instruction	ons)			6	
Assets	Notes and loans receivable, net				7	
8   8	Inventories for sale or use				8	
<b>⋖</b>   9					9	
10	Da Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	14,600			
	other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation	10b	10,947	1,776	10c	3,653
11	Investments—publicly traded securities				11	
12	! Investments—other securities. See Part IV, line 11				12	
13					13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	•
16	Total assets. Add lines 1 through 15 (must equal lin	e 34)	<u></u> .	194,070	16	213,046
17	Accounts payable and accrued expenses			81,255	17	27,744
18					18	
19					19	
20	Tax-exempt bond liabilities				20	
නු 21	Escrow or custodial account liability. Complete Part	IV of Schedule D	<u> </u>		21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, tru	ustees, key				
	employees, highest compensated employees, and d	isqualified persor	ıs.			
֡֡֡֡֞֜֞֡֡֡֡֡֡֡	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated t	third parties			23	
24	Unsecured notes and loans payable to unrelated third	d parties			24	
25	Other liabilities. Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			81,255	26	27,744
8	Organizations that follow SFAS 117, check here ▶	· X and compl	ete			
2	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		L	112,815	27	185,302
27 28 29	Temporarily restricted net assets				28	
29	Permanently restricted net assets		29			
3	Organizations that do not follow SFAS 117, check	here 🕨 📗 and	ı			***************************************
5	complete lines 30 through 34.			11 11 11		
30	Capital stock or trust principal, or current funds		[		30	
31	Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
30 31 32 33 34	Retained earnings, endowment, accumulated income	, or other funds			32	
33				112,815		185,302
34	Total liabilities and net assets/fund balances			194,070	34	213,046

Form **990** (2010)

Fori	m 990 (2010) Affiliated Tribes of Northwest 93-0934830			P	age 12
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			
4	Total revenue (must equal Part VIII, column (A), line 12)	1 4 1	8	35.	081
2	Total expenses (must equal Part IX, column (A), line 25)	2			594
3		3			487
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			815
5	Other changes in net assets or fund balances (explain in Schedule O)	5		,	<del></del>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
٠	column (B))	6	1	85.	302
Ď,	AFT XII Financial Statements and Reporting			,	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	Х	_
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Soth consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits		3h		

Form **990** (2010)

### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 2010

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Affiliated Tribes of Northwest Indians

Employer Identification number 93 - 0934830

P	art	Rea	son for Public Charit	<b>y Status</b> (All organizatior	ns must	comple	ete this	part.)	See	instruc	tions.		
The	orga	anization is no	ot a private foundation becar	use it is: (For lines 1 through 11	, check or	nly one bo	x.)						
1		A church, c	onvention of churches, or as	ssociation of churches describe	d in secti	on 170(b)	(1)(A)(i).	i					
2	П	A school de	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E.)									
3	П	A hospital o	r a cooperative hospital ser	vice organization described in s	ection 17	0(b)(1)(A)	(iii).						
4		A medical r	esearch organization operat	ed in conjunction with a hospita	I describe	d in secti	on 170(	b)(1)(A)	(iii). En	ter the h	ospital's nam	e,	
	_	city, and sta	ite:								-		
5		An organiza	ition operated for the benefit	of a college or university owne	d or opera	ated by a	governm	ental u	nit desc	ribed in			
		·	(b)(1)(A)(iv). (Complete Par		•	•	_						
6				governmental unit described in	section 1	70(Б)(1)(	A)(v).						
7	X			s substantial part of its support				from th	e gene	ral public	0		
	لننا	_	section 170(b)(1)(A)(vi). (						9				
8	$\Box$		* ** ** * * *	170(b)(1)(A)(vi). (Complete Pa	rt (I.)								
9	П		•	(1) more than 33 1/3% of its su		contribut	ions. me	embersh	nip fees	and or	oss		
_	ш	_		mpt functions—subject to certa						_			
		-		and unrelated business taxable									
			-	30, 1975. See section 509(a)(2	•			,					
10	П		•	exclusively to test for public sa			•	L					
11	$\Box$	•	•	exclusively for the benefit of, to	•				rv out ti	ne			
• •	ш	-	-	rted organizations described in					-		1		
				the type of supporting organiza									
		a Type		c Type III-Function		•	d		oe III–C	ther			
e				ganization is not controlled dire							ıs		
	ш			er than one or more publicly su									
		or section 50		. ,							,		
f				ermination from the IRS that it i	s a Type I	, Type II,	or Type	III supp	orting				
		-	check this box			•••		• • •	Ū				
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contril	bution from	n any of t	he						
		following per				•							
		٠.		ontrols, either alone or together	with pers	ons desci	ribed in (	(ii) and				Yes	No
			-	supported organization?							11g(i)		
			member of a person descri	L - D - 73 - L 6							44.40		
				described in (i) or (ii) above?								r —	
h				the supported organization(s).									
(i) N	lame	of supported	(ii) EIN	(iii) Type of organization	(lv) is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount of	
	orga	anization		(described on lines 1-9	1 ''	isted in your		nization in		tion in col.	supp	ort	
				above or IRC section (see instructions))	governing	document?		of your port?		ized in the S.?			
				(000 1100 00010))	Yes	No	Yes	No	Yes	No			
(A)													
										1 1			
(B)													
` .									l	ĺĺ			
(C)													
` '										[ [			
(D)													
` '													
(E)													
•													
Total		i											

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

Schedule A (Form 990 or 990-EZ) 2010

Page 2

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.)

Se	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·	·····	
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,783	256,468	330,961	291,639	435,847	1,454,698
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
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)	139,783	256,468	330,961	291,639	435,847	1,454,698
6_	Public support. Subtract line 5 from line 4						1,454,698
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	139,783	256,468	330,961	291,639	435,847	1,454,698
	payments received on securities loans, rents, royalties and income from similar sources	111	111	491	45	8	766
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			·			
11	Total support. Add lines 7 through 10						1,455,464
12	Gross receipts from related activities, etc.	(see instructions)				12	399,226
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c	)(3)	
	organization, check this box and stop here	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,			
Sec	tion C. Computation of Public Su	ipport Percenta	age				
14	Public support percentage for 2010 (line 6	, column (f) divided	by line 11, column	(f)) <sub> </sub>		14	99.95%
15	Public support percentage from 2009 Sche	edule A, Part II, line	14			15	99.92%
l6a	33 1/3% support test—2010. If the organiz	zation did not check	the box on line 13,	, and line 14 is 33	1/3% or more, che	ck this	_
	box and stop here. The organization quality	fies as a publicly su	pported organizatio	n			▶ X
b	33 1/3% support test—2009. If the organiz						
	check this box and stop here. The organiz						20000000
7a		=					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fa		_	•			
72	organization						▶ 🗀
b	10%-facts-and-circumstances test—2009	•		-	•	ne	
	15 is 10% or more, and if the organization				-		
	Explain in Part IV how the organization me			-		•	
_	supported organization		P 40 40 40 10 1				₽ □
8	Private foundation. If the organization did						▶ □
	instructions						🏲 🗀

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

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

Se	ction A. Public Support				,		
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c		,,					
8	Public support (Subtract line 7c from						
0	line 6.)						
	etion B. Total Support  ndar year (or fiscal year beginning in)	(-) 0000	/L) 0007	(-) 0000	(-1) 0000	( ) 0040	(D.T. )
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					!	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					]"	
11	Net income from unrelated business activities not included 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 IV.)						-
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) Eirst five years. If the Form 990 is for the co	rnanization'e firet	second third four	th or fifth tay year	r as a section 501/	C)(3)	
. 7	organization, check this box and stop here						▶ □
Sect	tion C. Computation of Public Su	pport Percent	age				······
15	Public support percentage for 2010 (line 8,			ı (f))		15	%
16	Public support percentage from 2009 Sche	dule A, Part III, lin	e 15			16	%
Sect	ion D. Computation of Investmen	it Income Per	centage				
17	Investment income percentage for 2010 (lin	e 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2009 S	Schedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests—2010. If the organia	zation did not che					
	17 is not more than 33 1/3%, check this box	-					▶ 🔲
	33 1/3% support tests—2009. If the organiz						. —
	line 18 is not more than 33 1/3%, check this						₹ 🎞
20	Private foundation. If the organization did r	not check a box or	ո iine 14, 19a, or 19	D, check this box	and see instruction	1S	

Schedule A (Form 990 or 990-EZ) 2010 Affiliated Tribes of Northwest	93-0934830 Pag
Part IV Supplemental Information. Complete this part to provide the explanation Part II, line 17a or 17b; and Part III, line 12. Also complete this part for an instructions).	is required by Part II, line 10;
Part II, Line 10 - Other Income Detail	
Other income \$ 0	
**************************************	
<u>*</u>	
<u>(</u>	
&	
SM:	
£	
	• • • • • • • • • • • • • • • • • • • •

Department of the Treasury

Internal Revenue Service

SCHEDULE D (Form 990) **Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 2010

Open to Public Inspection

Name of the organization Employer identification number Affiliated Tribes of Northwest Indians 93-0934830 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **\$** 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X . . . .

4 Describe in Part XIV the intended uses of the	organization's endowment	funds.		
Part VI Land, Buildings, and Equip	oment. See Form 990	0, Part X, line 10.		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		14,600	10,947	3,653
e Other				
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, colu	mn (B), line 10(c).)		3,653

Schedule D (Form 990) 2010

(1) (2) (3)(4)(5)(6)(7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sch	edule D (Form 990) 2010 AIIIII ated Tribes of Northwest 93-0934	830	Page 4
P	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	. 4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	. 7	
8	Other (Describe in Part XIV.)	. 8	
9	Total adjustments (net). Add lines 4 through 8	. 9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pe	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	_	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
6	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	_	
	Other (Describe in Part XIV.)	_	
C	Add lines 4a and 4b	. 4c	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	1000	
	Other losses 2c		
	Other (Describe in Part XIV.)	- 1	
e	Add lines 2a through 2d	.   2e	
	Subtract line 2e from line 1	. 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIV.)	- 4	
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) <b>t XIV</b> Supplemental information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	and the	
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part		
	Iditional information.	to provide	
ally at	iditional information.		
		•••••	• • • • • • • • • • • • • • • • • • • •
		********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • • •		***************************************	

Schedule D (Form 990) 2010 AIIIII ATED TILDES OF NORTHWEST	93-0934830	Page <b>5</b>
Part XIV Supplemental Information (continued)		
8		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***************************************		
(t	***************************************	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	
£		
§	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AV		
£		
<u></u>		
(15)		
	***************************************	
j	***************************************	
(iii)	***************************************	
û		
	*******************************	
[6.11.11.11.11.11.11.11.11.11.11.11.11.11		
<u></u>		
	•••••••••••••••	

**SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047\_

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Affiliated Tribes of Northwest

▶ Attach to Form 990 or 990-EZ.

Employer identification number 93-0934830

Indians	93-0934830
Form 990 - Organization's Mission or M	ost Significant Activities
The Affiliated Tribes of Northwest Ind	ians is founded on the principles of
unity and cooperation among Indian gov	ernments and people; respect for
unique interest of its member Tribes;	the pursuit of security and
protection of treaty based on other so	vereign rights, traditional and
contemporary cultural and religious ri	ghts and practicies; and promotion of
the common interest and welfare and th	e enhancement of the quality of life
of Indian and Native peoples.	
Form 990, Part VI, Line 6 - Classes of	
Members.	
Form 990, Part VI, Line 7a - Election	of Members and Their Rights
Yes.	
Form 990, Part VI, Line 9 - Officers W	no Cannot Be Reached
Brian Cladoosby	
Henry M. Cagey	
Harvey Moses Jr.	
w-l	
Melvin R. Sheldon Jr.	.,
	,
Norma Jean Louie	

Name of the organization  Affiliated Tribes of Northwest	Employer identification number 93 - 0934830
Sonya M. Tetnowski	
Sharon Goudy	
<u></u>	
Form 990, Part VI, Line 10b - Policies and Procedure	es Governing Chapters
Yes.	
165.	••••••••••••••••••••••••••••••••••••
Form 990, Part VI, Line 11b - Organization's Process	s to Review Form 990
The Form 990 is drafted by an auditing firm and then	,
office for review by the Executive Director and Book	
President of ATNI for review and approval.	
riesident of Aini for feview and approvar.	
Form 000 Don't UT Time 12s Enforcement of Conflic	ta Balian
Form 990, Part VI, Line 12c - Enforcement of Conflic	
Yes. Board and committee members may take part in di	
toward quorums, but may not vote on any matter falli	ing under the "Conflict
of Interest" section.	
Form 990, Part VI, Line 15a - Compensation Process f	or Top Official
Yes. Salaries for the Executive Director is negotiat	ed by the Executive
Board as provided in the Plan of Operations. For all	of the other
positions, the Executive Director shall recommend th	e salary for each
employee for approval by the Executive Board. Salari	es may be increased at
the sole discretion of the Executive Director subjec	t to approval by the
board. The executive board request administrative/ma	nagement staff not
being review to provide comparability date for posit	ion and sumbit to board
meeting for approval.	

-
α.
-
_
-
_
N
_
_
•
_
-
N
•
←
=
37
~
_
_
~
_
_
Q.

SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

93-0934830 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ▶ See separate instructions. ▶ Attach to Form 990. Affiliated Tribes of Northwest Indians Department of the Treasury Internal Revenue Service Name of the organization

	·			, mrc 00.7		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income Er	(e) End-of-year assets	(f) Direct controlling
(1)						August Au
(2)						
(3)						
(5)						:
Fast II Identification of Related Tax-Exempt Organizations (Cone or more related tax-exempt organizations during the	Complete if the ce tax year.)	rganization ans	wered "Yes" to	Form 990, Parl	Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had tax year.)	use it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (eV3))	(f) Direct confrolling	(g) 512(b)( led entit
(1) ATNI-EDC 18230 Frost Rd Dallas OR 97338	Econ Dev	OR		L	NH 4	ON >
(2) ATNI Financial Services 18230 Frost Rd 68-0544296 Dallas OR 97338	Supp Serv	OR			ATNI	• *
(3)						
(4)						
(5)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2010

ATNI 09/12/2011 12:11 PM

Schedule R (Form 990) 2010 Affiliated Tribes of Northwest

Page 2 Schedule R (Form 990) 2010 (k) Percentage ownership Percentage ownership Ξ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (I) General or managing partner? Yes No m 990) 2010 Affiliated Tribes of Northwest 93-0934830 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) атоипt in box 20 of end-of-year assets Code V---UBI Schedule K-1 (Form 1065) Share of (B) (h) Dispro-portionate alloc.? Yes No Share of total income (g) Share of end-of-year (C corp, S corp, Type of entity (f) Share of total income or trust) Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) entity € (d)
| Direct controlling entity Legal domicile foreign country) (state or Ö (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III DAA Ξ 3 € lΞ 2 3 3 2

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				ľ	_ L	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II_IN/2	ed organizations listed in	Darte II_IV			Tes	2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		:				
b Gift grant or canital contribution to other paradisactions				e		×
				9	_	×
				10	×	
				;	╁	1
e Loans or loan guarantees by other organization(s)				<u> </u>	+	4 1
				-le		×
f Sale of assets to other organization(s)					:	:
Direction of good of the control of				11		M
				19		×
				4		k
(s)				;		×
				-		
k Performance of services or membership or fundraising solicitations for other organization(s)				7		3
anization(s)				¥ ;	+	4 >
				=	$\dagger$	4   1
n Sharing of paid employees				Ē	1	×
				1n		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				•		Þ
<b>D</b> Reimbursement baid by other organization for expanses				2	+	اه
				<del>1</del>	×	
				Ē		×
Other transfer of cash or property from other organization(s)				÷	-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ine, including covered re	lationships and transacti	on thresholds.		1	
(a) Name of other organization	(b) Transcriptor	(c)				
	type (a-r)	AMOUNT INVOIVED	Method of determining amount involved	ning d		
(1) ATNI-EDC	υ	36,900				
(2) ATNI-EDC	ρ	12.000				1
(3)						
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2010	R (Form	990) 2	010

Page 4

Schedule R (Form 990) 2010 Affiliated Tribes of Northwest

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

93-0934830

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (h) (h) (h)	(h)	esument partnersni	ps.		3			-		
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	artners	Share of	Disproportionate	Code V—UBI		(h) General or	- to
		(state or foreign country)	section 501(c)(3) organizations?	on )(3) ations?	end-of-year assets	allocations?		in box 20 dule K-1	managing partner?	ging er?
			Yes	Š		Yes	2	<u></u>	88	2
E										2
(2)				$\dagger$						
(3)				1						
(4)				$\dagger$					+	
(5)										
(9)										
(7)				$\dagger$		-				
			-							
(8)									T	
(6)										
(10)				1						
(11)				$\dagger$			+			
									$\neg$	
							Sche	Schedule R (Form 990) 2010	m 990)	2010

Complete this part to provide additional information for responses to questions on Schedule R (sinstructions).	iee
©	
<u> </u>	
<u> </u>	
A	
·	
§	
i	
†·····	***************
,	••••••
i	
ft	
59	
A	
<u> </u>	
	*************
	******

ATNI Affiliated Tribes of Northwest

93-0934830

### **Federal Statements**

9/12/2011 12:11 PM

FYE: 12/31/2010

**Taxable Interest on Investments** 

93-0934830 FYE: 12/31/2010	Federal Statements			9/12/2011 12:11 PM
Form	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	rice (Non-employee)		
Description	Total Expenses	\$ .	Management & General	Fund Raising
	\$ 114,215 \$	23,460 \$	90,755	w.
	Form 990, Part IX, Line 24f - All Other	All Other Expenses		
Description	ų,	Program Man Service (	Management & General	Fund Raising
Loss on Disposal of Asset Fines	1,470 1,470 80		1,470	n-
	\$ 3,434 \$	403	3,031	w.

DLN: 93493320090362

## Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public

Department of the Treasury

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

Internal	l Revenue	Service	► The organ	nization may ha	ve to use a cop	y of this return t	o satisfy	state reportin	ig requiremer	its	Inspection
A Fo	or the 2	2011 ca		rtax year begii	nning 01-01-20:	1 and ending	12-31-20:	11	D Emplace	r identifi	cation number
		pplicable	C Name of orga AFFILIATED TF	inization RIBES OF NW INDL	ANS						.acion number
_	dress ch	-	Doing Busines	s As					93-093 E Telephon		<u>r</u>
	ıme chai	_							(503) 2	49-5770	<b>1</b>
_	tıal retui		Number and s 6636 NE SAND		ıf maıl ıs not delive	ered to street addre	ss) Room/s	suite	<b>G</b> Gross rece		
•	rmınated									• •	·
_	nended i		City or town, : PORTLAND, OF	state or country, a R 97213	nd ZIP + 4						
Ap	plication	pending							_		
				and address of p RR WYNECOOL					his a group re	eturn for	Evas Ens
			6636 NE S	SANDY BLVD				атпі	ıates?		⊤Yes ▼ No
			PORTLAN	D,OR 97213				H(b) Are	all affiliates in	cluded?	┌ Yes ┌ No
—————————————————————————————————————	ax-exem	npt status	<b>▼</b> 501(c)(3)		<b>d</b> (insert no.) □	4947(a)(1) or \( \bigcup \)	- 527	1 _			e instructions)
		<u> </u>		1 301(c) ( )	4 (macre no )	+3+7(d)(1) Oi	327	H(c) Gro	oup exemptio	n numbe	r <del>F</del>
		<b>:⊩</b> N/A						<u> </u>			
			•	Trust Associ	ation Cother 🕨			<b>L</b> Year of f	formation 1953	<b>M</b> Stat	e of legal domicile OR
Pa	rt I	Sum	mary								
			-	-		ignificant activit st Indians is fou		he nrinichles	of unity and o	nonerat	ion amount Indian
φ			ents and peop		bes of Northwe	30 Indiana 13 10 a	naca on c	пе рипперіез	or unity und t	оорегис	
Governance	-										
	-										
S O K	2	Check th	ıs box ► ıf t	:he organizatior	dıscontınued ı	ts operations or	dısposed	of more than	25% of its n	et assets	5
	3 1	Number	of voting mem	bers of the gov	erning body (Pa	rt VI, line 1a)				3	7
<u>8</u>	4 1	Number	of independent	t voting membe	rs of the gover	ning body (Part \	I, line 1b	o)		4	250
Activities &	5 7	Total nur	mber of individ	luals employed	ın calendar yea	ır 2011 (Part V ,	lıne 2a)			5	4
যু	6 7	Total nur	nber of volunt	eers (estimate	ıf necessary)					6	250
						umn (C), line 12			_	7a	0
	Ь	Net unrel	lated business	taxable incom	ie from Form 99	0-T, line 34 .	•			7b	
		Control	hutions and an	canto (Dart VIII	lina 1 h			Pri	ior Year 435,84		Current Year 386,266
Ravenue	8			•				•	394,82	_	329,994
	10	_		•		 ,4,and7d) .		<u> </u>		8	14
	11					8c, 9c, 10c, and		•	4,40	_	17,678
	12	Total r	evenue—add l	ines 8 through	11 (must equa	Part VIII, colu	mn (A ), lu	ne			
	1.0		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)						835,08	1	733,952
	13 14										0
	15		its paid to or for members (Part IX, column (A), line 4)								
8	13	5-10)	es, other compensation, employee benefits (Part IX, column (A), lines )						235,21	5	249,805
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)								0
ਡੋ	Ь	Total fur	ndraising expenses (Part IX, column (D), line 25) • 32,731								
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						527,37	9	659,346
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)						762,594 72,487		
. 07	19	Revenu	ue less expenses Subtract line 18 from line 12						72,487		
Net Assets or Fund Balances			al assets (Part X, line 16)						Beginning of Current Year		End of Year
See.	20	Total a							213,04	6	166,081
절	21	Total I							27,74	4	155,978
žÏ	22	Netas	assets or fund balances Subtract line 21 from line 20						185,30	10,103	
Pa	rt II	Sign	ignature Block								
						n, including acco					best of my ch preparer has any
	rledge.	and Denei	, it is true, con	rect, and compre	ce. Decidiation	or propurer (other	than onle	ci , is buscu oi	r dir imormativ	J. O. W.	en preparer nas any
		T k						1			
٠.		I <b>B</b>	****** Signature of officer						2012-11-01 Date		
Sign Here			Signature of officer Date								
	-		or print name an	OP EXECUTIVE DIR nd title	ECTUR						
		Preparer				Date		Check If	Preparer's t	axpaver ıd	entification number
Paid		signature		C WHEATLEY		2012-11-15		self-	(see instruc		
	arer's	Firm's na	m's name (or yours A JACOLYN C WHEATLEY CPA LLC								
Use		ıf self-en	self-employed),						EIN 🕨		
	_	addie55,	dress, and ZIP + 4 PO BOX 82071						Phone no	(503) 4	82-8298
M av	the ID	S discus	e thic ration	PORTLAND, OR 9		? (see instructio	ne)				Yes No
ı'ı d y	cire IK	J uiscus	a una return v	vicii die prepare	i shown above	· (see msuuctio	115/			ام ا	1 C 5   11 U

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 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? <i>If</i> " <i>Yes,"</i> 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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part 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? <i>If</i> "Yes," complete Schedule G, Part I	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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

# Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
U	That least one is reported on line 2a, did the organization me an required lederal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Weekle annual to the second of	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
,	Organizations that may receive deductible contributions under section 170(c).	00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	The same of the sa			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		NI -
_	contract?	7e		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No_
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
ט	year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
-	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Ves " has it filed a Form 730 to report these payments? If "No " provide an explanation in Cabadula O	146		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
а	year by the following The governing body?	8a	Yes	
a b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		163	
,	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			l
10-	Did the commented have lead about an househor confillators	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	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		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	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			

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
  TERRI PARR WYNECOOP
  6636 NE SANDY BLVD

PORTLAND, OR 97213 (503) 249-5770

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) FAWN SHARP President	3 00	х		Х				0	0	0
(2) JAMES STEELE JR 1st Vice Pres	3 00	х		Х				0	0	0
(3) HARVEY MOSES JR 2nd Vice Pres	3 00	х		Х				0	0	0
(4) MEL SHELDON JR 3rd Vice Pres	3 00	х		Х				0	0	0
(5) NORMA JEAN LOUIE Secretary	3 00	х		Х				О	0	0
(6) SHARON GOUDY Treasurer	3 00	х		Х				0	0	0
(7) JOEL MOFFETT Assistant Secr	3 00	х		Х				0	0	0
(8) CLEORA HILL-SCOTT Exec Director	40 00				Х		Х	72,050	0	0

\$100,000 of compensation from the organization  $\blacktriangleright$ 

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

	(A) Name and Title	(B) Average hours per week (describe	verage Position (do not check Reportable compensation per unless person is both week an officer and a director/trustee) Position (do not check Reportable compensation compensation which person is both from the organization (Worganization) (W- 2/1099-MISC) (W- 2/1099-MISC)								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima imount o compens from t rganizati	ited fother sation the on and
		for related organizations in Schedule O)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Hisey		organiza	
1b c	Sub-Total	to Part VII, Sec	tion A		<u>.</u>			<u>▶</u>						
d 2	Total (add lines 1b and 1c) .  Total number of individuals (incl \$100,000 of reportable compens	udıng but not lın	nited to			ted	above	) who		,050 re tha	n			
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o	or highest com	pens •	ated employee	3	<b>Yes</b> Yes	No
<b>4 5</b>	For any individual listed on line 1 organization and related organization and related organization individual	ations greater th	nan \$15	50,00 •		If "Y	es," co	mple •	ete Schedule J f	or su	ch • • • •	4		No
Se	services rendered to the organiz		complet	e Sch	edul	e J fo	or suci	h per:	son	•	•	5		No_
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		<b>(A)</b> ne and business ad	dress							Descr	(B) iption of services		(C Comper	
	Total number of independent cont	ractors (includir	a but n	ot lu	nitor	1 +0 1	thoso	lictor	d above) who i		ad mara than			

Part v	<u> </u>	Statement of Kevenue				
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>\$</b> \$	1a	Federated campaigns 1a				
듄듬	Ь	Membership dues 1b 53,73	0			
ಕಾತ			-			
Contributions, gifts, grants and other similar amounts	C	Fundraising events 1c	_			
≝ቈ	d	Related organizations 1d				
<u>양</u>	l e	Government grants (contributions) <b>1e</b> 276,33	<del>-</del>			
经怎么	•		<u>_l</u>			ļ ļ
≗≟	f	All other contributions, gifts, grants, and <b>1f</b> 56,20 similar amounts not included above	0			
24	_	Noncash contributions included in				
5 5	g					
52	١.	lines 1a-1f \$	386,266			
् ल	h	Total. Add lines 1a-1f	386,266			
a)		Business Code				
ž	2a	Conference Revenue 9999	220 214			
je.	Zu		99 329,314			
28	b	Expense Reimbursements 9999	99 680			
<u>a</u> .	c					
š						
Ŋ	d					
Ξ	e					<u> </u>
Program Serwce Revenue	f	All other program service revenue				
န <del>ွိ</del>						
Δ	g	Total. Add lines 2a-2f	329,994			
	3	Investment income (including dividends, interest				
		and other similar amounts)	14			
	l <u>.</u>					
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental				
	"	expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	_			
	"					
		(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other				
		than inventory				
	b	Less cost or other basis and				
		sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
ά		events (not including				
Ž		\$				
क्		of contributions reported on line 1c)				
<u> </u>		See Part IV, line 18				
Other Revenue		а				
<u> </u>	ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events	$\dashv$			
_		ı				
	9a	Gross income from gaming activities See Part IV, line 19				
	_	a	$\dashv$			
	b	Less direct expenses b	$\sqcup$			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
		<b>a</b> 17,67	8			
	ь	Less cost of goods sold <b>b</b>	7			
	_ c	Net income or (loss) from sales of inventory	17,678	17,678		
	H		· ·			
		Miscellaneous Revenue Business Code	$\dashv$			
	11a			<u>                                      </u>	<u></u> _	
	ь					
	<sub>c</sub>					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶				
	12	Total revenue. See Instructions	▶			
	I		733,952	347,686		i l

23

24

25

Other expenses Itemize expenses not covered above (List

combined educational campaign and fundraising solicitation

miscellaneous expenses in line 24f If line 24f amount exceeds 10% of

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 72,050 36,025 18,013 18,012 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 132,890 117,103 15,787 0 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 15,697 21,134 3,591 1,846 23,731 17,714 3,938 2,079 10 Fees for services (non-employees) 11 Management . . . . . 2,339 2,339 0 ٥ Legal . . . . . . . . . Accounting . . . . . . . . . . . 28,449 16,879 11,570 0 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 6,000 g 6,000 0 0 8,770 Advertising and promotion . . . 35,078 22,800 3,508 Office expenses . . . . . 12,284 4,194 7,282 808

0

0

0

0

Part X **Balance Sheet** (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 53.362 116,023 1 2 2 Savings and temporary cash investments . . . . . . 150,687 3 3 5,344 4 47,270 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 Inventories for sale or use . . . . . 8 9 Prepaid expenses and deferred charges . . . 14,600 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 11,812 3,653 2,788 b Less accumulated depreciation . . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 213.046 16 16 166.081 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 27.744 17 155.978 **17** Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 27,744 26 155,978 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 185,302 27 27 Unrestricted net assets . . . . 10,103 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 185.302 33 10.103 34 Total liabilities and net assets/fund balances . . . . . 213.046 166.081 34

Pal	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	733,95
2	Total expenses (must equal Part IX, column (A), line 25)	2			909,15
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	175,19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	185,30
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			10,10
Par	The triangle of the contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320090362

OMB No 1545-0047

2011

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization AFFILIATED TRIBES OF NW INDIANS

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

93-0934830

_					- ( - 11				1 2 2 2 2 2 3 4 1				
	rt I			blic Charity Sta		_		•	<u> </u>	nstructions	1		
	organı —			te foundation becaus									
1	<u> </u>		•	ion of churches, or a			•	b)(1)(A)(i)	•				
2	<u> </u>			d in <b>section 170(b)(1</b>									
3		A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>secti</b>	on 170(b)(1	L)(A)(iii).				
4	Γ			h organızatıon operai ıty, and state	ted in conjun	nction with	a hospital des	scribed in <b>s</b> e	ection 170(b)	(1)(A)(iii). E	Enter the		
5	Г	An orga	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		sect ion	170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )								
6	Γ	A feder	al, state, or	·local government or	r governmen	tal unit des	cribed in <b>sect</b>	ion 170(b)	(1)(A)(v).				
7	⊽	describ	ed in	at normally receives (A)(vi) (Complete P		al part of it	s support fron	n a governm	nental unit or f	rom the gen	eral public		
8	Г			described in <b>section</b>		<b>A)(vi)</b> (Co	omplete Part I	Ι)					
9				at normally receives					ributions, mer	nbership fee	s, and gross		
-	•	_		rities related to its ex	• •		• •		•	•			
				oss investment inco									
				ganızatıon after June						,			
LO	Г			ganized and operated	•			•	•				
L1	Ė			ganized and operated						to carry out	the purposes of		
	,	one or i	more public	ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr orting organ	ribed in sec lization and	tion 509(a)(1	.) or sectiones 11e thro	n 509(a)(2) S ugh 11h	ee <b>section 5</b>			
e f g	1	other the section of the ocheck the Since A	nan foundat 509(a)(2) rganızatıon hıs box ugust 17, 2	ox, I certify that the ion managers and other received a written do 2006, has the organic	her than one etermination	or more pu	ublicly suppor	Type I, Ty	ations describ	ed in sectio	n 509(a)(1) or		
			g persons? rson who di	rectly or indirectly c	ontrols eith	er alone or	together with	nersons de	scribed in (ii)	<b>1</b>	Yes No		
				governing body of th			_	persons ac	seribed iii (ii)	119			
			•	er of a person descri		_	2401011			11g	<del></del>		
			-	lled entity of a perso			ahove?			11g			
h				ng information about						119	()		
		TTOVIGE	. the followin	ng mormation about	the support	ca organiza	1011(3)						
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is th organiza col (i) org in the U	ne tion in ganized	(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No			
ot a	ı						1				1		

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Part II Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 256,468 330,961 291,639 435,847 386,266 1,701,181 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 256,468 330,961 291,639 435,847 386,266 1,701,181 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 Public Support. Subtract line 5 from 1,701,181 line 4 Section B. Total Support Calendar year (or fiscal year beginning **(c)** 2009 (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (f) Total 256,468 330,961 291,639 435,847 386,266 1,701,181 Amounts from line 4 Gross income from interest, dividends, payments received on 111 491 45 669 securities loans, rents, royalties 14 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 1,701,850 through 10) Gross receipts from related activities, etc (See instructions ) 12 12 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 99 960 % Public Support Percentage for 2010 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line

15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.**Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 0 % 15 Public support percentage from 2010 Schedule A, Part III, line 15 16

Section D.	. Computation	of Investment	Income	Percentage
------------	---------------	---------------	--------	------------

<b>17</b> Inve	stment income	percentage for	<b>2011</b> (line	10c column (	(f) divided by	line 13 co	lumn (f))
----------------	---------------	----------------	-------------------	--------------	----------------	------------	-----------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493320090362

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

FFILIATED	O TRIBES OF NW INDIANS					
				0934830		
Part I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		unds (	or Accounts	. Complet	e ıf th
		(a) Donor advised funds	(	( <b>b)</b> Funds and o	ther accour	nts
Tota	I number at end of year					
Aggr	regate contributions to (during year)					
Aggr	regate grants from (during year)					
Aggr	regate value at end of year					
	the organization inform all donors and donor advi s are the organization's property, subject to the		or advı	sed	☐ Yes	┌ No
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben				┌ Yes	□ No
art II	Terring impermissible private benefit  Conservation Easements. Complete	if the organization answered "Ves" t	o Form	n 990 Part IV		, 140
	pose(s) of conservation easements held by the or		0 1 0111	1 990, Fait 1	, iiie 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat					1
Γ	Preservation of open space					
	nplete lines 2a–2d if the organization held a quali ement on the last day of the tax year	fied conservation contribution in the form	of a co	onservation		
				Held at the	End of the	Year
Tota	al number of conservation easements		2a			
Tota	al acreage restricted by conservation easements		2b			
Num	nber of conservation easements on a certified his	torıc structure ıncluded ın (a)	2c			
Number of conservation easements included in (c) acquired after 8/17/06						
Num	nber of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization	during	
the t	taxable year 🗕					
Num	nber of states where property subject to conserva	ation easement is located ►				
	s the organization have a written policy regarding reement of the conservation easements it holds?		dling of	violations, and	☐ Yes	┌ No
Staff	f and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents di	uring the year I	·	
A mo	ount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	g the year		
<b>►</b> \$						
	s each conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
bala	art XIV, describe how the organization reports concessheet, and include, if applicable, the text of th	he footnote to the organization's financial:				
rt III	Organizations Maintaining Collectio Complete if the organization answered '	rns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Oth	ner Similar	Assets.	
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ride, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch in fui			,
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for pride the following amounts relating to these items	public exhibition, education, or research i				
(i) <sub>R</sub>	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) <sub>/</sub>	Assets included in Form 990, Part X			<b>►</b> \$		
Ifth	e organization received or held works of art, histo		r finan	· ·		
follo	wing amounts required to be reported under SFA	S 116 relating to these items				

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	<b>311</b> Organizations Maintaining Co	llections of Ar	t, His	stori	cal T	reasur	es, or C	ther	Similar As	sets	(cor	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of tl	he fol	lowing	that are	a signific	ant us	e of its collec	tion		
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	$\vdash$	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	allections and expla	ain ho	w the	v furth	er the or	aanizatior	ı's exi	emnt nurnose	ın		
•	Part XIV											
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									┌ Ye	•	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon						, 110
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						other ass	ets n		┌ Ye	:s	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follov	vıng t	able		-					
							-		Ar	nount		
C	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	e 21?	<b>&gt;</b>						┌ Ye	:S	∏ No
b	If "Yes," explain the arrangement in Part XIV	1										
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b	<b>)</b> Prior	Year	(c)Two	Years Back	(d)⊺	hree Years Back	<b>(e)</b> Fo	ur Ye	ars Back
1a	Beginning of year balance							+				
Ь	Contributions							+				
C	Investment earnings or losses							<u> </u>				
d	Grants or scholarships							₩				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	that	are hel	d and ad	mınıstere	d for t	:he			
	organization by										res	No
	(i) unrelated organizations		•					•	3a		$\longrightarrow$	
	(ii) related organizations								3a(		<del> </del>	
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	3	<u> </u>		
	t VI Land, Buildings, and Equipme					10						
ГСП	Land, Buildings, and Equipme	ent. See Form 9:	70, F				(h)Coot o		(-)			
	Description of property					or other estment)	(b)Cost or basis (ot		(c) Accumulate depreciation		<b>d)</b> Bo	ok value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment						1	4,600	11,	,812		2,788
_е	Other	<u></u>										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B	), line	10(c).,	)						2,788
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B	), line	10(c).,	)		•	► Schedule I	 ) (For	 m 99	

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		733,952
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		909,151
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		-175,199
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 - 8	9		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10		-175,199
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn	,
1	Total revenue, gains, and other support per audited financial statements	1		733,952
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			· ·
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV) 2d			
e	Add lines <b>2a</b> through <b>2d</b>	2e		
3	Subtract line <b>2e</b> from line <b>1</b>	3		733,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIV) 4b			
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c		
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5		733,952
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return	
1	Total expenses and losses per audited financial statements	1		909,151
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIV) 2d			
e	Add lines <b>2a</b> through <b>2d</b>	2e		
3	Subtract line <b>2e</b> from line <b>1</b>	3		909,151
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b			
C	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5		909,151
Par	t XIV Supplemental Information			
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Also complete t			

additional information

Identifier Return Reference

Explanation

**Compensation Information** 

DLN: 93493320090362

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization AFFILIATED TRIBES OF NW INDIANS 93-0934830 Part I Questions Regarding Compensation

		•		res	14.0	
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi					
		Housing allowance or residence for personal use				
		Payments for business use of personal residence				
	·	Health or social club dues or initiation fees				
		Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above.		1b		No	
2	Did the organization require substantiation prior to reimbursi officers, directors, trustees, and the CEO/Executive Director	- · · · · · · · · · · · · · · · · · · ·	2	Yes		
3	Indicate which, if any, of the following the organization uses t					
	organization's CEO/Executive Director Check all that apply  Compensation committee	Written employment contract				
		Compensation survey or study				
		Approval by the board or compensation committee				
	p 1 orm 550 or other organizations	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control payment	?	4a		Νo	
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	c Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the					
	Only 501(c)(3) and 501(c)(4) organizations only must compl					
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue any				
а	The organization?		5a		Νo	
b	Any related organization?		5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	dıd the organızatıon pay or accrue any				
а	The organization?		6a		Νo	
b	Any related organization?		6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		7		No	
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III		8		No	
9	If "Yes" to line 8, did the organization also follow the rebutta section 53 $4958-6(c)$ ?	ble presumption procedure described in Regulations	9			
_ ==			1 /F		<del></del>	

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) CLEORA HILL- SCOTT	(ı) (ıı)	72,050					72,050	
		ı		I	I		ı	

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320090362

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization AFFILIATED TRIBES OF NW INDIANS	Employer identification number
ALITHALED INJULY OF INV INDUNIS	93-0934830

Identifier	Return Reference	Explanation
Pt VI, Line 6		Organization membership includes NW Indian Tribes and
		Individual tribal members
Pt VI, Line 7a		Paid members elect open board positions at the
		Annual Conference held in late September of each year
Pt VI, Line 11a		To ensure timely filing of Form 990 board members will
		ratify return at the next reguarly scheduled meeting
Pt VI, Line 12c		Board members declare conflicts at least once per
		year
Pt VI, Line 15		Executive Director compensation is approved by the
		board of directors based on similar positions within
		sımılar trıbal organizations
Form 990, Part IX, Line 24f		BANK CHARGES 6477 5182 1295 0 CONTRACT LABOR 104771 95953 8818 0 CONTINUING ED/TRAINING 687 352 335 0 DUES/MEMBERSHIPS 400 400 0 0 EQUIPMENT LEASES 4845 3150 1210 485 GIFTS/HONORARIUMS 3202 2702 500 0 LICENSES & FEES 1379 940 439 0 MEETING EXPENSE 10421 4488 5933 0 POSTAGE & DELIVERY 3163 1870 1293 0 PRINTING 2165 1523 642 0 TELEPHONE/UTILITIES 10477 7402 2406 669 PENALTIES 1460 0 1460 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► See separate instructions.

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

DLN: 93493320090362 OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** AFFILIATED TRIBES OF NW INDIANS 93-0934830 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity (d) Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 12(b)(13) rolled ization
						Yes	No
(1) ATNI - ECONOMIC DEVELOP CORP							
18230 FROST RD		OR					
DALLAS, OR 97338 91-1923482							
(2) ANTI - FINANCIAL SERVICES							
18230 FROST RD		OR					
DALLAS, OR 97338 68-0544296							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y		Schedule R (F	orm 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

Par	LV	Transactions with Related Organizations (Complete if the organization answered Tes	on Form 990, Par	11V, line 34, 35, 3	5A, 01 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	ring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	ıızatıons lısted ın Parts	s II-IV?			
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	rant, or capital contribution to related organization(s)			1b		No
C	Gıft, g	rant, or capital contribution from related organization(s)			1c	Yes	
d	Loans	or loan guarantees to or for related organization(s)			1d		No
е	Loans	or loan guarantees by related organization(s)			1e		No
f	Sale o	f assets to related organization(s)			1f		No
g	Purch	ase of assets from related organization(s)			<b>1</b> g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			1i		No
j	Lease	of facilities, equipment, or other assets from related organization(s)			<b>1</b> j		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
I	Perfori	mance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	n Yes	
n	Sharır	ng of paid employees with related organization(s)			<u>1n</u>	Yes	┼
o	Reımb	oursement paid to related organization(s) for expenses			10		No
p	Reimb	ursement paid by related organization(s) for expenses			<u>1p</u>	Yes	┼
q	Other	transfer of cash or property to related organization(s)			<b>1</b> q		No
r	Other	transfer of cash or property from related organization(s)			1r		No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ıcludıng covered relatı	onships and transact	ion thresholds		
		(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) anizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging :ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
													·

Schedule R (Form 990) 2011

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

### Form **990**

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Α	For the	2012 calen	dar year, or tax year beginning , 2012, and ending		•	,									
В	Check if ap	plicable:	C Name of organization Affiliated Tribes of NW Indians	D Emplo	yer identi	fication Number									
	Addre	ss change	Doing Business As	93-	09348	330									
	Name	change	Number and street (or P.O. box if mail is not delivered to street addr)  Room/suite	e <b>E</b> Teleph	one numb	er									
	Initial a	return	6636 NE Sandy Blvd	(50	(503) 249-5770										
	Termir	nated	City, town or country State ZIP code + 4	, , ,	<u> </u>										
	Amen	đed return	Portland OR 97213	G Gross	receipts \$	\$ 469,930.	_,								
	H	ation pending		a) Is this a group retur			X No								
	☐. +F			<ul> <li>b) Are all affiliates inclining if 'No,' attach a list.</li> </ul>	ded?		No								
_	Тах-ехе	mpt status	X   501(c)(3)   501(c) ( )   4947(a)(1) or   527	If 'No,' attach a list.	(see instru	ctions) —	_								
<u></u> J		te: ► N/		c) Group exemption n	ımber 🕨										
K		organization:	X Corporation Trust Association Other LYear of Formation:	· · · · · · · · · · · · · · · · · · ·		gal domicile: OR									
Pa		Summar		1955 10	otate of let	gar dominie. OR									
			<b>y</b> be the organization's mission or most significant activities: Unity & Co	operation											
		-	liated Tribes of Northwest Indians is founded on												
Activities & Governance		prinicples of unity and cooperation amount Indian governments													
<u>E</u>		prinicples of unity and cooperation amount Indian governments and people.													
ĕ		eck this bo		n 25% of its net a	 ssets.										
ၓ			ting members of the governing body (Part VI, line 1a)		3		7								
οŏ Ω	4 Nu	ımber of ind	dependent voting members of the governing body (Part VI, line 1b)		4		7								
ifie			of individuals employed in calendar year 2012 (Part V, line 2a)		5		3								
÷			of volunteers (estimate if necessary)		6		250								
Ă			d business revenue from Part VIII, column (C), line 12		7a		0.								
<b></b>	b Ne	t unrelated	business taxable income from Form 990-T, line 34		7b										
				Prior Year		Current Ye									
গু			and grants (Part VIII, line 1h)	386,2		311,	***************************************								
Revenue		•	ice revenue (Part VIII, line 2g)	329,9		142,									
ev.			come (Part VIII, column (A), lines 3, 4, and 7d)		14.		11.								
щ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,6			668.								
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	733,9	152.	459,	853.								
			milar amounts paid (Part IX, column (A), lines 1-3)												
		•	to or for members (Part IX, column (A), line 4)												
တ္မ		,	249,8	305.	122,	739.									
Š	16a Pro	ofessional f	undraising fees (Part IX, column (A), line 11e)		eli Gardosboro Notice I vol		Darrock Websen								
Expenses	<b>b</b> Tot	tal fundraisi	ing expenses (Part IX, column (D), line 25) ►14 , 014 .												
ш	17 08	her expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	659,3	46.	374,	169.								
	<b>18</b> To	tal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	909,1	.51.	496,908.									
,,	<b>19</b> Re	venue less	expenses. Subtract line 18 from line 12	-175,1	.99.	-37,	055.								
let Assets of and Balance	***************************************			Beginning of Curre	nt Year	End of Yea									
3212			Part X, line 16)	166,0		112,	678.								
A P	<b>21</b> To	tal liabilities	: (Part X, line 26)	155,9	78.	139,	630.								
žΖ	22 Ne	t assets or t	fund balances. Subtract line 21 from line 20	10,3	.03.	-26,	952.								
Pa	rt II	Signatur	e Block	,											
				my knowledge and be	lief, it is tru	e, correct, and									
comp	lete. Declara	ation of prepare	lare that I have examined this return, including accompanying schedules and statements, and to the best of or (other than officer) is based on all information of which preparer has any knowledge.	•	-										
			97hp	11/14/1	.3										
Sig	n	Signatur	e of Officer	Date											
Sig He	re	Terr	ri Parr Wynecoop	Exec Direct	tor										
		Type or	print name and title.												
		Print/Type pr	eparer's name Preparer's signature Date	Check	ζ if F	PTIN!									
Pai	d	Jacoly	n C Wheatley Galdhyll C Whetleatley 11/10/13	1 -		200195569									
	parer	Firm's name	Jacolyn C. Wheatley CPA LLC												
	Only	Firm's addres		Firm's EIN	72-	1532060									
	-		Milwaukie OR 97222	Phone no.	(503		 5								
Mav	the IRS	discuss this	return with the preparer shown above? (see instructions)	· · · · · · · · ·		X Yes	No								

Form	990 (2012) Affiliated Tribes of NW Indians	93-0934830	Page 2
Par	tall Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		x
1	Briefly describe the organization's mission:		
	Unity & Cooperation		
	The Affiliated Tribes of Northwest Indians is founded on the		
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the	orior	
	Form 990 or 990-EZ?	Ye	s 🗓 No
	If 'Yes,' describe these new services on Schedule O.		<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.	<b>_</b>	_
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	of grants and allocation	ons to
4 a		Revenue \$ 2	48,582.)
	Conferences & Summits		
		<b> </b>	
	throughout the Pacific NW for member Tribes and Individuals.		
		<b></b>	
		<b> </b>	
		<b> </b>	
		<b> </b>	
4 b	(Code:) (Expenses \$122,135. including grants of \$0.) (F	Revenue \$ <u>1</u>	11,674.
	Government Funded Tribal Programs		
	Costs related to programs for NW Tribes and members funded by	<b> </b>	
	a variety of governmental grants from BPA and EPA.		
		<b></b>	
	(Code:) (Expenses \$20,949, including grants of \$0.) (R	devenue \$	<u>16,200.</u> )
	Ric Gendron Project		
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 119,050. including grants of \$ 0.) (Revenue \$	0	.)
4 e	Total program service expenses ► 382,699.		

Part IV Checklist of Required Schedules Yes Nο is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . 3 Х Х 4 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 X 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, 6 Х Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 Х Х X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a Χ 11b X 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X ... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b X Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?........... 14a Х 14h 15 Х Х 16 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 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 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 Х X 20

20 b

Form 990 (2012) Affiliated Tribes of NW Indians

Part IV Checklist of Required Schedules (continued) Page 4 93-0934830 Yes No

			'``	'''
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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
24				
244	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 8	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete			3.5
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	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 member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
ŧ	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35=	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
it	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	(012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c 2 a 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Χ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O...... 3 b 4 a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . 4 a b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 h 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... Х 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... 7 f g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 9 Sponsoring organizations maintaining donor advised funds. 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12....... 10 a 10 b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 11 Section 501(c)(12) organizations. Enter: 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)............. 11b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13h c Enter the amount of reserves on hand ................. X 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . . . . . .

Forn	m <b>990</b> (2012) Affiliated Tribes of NW Indians 93-0934830		F	Page 6
,				
Pa	TVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	v, and in	<i>a 101</i>	
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	ction A. Governing Body and Management			
	Alonna oo vonang bouj and managonion.		Yes	No
1 :	a 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.	•		
		-		
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		X
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		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	┞
7 a	a 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?	7 a	Х	
ŀ	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
ŧ	a The governing body?	8a	X	000000000000000000000000000000000000000
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or 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		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	استسل	ode	
000	tion B. I dileica (This occition B requests information about policies not required by the informationer.	200	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
i	o 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?	10 b		<u> </u>
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
k	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
k	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	$\vdash$
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	Х	100010000000000000000000000000000000000
b	Other officers of key employees of the organization	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	n Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	o 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.     Own website	for pu	blic	
	Value     Value     Value			

Form 990 (2012) Affiliated Trib	neg Af	พเพ า	րոժ	າ ລາ	าฮ				93~0934	.830 Page <b>7</b>
Part VII Compensation of Officer Independent Contractors	s, Direc					, Key	/ Er	mployees, Highes		
Check if Schedule O contains a r		any (	11100	tion	in th	ile Par	+ \/II	1		. $\square$
Section A. Officers, Directors, Tru										
1 a Complete this table for all persons required organization's tax year.		<del>-</del>			**********			- <del></del>		
List all of the organization's current officompensation. Enter -0- in columns (D), (E), a	cers, direc	tors, tr	uste	es (	whe	ther in	divid	duals or organizations)	, regardless of amount	of
List all of the organization's current key										
<ul> <li>List the organization's five current high who received reportable compensation (Box 5 organization and any related organizations.</li> </ul>	est compe of Form V	nsated V-2 an	l em d/or	ploy Box	ees 7 o	(other f Form	tha 109	n an officer, director, tr 99-MISC) of more than	ustee, or key employe \$100,000 from the	e)
• List all of the organization's former office of reportable compensation from the organization	ers, key ei tion and ar	mploye	es, ted c	and orga	higi niza	nest co	omp	ensated employees wh	no received more than	\$100,000
• List all of the organization's former dire organization, more than \$10,000 of reportable	ctors or to	r <b>ustee</b> ation fr	s tha	at re the c	ceiv orga	ed, in nizatio	the n ar	capacity as a former di nd any related organiza	irector or trustee of the ations.	
List persons in the following order; individual to employees; and former such persons.	rustees or	directo	ors; i	nstit	utio	nal tru	stee	s; officers; key employ	ees; highest compens	ated
Check this box if neither the organization r	nor any rel	ated o	rgan	izati	on c	ompe	nsat	ted any current officer,	director, or trustee.	
				((	2)					
(A) Name and Title	(B) Average hours per week (list	one bo	ox, uni cer an	less p	ersor	more th is both r/trustee	an:	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	3.00									
President	1	Х		х				O.	0.	0.
(2) James Steele, Jr	3.00									
1st Vice Pres		х		Х				0.	0.	0.
(3) Harvey Moses, Jr.	3.00									
2nd Vice Pres		х		Х				0.	0.	0.
(4) Mel Sheldon, Jr.	3.00									
3rd Vice Pres		Х		Х				0.	0.	0.
_(5) Norma Jean Louie	_3.00									
Secretary		Х		X				0.	0.	0.
(6) Sharon Goudy	3.00									
Treasurer		Х		Х				0.	0.	0.
_(7) Joel Moffett	3.00									
Assistant Secr		Х		Х				0.	0.	0.
(8) Terri Parr Wynecoop	40.00		İ							
Exec Director					Х			61,539.	0.	0.
(10)						.,				
(11)										

<u>(13)</u>

(14)

BAA

Form 990 (2012) Affiliated Tribes of NW	India	ns	_						93-093483	
Part VII Section A. Officers, Directors, Trus	<b>t</b>	Key I	En		oye C)	es,	an	d Highest Con │	npensated Emp	loyees (cont)
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee					(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	Α						A A	61,539.	0.	0.
d Total (add lines 1b and 1c)							iver	61,539.	0.0	0.
from the organization	3 11036 1	1316(1	abc	,,,,	WIN	1600	1400	a more than y roo,t	oo or reportable con	пропавног
Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indi-									ployee	Yes No
For any individual listed on line 1a, is the sum of reporting the organization and related organizations greater that such individual	table co n \$150,0	mpei 100?	nsat <i>If 'Y</i>	ion a 'es' d	and comp	other olete	cor Sch	mpensation from nedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue con for services rendered to the organization? If 'Yes,' con										. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated compensation from the organization, Report compens	indeper	ndent	cor	ntrac	tors	that	rece	eived more than \$1	00,000 of organization's tax ve	ar.
(A) Name and business address					,,,,,	0.110	9	(B) Description o		(C) Compensation
2 Total number of independent contractors (including bu	t not lim	ited t	o th	ose	liste	d abo	ove)	) who received mor	e than	
\$100,000 in compensation from the organization			400	04/04	1240				li, so i	Form 990 (2012)

		Check if Schedule O	contains a	respo	nse to any question	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u>	1 a	Federated campaigns .		1 a		20 15 E 15 E	113	1100	
종률	t	Membership dues		1 b	83,980.				100000
₹. <u>\$</u>	c	Fundraising events		1 c					
유물	c	Related organizations .	, .	1 d			0.0000000000000000000000000000000000000		
S S	€	Government grants (contributi	ions)	1 e	111,674.		160 E. 20 SEC. 10. 10	2002000	200000000000
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, gr similar amounts not included a	rants, and	1f	116,278.				
돌물	Ę	Noncash contributions include	ed in Ins 1a-1	f: \$		-		4.50.0000000000000000000000000000000000	
U Ш	h	Total. Add lines 1a-1f .				311,932.			36 (E) (E)
					Business Code		5.6 5 5 6 6 6	100	
줐	2 a	Conference Reve	enue		999999	135,791.	135,791.	0.	0.
핑	b	Expense Reimbur	rsemen	ts_	999999	6,451.	6,451.	0.	0.
2	C								
S	d	<sup> </sup>							
RA	е								
8	f	All other program service	e revenue						
	g	Total. Add lines 2a-2f .				142,242.	and the second Street		il at half a second
	3	Investment income (inclu	ıding divid	ends,	interest and				
		other similar amounts)				11.	11,	0.	0.
	4	Income from investment							
	5	Royalties							
		0	(i) Re	181	(ii) Personal		6 (4) (c) (d) (d) (d) (d)		
		Gross rents					5-51 C 5-51 E		
		Less: rental expenses						an of the second	and the second
		Rental income or (loss)							
		Net rental income or (los	S) (i) Secur		(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	(I) OBCOI	mes.					
		- 1			10,077.			0.000	200
İ	þ	Less: cost or other basis							
	_	and sales expenses Gain or (loss)			10,077.	5000000			
		Net gain or (loss)			0.	_			
		, ,				0.	0.	0.	0.
EVENUE	8 a	Gross income from fundr (not including. \$	aising eve	nts					
9		of contributions reported	on line 1c	).				0.00	116.120.0
		See Part IV, line 18			a 5,668.				Annual de
OTHER	b	Less: direct expenses .			b			0.000	
5		Net income or (loss) from			ents ►	5,668.		0.	5,668.
	9 a	Gross income from gamin See Part IV, line 19	ng activitie	s.	a	3/333.	200 (200 (200 (200 (200 (200 (200 (200	ante Marie Sec	
	b	Less: direct expenses .			b				
		Net income or (loss) from			es				
1		Gross sales of inventory,							
	iva	and allowances			a				
	b	Less: cost of goods sold			b				
	C	Net income or (loss) from	sales of i	nvente	or <del>y ▶</del>			and the second s	
į		Miscellaneous Revenu	е		Business Code				37.0
[	11 a								
	b								
	c			l					
	d	All other revenue		[			2007222043244204	AMASSISTER A CONTROL OF THE CONTROL	
		Total. Add lines 11a-11d							
- 1	12	Total rayonua Sociacte	ections		<u>⊾</u>	1 450 050	140 050		

#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX.

	Check if Schedule O contains a re				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,539.	40,000.	15,385.	6,154.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	49,992.	24,996.	24,996.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes	11,208.	6,532.	4,058.	618.
11	Fees for services (non-employees):	,	-,		
	Management	30,076.	30,076.	0.	0.
	Legal	30,070.	3070.0.		
	: Accounting	29,146.	14,573.	13,116.	1,457.
	Lobbying	25,140,	11,5/5.	13,110.	2,13
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other, (If line 11g amt exceeds 10% of line 25, col-				
_	umn (A) amt, list line 11g expenses on Sch O)	6,463.	3,232.	2,908.	323.
12	Advertising and promotion	9,970.	7,478.	2,492.	0.
13	Office expenses	9,833.	7,372.	2,461.	0,
14	Information technology				
15	Royalties				
16	Occupancy	34,836.	26,127.	8,709.	0.
17	Travel	53,804.	43,044.	5,380.	5,380.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,281.	118,250.	3,031.	0.
20	Interest	417.	0.	417.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	827.	538.	207.	82.
	Insurance	908.	0.	908.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	·				
b	' <b></b>				
С					***************************************
d					
	All other expenses	76,608.	60,481.	16,127.	0.
25	Total functional expenses. Add lines 1 through 24e	496,908.	382,699.	100,195,	14,014.
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)				

		Check if Schedule O contains a response to any question in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	116,023.	1	84,984.
	2	Savings and temporary cash investments		2	8,882.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	47,270.	4	16,851.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
455EF5	8	Inventories for sale or use		8	
Ť	9	Prepaid expenses and deferred charges		9	
Ü	_	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	h	Less: accumulated depreciation	2,788.	10 c	1,961.
	11	Investments – publicly traded securities	2,100.	11	1,701.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
		Intangible assets		14	
	14	Other assets. See Part IV, line 11		15	
	15	<b>1</b>	7.66 0.01	_	110 670
	16	Total assets. Add lines 1 through 15 (must equal line 34)	166,081.	16 17	112,678.
	17 18	Grants payable	155,978.	18	139,630.
	19	Deferred revenue		19	
.	20	Tax-exempt bond liabilities		20	
ij	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABLLLTLES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	175. C. Santon (1980) 199. C. Santon (1980)	22	
T	23	Secured mortgages and notes payable to unrelated third parties		23	
E	24	Unsecured notes and loans payable to unrelated third parties		24	
	25 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	155,978.	26	139,630.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			1337036.
- 1		lines 27 through 29, and lines 33 and 34.		07	94 959
SS	27	Unrestricted net assets	10,103.	27	-26,952.
E S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
H DZC	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ľ	32	Retained earnings, endowment, accumulated income, or other funds		32	
四人 二人 ごじゅう	33	Total net assets or fund balances	10,103.	33	-26,952.
Ę	21	Total liabilities and net assate/frind halances	166 001	34	112 670

BAA

Form 990 (2012)

Forr	n <b>990</b> (2012) Affiliated Tribes of NW Indians 93	-0934	830	Pa	age 12
Рa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		459,	853.
2	Total expenses (must equal Part IX, column (A), line 25)	2		496,	908.
3	Revenue less expenses. Subtract line 2 from line 1	3	•••	-37,0	055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	,		103.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Section and	column (B)).	10		-26,5	<u>952.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. []</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				10000
	in Schedule O.		0.00		
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	a .			
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	Were the organization's financial statements audited by an independent accountant?		2	b X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis		880		. 8300.00
(	or if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auterview, or compilation of its financial statements and selection of an independent accountant?	dit,	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				100.00
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 	3	а	х
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3	b	
BAA				rm 990 /	2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

Affiliated Tribes of NW Indians 93-0934830 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 ß A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives; (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 c | Type III - Functionally integrated Type II d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g (iii) Provide the following information about the supported organization(s). h (iv) is the organization in column (i) listed in (i) Name of supported organization (v) Did you notify the organization in column (i) of your support? (II) EIN (iii) Type of organization (described on lines 1-9 (vi) Is the organization In (vii) Amount of monetary support column (i) organized in the above or IRC section (see instructions)) your governing document? Yes Yes No Yes Nο No (A) (B) (C) (D) (E) Total

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

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	330,961.	291,639.	435,847.	386,266.	478,446.	1,923,159.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	330,961.	291,639.	435,847.	386,266.	478,446.	1,923,159.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4		to the separation of the				1,923,159.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	330,961.	291,639.	435,847.	386,266.	478,446.	1,923,159.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	491.	45.	8.	14.	11.	569.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						1,923,728.	
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12		
13	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ 🗍	
	tion C. Computation of Pul							
	Public support percentage for 2012						99,97%.	
	Public support percentage from 20					•	99.96 %	
16 a	16 a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstance' and the 'facts-and-circumstance' and the 'facts-and-circumstance' and the 'facts-and-circumstance' and the 'facts-and-circumstance' and the 'facts-and-circumstance' and the 'facts-and-circumstance' and 'facts-and-circums	ets the 'facts-and- pircumstances' test	circumstances' tes t. The organization	t, check this box a qualifies as a publ	nd <b>stop here.</b> Exp licly supported org:	lain in Part IV how anization	the · · · · · · · ▶ □	
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1		and see instruction	<u>_</u>	

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.)

	tion A. Public Support							
Cale	idar year (or fiscal yr beginning in) 🕨 👚	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Gifts, grants, contributions and membership fees							
	received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis-							
	sions, merchandise sold or							
	services performed, or facilities furnished in any activity that is							
	related to the organization's							
3	tax-exempt purpose					-	-	
,	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							
5	its behalf							
	facilities furnished by a						l	
	governmental unit to the organization without charge.						İ	
6	Total. Add lines 1 through 5							
	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
,	Amounts included on lines 2							<u> </u>
•	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			Section Company (California				
ď	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
	Amounts from line 6					"		
10 a	Gross income from interest,							
	dividends, payments received on securities loans, rents,							
	royalties and income from							
ŀ	similar sources							
_	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
•	Add lines 10a and 10b				·			
11	Net income from unrelated 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 IV.)							-11-
	Total support. (Add Ins 9, 10c, 11, and 12.)				<u> </u>	E04/ 1/01		
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a secti	on 501(c)(3	) 	▶ □
Sec	tion C. Computation of Pul							
15	Public support percentage for 2013	2 (line 8, column (f	) divided by line 13	3, column (f))			15	ે
16	Public support percentage from 20	11 Schedule A, Pa	art III, line 15				16	용
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e ·				
		*****						
17	Investment income percentage for	2012 (line 10c, co	lumn (f) divided by				17	<u> </u>
17 18	Investment income percentage for Investment income percentage fro	<b>2012</b> (line 10c, co m <b>2011</b> Schedule /	lumn (f) divided by A, Part III, line 17				18	왕
17 18 19 a	Investment income percentage for Investment income percentage fro 33-1/3% support tests — 2012. If is not more than 33-1/3%, check the	2012 (line 10c, co m 2011 Schedule / the organization d ils box and stop h	lumn (f) divided by A, Part III, line 17 id not check the bo ere. The organizal	ox on line 14, and li lion qualifies as a p	ine 15 is more than publicly supported o	 n 33-1/3%, a organization	18 nd line 17	*
17 18 19 a	Investment income percentage for investment income percentage fro 33-1/3% support tests — 2012. If	2012 (line 10c, co m 2011 Schedule / the organization d ils box and stop h the organization di	lumn (f) divided by A, Part III, line 17 id not check the bo ere. The organizat id not check a box	ox on line 14, and li lion qualifies as a p on line 14 or line 1	ine 15 is more than publicly supported of 19a, and line 16 is r		18 nd line 17 3-1/3%, a	* ▶ []

Schedule A (Form 990 or 990-EZ) 2012	Affiliated	Tribes of	NW Indians	93-0934830 F	age 4
Part IV Supplemental Informat Part II, line 17a or 17b; a (See instructions).	<b>ion.</b> Complete ind Part III, line	this part to p 12. Also com	rovide the explanati plete this part for a	ons required by Part II, line 10; ny additional information.	
					. – – -
<b></b>					
<b></b>					· <del></del> -
	. – – – – – –				
<b></b>					
					•
				<del> </del>	•
<b> </b>					
<b> </b>					
<b> </b>					

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization		Employer identification number
Affiliated Tribes of NW	93-0934830	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organizati	ion
	4947(a)(1) nonexempt charitable trust not	treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by	y the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (	10) organization can check boxes for both the General Ru	ıle and a Special Rule. See instructions.
General Rule		•
X For an organization filing Form 990.	, 990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
contributor. (Complete Parts I and I	i.)	
Special Rules		
For a section 501(c)(3) organization	n filing Form 990 or 990-EZ that met the 33-1/3% support t	test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and r (2) 2% of the amount on (i) Form 99	eceived from any one contributor, during the year, a contr 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete I	ibution of the greater of (1) \$5,000 or Parts I and II.
	organization filing Form 990 or 990-EZ that received from	
total contributions of more than \$1,0	000 for use exclusively for religious, charitable, scientific, li	iterary, or educational purposes, or
,	or animals. Complete Parts I, II, and III.	any and contributor during the year
contributions for use exclusively for	organization filing Form 990 or 990-EZ that received from religious, charitable, etc, purposes, but these contribution	is did not total to more than \$1,000.
If this box is checked, enter here the	e total contributions that were received during the year for e parts unless the <b>General Rul</b> e applies to this organization	an <i>exclusivelv</i> religious, charitable, etc.
	ns of \$5,000 or more during the year	
		Bergin Agreed of Man Alley of Man
Caution: An organization that is not covered	ed by the General Rule and/or the Special Rules does not file S 990; or check the box on line H of its Form 990-EZ or on Part I	chedule B (Form 990, 990-EZ, or 990-PF) but it must
meet the filing requirements of Schedule		i, into 2, or its 1 this 250-11, to certify that it does not
BAA For Paperwork Reduction Act N	Notice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.	• •	

2 of Part 1

Affiliated Tribes of NW Indians

Employer identification number 93-0934830

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is need	eded.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Affiliated Tribes of NW Indians EDC  18230 Frost Rd  Dallas OR 97338	\$ <u>5</u> _000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Bonneville Power Administration  PO Box 3621  Portland  OR 97208	\$ <u>16</u> _688	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EPA  NEED ADDRESS  PORTLAND  OR 97213	\$ <u>86</u> _12 <u>6</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	USDA Need Address Portland OR 97213	\$7,254.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Confederated Tribes of the Warm Springs  1233 Veteran's St  Warm Springs  OR 97761	\$7.150.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	Fertitta Entertainment  1505 South Pavillion Center Dr  Las Vegas NV 89135	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	2 of 2 of Part 1
Name of org	lated Tribes of NW Indians		er identification number 934830
	Contributors (see instructions). Use duplicate copies of Part I if additional space is nee		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Nisqually Indian Tribe  4820 She-Nah-Num Dr SE  Olympia WA 98513	\$ <u>6</u> _00 <u>0</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Tulalip Tribes of Washington  6406 Marine Dr  Marysville WA 98271	\$7 <u>_000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ري 	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

(Complete Part II if there is a noncash contribution.)

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer identification number

Afi	filiated Tribes of NW Indians			93-0934830	
Pai	Organizations Maintaining Donc	or Advised Funds or Oth	ner Similar Fu	nds or Accounts. Complete if	
	the organization answered 'Yes' to	Form 990, Part IV, line 6	i.		
		(a) Donor advised	funds	(b) Funds and other accounts	_
1	Total number at end of year				
2	Aggregate contributions to (during year)			, , , , , , , , , , , , , , , , , , ,	_
3	Aggregate grants from (during year)				_
4	Aggregate value at end of year			,,	_
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	advisors in writing that the asse	ets held in donor a	dvised funds	
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the	at grant funds car for any other purpo	be used only see conferring	
Par	til Conservation Easements. Comp	lete if the organization an	swered 'Yes' to	o Form 990. Part IV. line 7.	_
1					_
	Preservation of land for public use (e.g., recr	<del>-</del>	<u> </u>	f an historically important land area	
	Protection of natural habitat	,	Lf	f a certified historic structure	
	Preservation of open space		Ш		
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	entribution in the fo	orm of a conservation easement on the	
	last day of the tax year.	•			
				Held at the End of the Tax Ye	ar
	Total number of conservation easements				
ŧ	Total acreage restricted by conservation easeme	ents		. 2b	
(	Number of conservation easements on a certifled	d historic structure included in (a	a) . <i></i>	. 2c	
(	Number of conservation easements included in ( structure listed in the National Register			. 2 d	
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguishe	d, or terminated by	the organization during the	
4	Number of states where property subject to cons	ervation easement is located >		_	
5	Does the organization have a written policy regar and enforcement of the conservation easements	rding the periodic monitoring, in it holds?	spection, handling	of violations,	
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easement	s during the year	
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservat	ion easements du	ring the year	
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requir	ements of section	170(h)(4)(B)(i) Yes No	
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its ne organization's financial stater	revenue and expendents that describe	ense statement, and balance sheet, and es the organization's accounting for	
Par	Organizations Maintaining Colle Complete if the organization answe	<b>ctions of Art, Historical</b> ered 'Yes' to Form 990, P	Treasures, or art IV, line 8.	Other Similar Assets.	_
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	on, or research in i	alement and balance sheet works of furtherance of public service, provide,	
k	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report in or public exhibition, education, o	its revenue stater or research in furth	nent and balance sheet works of art, terance of public service, provide the	
	(i) Revenues included in Form 990, Part VIII, lin	e1			
	(ii) Assets included in Form 990, Part X				_
2	If the organization received or held works of art, hamounts required to be reported under SFAS 118	nistorical treasures, or other sim	ilar assets for fina		_
a	Revenues included in Form 990, Part VIII, line 1				
	Assets included in Form 990 Part X				

Schedule D (Form 990) 2012 Affil	iated Tribes	of NW Indi	.ans	93-093			
Part III Organizations Maintai	ning Collections	of Art, Histo	orical Treasures,	or Other Similar As	sets (continued)		
Using the organization's acquisitior items (check all that apply):							
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other	0.0				
c Preservation for future generat	ions						
4 Provide a description of the organiz	ation's collections and	d explain how the	y further the organizati	ion's exempt purpose in			
Part XIII.  5 During the year, did the organizatio to be sold to raise funds rather than	n solicit or receive do:	nations of art, his	torical treasures, or oth	ner similar assets			
to be sold to raise funds rather than	to be maintained as	part of the organi	zation's collection?	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No		
Part IV Escrow and Custodial reported an amount on	Arrangements. Co Form 990, Part X	omplete if the only in the only in the only in the contract of	organization answe	red 'Yes' to Form 990	, Part IV, line 9, or		
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian, or other	intermediary for o	contributions or other a	ssets not included	Yes No		
b If 'Yes,' explain the arrangement in	Part XIII and complete	e the following tal	ole:				
					Amount		
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance					· · · · · · · · · · · · · · · · · · ·		
2 a Did the organization include an amo					Yes No		
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check here	if the explantion I	nas been provided in P	art XIII			
Part V Endowment Funds. C							
	(a) Current	(b) Prior yea	r (c) Two years	(d) Three years	(e) Four years		
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	f the current year end	balance (line 1g	, column (a)) held as:				
a Board designated or quasi-endown	ent 🟲	 %					
<b>b</b> Permanent endowment ►	%						
c Temporarily restricted endowment	<b>&gt;</b>	% %					
The percentages in lines 2a, 2b, an	d 2c should equal 100	)%.					
3 a Are there endowment funds not in to organization by:	he possession of the o	organization that	are held and administe	ered for the	Yes No		
(i) unrelated organizations					. 3a(i)		
(ii) related organizations	<i>.</i>				. 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?							
4 Describe in Part XIII the intended us	ses of the organization	n's endowment fu	nds.				
Part VI Land, Buildings, and I	quipment. See I	Form 990, Pai	t X, line 10.				
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land							
b Buildings			•				
c Leasehold improvements							

. ► 1,961. Schedule **D** (Form 990) 2012

1,961.

12,639.

14,600.

Schedule D (Form 990) 2012 Affiliated Tribes	of NW Indians	93-0934830 Page 3
Part VII Investments - Other Securities. See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >		
Part VIII Investments - Program Related. See	Form 990, Part X, I	ine 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or
,		end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).		
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
	scription	(b) Dook value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(10)	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, column (B), li.	ne 15 )	
Part X Other Liabilities. See Form 990, Part X.		
(a) Description of liability	(b) Book value	
(1) Federal income taxes	(a) Book Yoldo	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		tatements that reports the organization's liability for uncertain tay positions
Z. THE TO (MOC 7 TO) I COMORE, SHI FAIL AND, PROVIDE RIC REAL OF THE ROUBIOR TO	and organization a milaticial a idad in Dart VIII	tates line treports the organization's hability for three talk positions

BAA

Schedule D (Form 990) 2012 Affiliated Tribes of NW Indians	93-0934830	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	<del> </del>	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del></del>	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense		
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	lines 1b and 2b; Part V,	
line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
	<b></b>	
BAA	Schedule D (Form 9	990) 2012

Schedule D (Folia 990) 2012 Affiliated Tribes of NW Indians	93-0934830	rages
Part XIII Supplemental Information (continued)		
[Administrating   1 ]		
		$\cdot$

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization		Employer Identification number
Affiliated Tribes	of NW Indians	93-0934830
Pt_VI, Line 6	Organization membership includes NW Indian Tribe	s and
	Individual tribal members	· <b></b>
Pt_VI, Line 7a	Paid members elect open board positions at the	. <b></b>
	Annual Conference held in late September of each	year
Pt VI, Line 11b	To ensure timely filing of Form 990 board member	s will
	ratify return at the next reguarly scheduled mee	ting.
Pt VI, Line 12c	Board members declare conflicts at least once pe	r
	year.	
Pt_VI, Line 15a	Executive Director compensation is approved by t	<u>he</u>
	board of directors based on similar positions wi	thin
	similar tribal organizations.	
Pt_VI, Line 15b	Other employee compensation determined by simila	<u>r</u>
	positions in other tribal organizations.	
	·	

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

Open to Public Inspection

(f)
Direct controlling
entity Employer identification number 93-0934830 (e) End-of-year assets Part III Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▼ Attach to Form 990. ▼ See separate instructions. **(d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Affiliated Tribes of NW Indians

Ø

ල

(g) Sec 512(b)(13) controlled entity? Yes No Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Q R (b) Primary activity (a) Name, address, and EIN of related organization (1) AINI - Economic Develop Corp. 68-0544296 11111 1111 **€**¦ ල්

Schedule R (Form 990) 2012

TEEA5001 12/28/12

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

Affiliated Tribes of NW Indians Schedule R (Form 990) 2012

(1) | Sec 512(b)(13) | controlled entity? (k) Percentage ownership Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (j) General or managing partner? Yes No (h) Percentage ownership (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Dispropor-tionate allocations? Yes No (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign
country) (d) Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign counfry) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV ----BAA  $\mathbf{\Xi}_{\mathbf{l}}^{\mathbf{l}}$ **⊙** 틴 ন্ত্ৰ ପ୍ର¦ ල

Schedule R (Form 990) 2012

TEEA5002 12/28/12

Page 3

93-0934830

Schedule R (Form 990) 2012 Affiliated Tribes of NW Indians

Party Transactions With Related Organizations (Complete if the organization answered Yes' to Form 990, Part IV, line 34, 35b, or 36.)

MA Contist in a second of the contist in a secon	990, r ait iv, illi	1 04, 000, 01 00.)	-	-	- 1
Note: Complete line 1 ill any elluty is listed in Paris II, III, of 1V of tills schedule.  1. During the textures and the consolization concerning to act of the months of the consolization listed in Dune II is to				Yes No	ا م
(	an iii maits II-IV				
a Neceptrol (1) miserest (11) annualises (111) Toyanies of (1v) ferri from a controlled entry				×	ار
<b>b</b> Giff, grant, or capital contribution to related organization(s)			1b	×	
c Gift, grant, or capital contribution from related organization(s)			100	×	1
d I pans or loan distrations to or for related organization(s)				;	I.
a coars of local guarantees to of the legister of garillation (s)				×	ا.
e Loans or loan guarantees by related organization(s)			1e	×	ال
f Dividends from related organization(s)				×	
g Sale of assets to related organization(s)			19	×	١
h Purchase of assets from related organization(s)			- - - -	×	١,
i Exchange of assets with related organization(s)			-	\$ >	۱.
i lease of facilities equinment or other assets to related organization(s)				4 :	۱.
			-  - :	×	<b>ال</b>
x Lease of ractilities, equipment, or other assets from related organization(s)			1k	×	ال
I Performance of services of membership or fundraising solicitations for related organization(s)			11	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			m	×	١
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	×	I
o Sharing of baid employees with related organization(s).			-	; >	1
				4	33
n Reimhursement naid to related organization(s) for expenses				1	<b>.</b>
Primer content and the related area might for experience or the content of the co			<u>- </u>	⊀	إر
4. Neimousement paid by related organization(s) for expenses.				×	Į.
7.7 3 4			,		
			::	×	ال
s Other transfer of cash or property from related organization(s)			18	×	ا. ا
2 If the answer to any of the above is Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	I relationships and tra	nsaction thresholds.	-		
(a) Name of other organization	(b) Transaction	(c) Amount involved	(a) Method of determining	etermining	_ ~
	(d-e)		alliodint in	NOIVEC	*
(1)					1
(2)					
					l
(3)					
					1
(4)					
					1
(c)					- 1
(9)					
BAA TEEA5003 12/28/12		Sched	Schedule R (Form 990) 2012	990) 2013	≥

93-0934830

Affiliated Tribes of NW Indians Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3) organizations?	ers Share of total income of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) r- Code V-UBI amount in box s? 20 of Schedule K-1	(j) General or managing partner?	l or ing ow	(k) Percentage ownership
			from tax under section 512-514)	Yes	No		Yes	No Form (1065)	Yes	SN.	
(1)			- mineraturi								
				and any or of the state of the							
(2)											
	•										
(3)											
(4)											***************************************
	***************************************										
(5)											THE PERSON NAMED IN COLUMN 1
, And the ten ten ten ten										••••••••••••••••••••••••••••••••••••••	
	·										
(9)											
	,						***************************************				
	·										
(7)											
	<u></u>										
(8)											
								<u>-</u>			
ВАА				TEEA5004 12/	12/28/12		_	Schedi	Schedule R (Form 990) 2012	orm 990)	) 2012

Schedule R (Form 990) 2012 Affiliated Tribes of NW Indians	93-0934830	Page 5
Part VIII Supplemental Information Complete this part to provide additional information for responses to question (see instructions).	ns on Schedule R	
		·
		<u></u> -
	<b></b>	
	- <b></b>	
	·	
	· <b></b>	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

## Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

ioi aii Exemp	OMB No. 1545-1878	
For calendar year 2012, or fiscal year beginning	, 2012, and ending, ,,	2012
► Do not send to the IRS	S. Keep for your records.	2012
	Employer	dentification number
of NW Indiane	93-09	34830

Department of the Treasury	► Do not send to the IRS. Keep fo	or your records.	2012
Name of exempt organization	<u></u>	Employer	dentification number
Affiliated Tribes	s of NW Indians	93-09.	34830
vame and title of officer			44.4
Terri Parr Wyneco		ec Director	
	rn and Return Information (Whole Dollars O		
check the box on line 1a, 2a eave line 1b, 2b, 3b, 4b, or	for which you are using this Form 8879-EO and enter the , 3a, 4a, or 5a, below, and the amount on that line for the 5b, whichever is applicable, blank (do not enter -0-). But, o not complete more than 1 line in Part I.	return being filed with this form was b	lank, then
1 a Form 990 check here	· · · ▶ X b Total revenue, if any (Form 990, Part VI	III. column (A), line 12)	<b>1b</b> 459.853.
2 a Form 990-EZ check he	ere b Total revenue, if any (Form 990-EZ,	, line 9)	2 b 3 b
3 a Form 1120-POL check		22)	3 b
	ere 🛌 🔲 🗖 Tax based on investment income (		4 b
5 a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c	or Part II, line 8c)	5 b
Bort II Declaration a	and Signature Authorization of Officer		
	declare that I am an officer of the above organization and	t that I have examined a conv of the o	roanization's 2012
further declare that the amontermediate service provide he IRS (a) an acknowledger efund, and (c) the date of a unds withdrawal (direct deborganization's federal taxes contact the U.S. Treasury Fiauthorize the financial instituanswer inquiries and resolve	panying schedules and statements and to the best of my bunt in Part I above is the amount shown on the copy of the transmitter, or electronic return originator (ERO) to sent ment of receipt or reason for rejection of the transmission my refund. If applicable, I authorize the U.S. Treasury and it) entry to the financial institution account indicated in the owed on this return, and the financial institution to debit the nancial Agent at 1-888-353-4537 no later than 2 business titons involved in the processing of the electronic payment issues related to the payment. I have selected a personarm and, if applicable, the organization's consent to electronic	he organization's electronic return. I co d the organization's return to the IRS a , (b) the reason for any delay in proced i its designated Financial Agent to initial tax preparation software for payment he entry to this account. To revoke a p is days prior to the payment (settlemen at of taxes to receive confidential informat at identification number (PIN) as my signate.	onsent to allow my and to receive from ssing the return or ate an electronic of the ayment, I must t) date. I also nation necessary to
Officer's PIN: check one b	ox only		
l authorize		to enter my PIN	as my signature
	ERO firm name	Enter five nun do not enter a	
on the organization's tax a state agency(ies) regu the return's disclosure co	year 2012 electronically filed return. If I have indicated w lating charities as part of the IRS Fed/State program, I als onsent screen.	ithin this return that a copy of the retur so authorize the aforementioned ERO	n is being filed with to enter my PIN on
indicated within this retur	nization, I will enter my PIN as my signature on the organi m that a copy of the return is being filed with a state agen PIN on the return's disclosure consent screen.	ization's tax year 2012 electronically fil cy(ies) regulating charities as part of t	led return. If I have he IRS Fed/State
Officer's signature 🕨		Dale ► <u>11/14/2013</u>	
Part III   Certification :	and Authentication		
RO's EFIN/PIN. Enter vour	six-digit electronic filing identification		
iumber (EFIN) followed by y	our five-digit self-selected PIN		93073363084 do not enter all zeros
certify that the above nume bove. I confirm that I am su Authorized IRS e-file Provide	ric entry is my PIN, which is my signature on the 2012 ele bmitting this return in accordance with the requirements c ers for Business Returns.	ectronically filed return for the organiza of <b>Pub 4163</b> , Modernized e-File (MeF)	ation indicated Information for
RO's signature ►		Date ► 11/10/2013	
	EPO Must Patain This Form — So	no Instructions	

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

prinicples of unity and cooperation amount Indian governments and people.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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

Code:	Description:	Direct program support by ATNI Employees and
Expenses	119,050.	related expenses to produce all conferences,
Grants Of	0.	summits and grant fulfillments.
Revenue.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Bank Charges	5,659.	4,244.	1,415.	0.
Board Meetings	553.	0.	553.	0.
Contract Labor	19,164.	19,164.	0.	0.
Dues/Memberships	1,324.	0.	1,324.	0.
Equipment Leases	15,864.	11,898.	3,966.	0.
Gifts/Honorariums	109.	100.	9.	0.
Licenses & Fees	503.	0.	503.	0.
Postage & Delivery	3,761.	2,821.	940.	0.
Printing	6,925.	5,194.	1,731.	0.
Repairs & Maintenance	7,981.	5,986.	1,995.	0.
Telephone/Utilities	14,765.	11,074.	3,691.	0.

#### Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable Accrued Payroll Liabilities	147,286. 8,692.

Total \_\_\_\_\_155,978.

Form

# CT-12

For Oregon Charities

## **Charitable Activities Section** Oregon Department of Justice

1515 SW 5th Avenue, Suite 410 VOIC Portland, OR 97201-5451 TTY Email: charitable.activities@doj.state.or.us FAX

Website: http://www.doj.state.or.us

VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882

For Accounting Periods Beginning in:

2012

Se	ction I. G	General Informa	tion			* * * * * * * * * * * * * * * * * * * *				
1.				Cross Thro (See instructi	ough Incorrect Ite ons for change of na	ems and Correct me or accounting pe	Here: riod.)			
				Registration	Registration #: 20013					
				Organization	Organization Name: Affiliated Tribes of Northwest Indians					
			Address: 663	Address: 6636 NE Sandy Blvd						
				City, State, Z	City, State, Zip: Portland, OR 97213					
				Phone: 503-2 Email:	249-5770	Fax:	Amended Report?			
				Period Begini	ning: 1 / 1 / 12	Period Ending: 1	2 / 31 / 12			
2.	2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.									
3.	Oregon?									
	If yes, write the	name of the fund-raising	firm(s) who conducts t	he campaign(s):						
4.	Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.									
5.	During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.									
6.	Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)									
7.	Provide contact information for the person responsible for retaining the organization's records.									
	Name		Position	Phone	Mailing Address & Email Address					
	Terri Parr Wynecoop Exec Director 503-2-		503-249-5770	6636 NE Sandy Blvd Portland OR 97213						
	Politatiu OK 97213									
8.	List of Officers, Directors, Trustees and Key Employees — List each person who held one of these positions at any time during the year even if they dinot receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)									
	(A) Name, mailing address, daytime phone n and email address					(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)			
	Name: PE									
	Phone:									
	Email:									
	Name:									
	Phone: () Email:									
	Name:									
	Address:	<del> </del>								
	Phone: (_	)								
- 1	Email:									

Sec	ction II.	Fee Calculation							
9.	(From Line 1	enue	-PF; Line 9 on Form 1041	9,853.00					
10.	(See chart be	Fee		10.	\$100.00				
11.	(From Line 2	s or Fund Balances at End of the Reporting Period 11. 2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 10-PF; or see page 3 of CT-12 instructions to calculate.)	-\$26,952.00						
12.	(Generally, fr II, Line 14b o	Assets Used to Conduct Charitable Activities	\$0.00						
13.	Amount S (Line 11 mins	ubject to Net Assets or Fund Balances Fees Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	\$0.00					
14.		s or Fund Balances Fee		14.	\$0,00				
15.	Are you fil (If yes, the la Charitable Ac	15.	\$0.00						
16.		unt Due		16.	\$100.00				
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing								
Please Sign Here		Under penalties of perjury, I declare that I have examined this to the best of my knowledge and belief, it is true, correct, and	complete.  3 Dec 13	, schedules, and xecutive Directo					
Paid Prepa Use (	arer's Only	⇒ Jacolyn C WHeatley  Preparer's signature		03-445-1576 hone					
		Jacolyn C Wheatley CPA LLC Preparer's name	2403 SE Monroe St., Suite E, Milwaukie Address	e OR 97222					