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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CHEYENNE RIVER YOUTH PROJECT, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 410 | Room/suite

City or town, state or country, and ZIP + 4 EAGLE BUTTE, SD 57625

F Name and address of principal officer EUGIENE L. KRIZEK
SAME AS C ABOVE

D Employer identification number 46-0423106

E Telephone number 605-964-8200

G Gross receipts $ 634,672.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 3299

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LAKOTAYOUTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992 **M** State of legal domicile: SD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE YOUTH AND FAMILY SERVICES USING A HOLISTIC APPROACH TO MEET COMMUNITY NEEDS.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	275
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	603,833.	592,147.
	9	Program service revenue (Part VIII, line 2g)	49,074.	41,345.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	263.	383.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	455.	797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	653,625.	634,672.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	272,479.	137,795.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	171,408.	177,765.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,844.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	267,991.	372,881.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	711,878.	688,441.
	19	Revenue less expenses Subtract line 18 from line 12	<58,253.>	<53,769.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,765,778.	3,673,910.
	21	Total liabilities (Part X, line 26)	83,990.	45,891.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,681,788.	3,628,019.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Eugene L Krizek CEO — 12/22/11
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: FRANK H. SMITH	Preparer's signature: Frank H. Smith	Date: 12/22/11	Check ☐ if self-employed	PTIN
Firm's name ▶ RAFFA, P.C.			Firm's EIN ▶	
Firm's address ▶ 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036			Phone no. 202-822-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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GL

Part III 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:
THE MISSION OF THE CHEYENNE RIVER YOUTH PROJECT IS TO PROVIDE THE YOUTH OF CHEYENNE RIVER RESERVATION ACCESS TO A VIBRANT AND SECURE FUTURE THROUGH A WIDE VARIETY OF CULTURALLY SENSITIVE AND ENDURING PROJECTS, PROGRAMS, AND FACILITIES, ENSURING STRONG SELF-SUFFICIENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 452,061. including grants of $ 0.) (Revenue $ 25,958.)
CHILDREN AND YOUTH - THE CHEYENNE RIVER YOUTH PROJECT OFFERS A VARIETY OF INTERESTING, INNOVATIVE EDUCATIONAL AND RECREATIONAL YOUTH PROGRAMS AND SERVICES FOR THE YOUNG PEOPLE OF THE CHEYENNE RIVER RESERVATION. THE FOLLOWING PROGRAMS AND SERVICES WILL BE BROKEN DOWN INTO PROGRAMS FOR CHILDREN AGES 4-12 YEARS AND PROGRAMS FOR TEENAGERS 13-18 YEARS.

PROGRAMS FOR YOUTH 4-12: THE MAIN YOUTH CENTER IS A DROP-IN YOUTH FACILITY THAT OPERATES ON AVERAGE SIX DAYS PER WEEK, FROM 4 P.M. TO 8 P.M. DURING THE SCHOOL YEAR AND FROM 1 P.M. TO 8 P.M. DURING THE SUMMER. ON AVERAGE WE HAVE ABOUT 40 KIDS ATTENDING DAILY. THIS FACILITY IS WHERE WE MOST OFTEN MAKE OUR FIRST CONTACT WITH CHEYENNE RIVER'S YOUTH. FOR THIS REASON, WE DESIGNED THE MAIN'S PROGRAMS TO DEVELOP

4b (Code:) (Expenses $ 185,910. including grants of $ 137,795.) (Revenue $ 13,525.)
THE CHEYENNE RIVER YOUTH PROJECT CREATED A FAMILY SERVICES PROGRAM IN 2001 AS A WAY TO MANAGE THE FAMILIES WE SERVE ON CHEYENNE RIVER AND BRING ORGANIZATION TO OUR DISTRIBUTION RESOURCES DONATED TO THE ORGANIZATION. ENROLLMENT IN THE PROGRAM, GUARANTEES THE FAMILIES ACCESS TO BULK DISTRIBUTIONS THAT INCLUDE HYGIENE PRODUCTS, WINTER CLOTHING AND COATS, SHOES, HOUSEHOLD GOODS (BLANKETS, LAUNDRY DETERGENT), CLOTHING, SCHOOL SUPPLIES, FOOD DISTRIBUTIONS, EMERGENCY HEAT ASSISTANCE, MINOR HOME REPAIR, AND OTHER SPECIAL PROGRAMMING SUCH AS THE ANNUAL CHRISTMAS TOY DRIVE. IN ADDITION, FAMILIES MAY REQUEST MONTHLY INDIVIDUAL SERVICES. DURING FISCAL YEAR 2011, FAMILY SERVICES SERVED APPROXIMATELY 255 FAMILIES. THE PROGRAM ALSO SERVED 225 FAMILIES NOT ENROLLED IN THE PROGRAM THROUGH EMERGENCY SERVICES. CHEYENNE RIVER

4c (Code:) (Expenses $ 18,884. including grants of $ 0.) (Revenue $ 1,862.)
AGRICULTURE PROGRAMS - THE WIYAN TOKA WIN (TRANSLATED FROM LAKOTA TO ENGLISH IS LEADING LADY) 2 ACRE ORGANIC GARDEN BEGINS IN THE SPRING AND RUNS THROUGH LATE FALL. YOUNG PEOPLE ARE ENGAGED IN EVERY STEP OF THE GROWING PROCESS - PREPARATION, PLANTING, MAINTENANCE AND HARVESTING THE PRODUCE. GARDEN CLUB IS OFFERED EVERY WEEK, FOR 4 - 12 YEAR OLD CHILDREN, DURING THE GROWING SEASON AND INVOLVES DIRECT WORK IN THE GARDEN, FOLLOWED BY GUIDED JOURNALING WITH THE HELP OF A VOLUNTEER. JOURNALING HELPS PARTICIPANTS PROCESS THEIR EXPERIENCES AND UNDERSTAND HOW THE GARDEN HAS DEVELOPED OVER TIME. WORKING IN THE GARDEN ALSO ENCOURAGES HEALTHY NUTRITION AND RESPONSIBILITY IN YOUTH PARTICIPANTS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 656,855.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			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 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
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		
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		X
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		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		X
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		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):			
a	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*	28b		X
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	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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* ☐ Yes ☒ No			
36	**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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	N/A		
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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/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?	13a	N/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 which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section 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	1a 6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6		
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	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	*Describe in Schedule O the process, if any, used by the organization to review this Form 990*			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section 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 [X] 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 ▶

JAMIE READ, CONTROLLER - 703-317-9086
2550 HUNTINGTON AVENUE, #200, ALEXANDRIA, VA 22303

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETSY MITCHELL PRESIDENT	1.00	X		X				0.	0.	0.
PEGGY GALLIPO VICE PRESIDENT	1.00	X		X				0.	0.	0.
GUTHRIE DUCHENEAUX TREASURER	1.00	X		X				0.	0.	0.
JEREMY PATTERSON DIRECTOR	1.00	X						0.	0.	0.
KRISTY MARSHALL DIRECTOR	1.00	X						0.	0.	0.
STEWART SARKOZY-BANOCZY DIRECTOR	1.00	X						0.	0.	0.
BRYAN KRIZEK CEO	2.00			X				0.	157,736.	13,228.
PAUL KRIZEK VP / GENERAL COUNSEL	2.00			X				0.	141,353.	12,778.
JULIE GARREAU EXECUTIVE DIRECTOR	45.00			X				20,422.	20,421.	5,595.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								20,422.	319,510.	31,601.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								20,422.	319,510.	31,601.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	647.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	326,521.				
	e Government grants (contributions)	1e	65,575.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	199,404.				
	g Noncash contributions included in lines 1a-1f $		108,473.				
	h Total. Add lines 1a-1f			592,147.			
Program Service Revenue		Business Code					
	2a VOLUNTEER FEE INCOME	900099		21,850.	21,850.		
	b FAMILY MEMBERSHIP DUES	900099		7,341.	7,341.		
	c SALES REVENUE	900099		7,274.	7,274.		
	d HOUSING INCOME	900099		4,880.	4,880.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			41,345.			
	3 Investment income (including dividends, interest, and other similar amounts)			383.			383.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b 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						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a OTHER INCOME	900099		797.			797.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			797.			
	12 Total revenue. See instructions.			634,672.	41,345.	0.	1,180.

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)

Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	137,795.	137,795.		
3 Grants and other assistance to governments, 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	26,365.	13,817.	2,494.	10,054.
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	118,495.	118,495.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	15,145.	15,145.		
10 Payroll taxes	17,760.	16,763.	207.	790.
11 Fees for services (non-employees):				
a Management				
b Legal	2,500.	2,500.		
c Accounting	16,575.		16,575.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	20,009.	20,009.		
12 Advertising and promotion	1,121.	1,121.		
13 Office expenses	132,212.	132,074.	138.	
14 Information technology	62.		62.	
15 Royalties				
16 Occupancy	1,194.		1,194.	
17 Travel	14,010.	14,010.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	601.	601.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	115,887.	115,887.		
23 Insurance	27,278.	27,278.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a REPAIRS AND MAINTENANCE	17,772.	17,700.	72.	
b VOLUNTEER EXPENSE	12,349.	12,349.		
c MISCELLANEOUS	10,950.	10,950.		
d REAL ESTATE TAXES	361.	361.		
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	688,441.	656,855.	20,742.	10,844.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		212,690.	1	2,000.
	2	Savings and temporary cash investments			2	129,680.
	3	Pledges and grants receivable, net		8,050.	3	3,027.
	4	Accounts receivable, net		394.	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 4,154,015.			
	b	Less accumulated depreciation	10b 630,571.	3,531,644.	10c	3,523,444.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		13,000.	15	15,759.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,765,778.	16	3,673,910.
Liabilities	17	Accounts payable and accrued expenses		28,805.	17	45,891.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		55,185.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		83,990.	26	45,891.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,652,739.	27	3,602,746.
	28	Temporarily restricted net assets		29,049.	28	25,273.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,681,788.	33	3,628,019.
	34	Total liabilities and net assets/fund balances		3,765,778.	34	3,673,910.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	634,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	688,441.
3	Revenue less expenses. Subtract line 2 from line 1	3	<53,769.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,681,788.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	3,628,019.

Part 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 ☒ 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
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
CHEYENNE RIVER YOUTH PROJECT, INC.	46-0423106

Part I 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)

1 ☐ 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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar 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.")	1107685.	510,674.	491,698.	603,833.	592,147.	3306037.
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	1107685.	510,674.	491,698.	603,833.	592,147.	3306037.
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						3306037.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1107685.	510,674.	491,698.	603,833.	592,147.	3306037.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	536.	368.	258.	263.	383.	1,808.
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)		1,125.	148.	455.	797.	2,525.
11 **Total support.** Add lines 7 through 10						3310370.

12 Gross receipts from related activities, etc. (see instructions)	12	170,504.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.87 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.92 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 **10% -facts-and-circumstances test - 2010.** 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 - 2009.** 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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 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)

Section A. Public Support

Calendar 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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(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, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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, 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

CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number

46-0423106

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
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 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)? ☐ Yes ☐ No

9 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 ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or *reported an amount on Form 990, Part X, line 21*

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, 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		3,909,649.	531,406.	3,378,243.
c Leasehold improvements				
d Equipment		244,366.	99,165.	145,201.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,523,444.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 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 (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

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

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	634,672.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	688,441.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<53,769.>
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	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<53,769.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	634,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	634,672.
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	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	634,672.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	688,441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	688,441.
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 XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	688,441.

Part XIV 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, lines 1b and 2b, Part V, 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 to provide any additional information.

PART X, LINE 2: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2011, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number
46-0423106

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY HEAT ASSISTANCE FOR CHEYENNE RIVER YOUTH PROJECT MEMBER FAMILIES	162	28,873.	0.		
DISTRIBUTION FOODS	500	0.	13,000.	FMV	VARIOUS FOOD ITEMS
CLOTHING, PERSONAL HYGIENE AND ASSORTED RELIEF ITEMS	252	0.	95,136.	FMV	CLOTHING, PERSONAL HYGIENE AND ASSORTED RELIEF ITEMS

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: IN GENERAL, BEFORE ASSISTANCE TO AN INDIVIDUAL CAN BE AWARDED, MEMBERSHIP IN THE CHEYENNE RIVER YOUTH PROGRAM FAMILY SERVICES PROGRAM IS REQUIRED. AN ANNUAL MEMBERSHIP COSTS $30 PER HOUSEHOLD.

ONCE MEMBERSHIP IS VERIFIED, THE PROCESS BEGINS WITH THE MEMBER SUBMITTING A WRITTEN REQUEST TO IDENTIFY SERVICES BEING REQUESTED. (IF THE INDIVIDUAL IS NOT A MEMBER THEN THE FIRST STEP BECOMES APPLYING FOR MEMBERSHIP). CRYP STAFF THEN REVIEW THE REQUEST AND ONCE THE ASSISTANCE IS APPROVED, PAYMENT

Part IV Supplemental Information

FOR SERVICES IS RECOMMENDED AND FUNDS DISTRIBUTED. THE OFFICE MANAGER PROCESSES THE REQUEST AND ONCE ALL NECESSARY BACK UP DOCUMENTATION HAS BEEN SUBMITTED THE REQUEST IS REVIEWED BY THE EXECUTIVE DIRECTOR FOR FINAL REVIEW AND APPROVAL. BY THE TIME THE EXECUTIVE DIRECTOR RECEIVES THE REQUEST ALL NECESSARY CHECKS AND VERIFICATION HAS BEEN DONE.

ONCE SERVICES HAVE BEEN PROVIDED AND/OR THE PROJECT IS COMPLETE, WE WILL ATTEMPT TO SECURE A "THANK YOU" LETTER AS WELL AS BEFORE & AFTER PICTURES FROM A PROJECT TO SHARE WITH FUNDERS AND DONORS. APPROXIMATELY 2% OF THOSE SERVICED WILL RETURN "THANK YOU" LETTERS BUT FOR PROJECTS THAT MIGHT INVOLVE CONSTRUCTION OR RENOVATION, BEFORE AND AFTER PICTURES ARE ALWAYS COLLECTED BY CRYP STAFF OR EVEN POSSIBLY THE CONTRACTOR.

IF THE FUNDS EXPENDED COME FROM A GRANT AWARDED TO CRYP, A FINAL REPORT WILL BE SUBMITTED TO THE FUNDING AGENCY. A FINAL REPORT WILL INCLUDE: STATISTICS, APPLICATIONS & OTHER SUPPORTING DOCUMENTS, PICTURES AND A FINANCIAL REPORT AS WELL AS A NARRATIVE THAT MIGHT INCLUDE SUCCESSES AND OBSTACLES FOR THE PROJECT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number

46-0423106

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRYAN KRIZEK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	157,736.	0.	0.	4,950.	8,278.	170,964.	0.
2 PAUL KRIZEK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	141,353.	0.	0.	4,500.	8,278.	154,131.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number: 46-0423106

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		95,473.	WHOLESALE - FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	13,000.	WHOLESALE - FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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Name of the organization: CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number: 46-0423106

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES AND COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERESTS AND LAY THE GROUND WORK OF BASIC SKILLS WHICH CAN BE BUILT UPON LATER, WHEN THE CHILD TRANSITIONS INTO THE TEEN CENTER.

THE MAIN YOUTH CENTER HOSTS MANY SPECIAL EVENTS AND PARTIES TO CELEBRATE SPECIAL TIMES THROUGHOUT THE YEAR. WE HOST MONTHLY BIRTHDAY PARTIES THAT FEATURE GAMES, BIRTHDAY CAKE AND A SPECIALLY WRAPPED GIFTS FOR EACH BIRTHDAY CHILD. THE CENTER ALSO HOSTS HOLIDAY PARTIES INCLUDING A VALENTINE'S DAY PARTY, A ST. PATRICK'S DAY PARTY, AN EASTER EGG HUNT, FOURTH OF JULY PICNIC, A NATIVE AMERICAN DAY PARTY, A HALLOWEEN HAUNTED HOUSE, A THANKSGIVING DINNER, AND A "POLAR EXPRESS" THEME CHRISTMAS PARTY. DURING THIS PAST SUMMER, THE YOUTH CENTER HOSTED OUR ANNUAL CARNIVAL, WITH TRADITIONAL GAMES AND PRIZES, WITH 183 YOUTH PARTICIPANTS AND OVER 100 PARENTS ATTENDING AS WELL.

PROGRAMS FOR TEENAGERS 13-18: THE DEVELOPMENT OF THE COKATA WICONI TEEN CENTER, DEDICATED IN AUGUST 2006, IS A GIFT TO CHEYENNE RIVER COMMUNITY THAT HONORS OUR YOUNG PEOPLE AND THEIR POTENTIAL. THE YOUTH CENTER'S NAME, WHICH MEANS "CENTER OF LIFE" IN THE LAKOTA LANGUAGE, EXPRESSES OUR FULL COMMITMENT TO THEM. THE FACILITY COMPRISES MORE THAN 26,000 SQUARE FEET AND OFFERS AN INTERNET CAFE, COMPUTER LAB, ART STUDIO, DANCE STUDIO, LIBRARY, CLASSROOM SPACE, VOLUNTEER LIVING QUARTERS, COMMERCIAL-GRADE KITCHEN, GYMNASIUM AND WEIGHT ROOM. WITH VIRTUALLY NO

Name of the organization: CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number: 46-0423106

OTHER TEEN PROGRAMMING ON THE RESERVATION, COKATA WICONI, IS LITERALLY A LIFELINE TO OUR YOUTH. THIS PAST YEAR, DESPITE THE ECONOMIC RECESSION AND LOSS OF STAFF WE HAVE TAKEN OUR TEEN PROGRAMS TO A NEW LEVEL, OFFERING SEVERAL NEW PROGRAMS, INCLUDING A JUNIOR VOLUNTEER PROGRAM, AND INCREASING TEEN PARTICIPATION FROM AN AVERAGE OF 30 PARTICIPANTS PER NIGHT IN 2008, TO AN AVERAGE OF 100 PER NIGHT IN 2011, WHICH INCLUDES GYM ATTENDANCE.

SPECIAL PROGRAM DESCRIPTIONS: THE JUNIOR VOLUNTEER PROGRAM, STARTED IN THE SUMMER OF 2009, HAS ABOUT 25 PARTICIPANTS AND OFFERS TEENS A CHANCE TO SERVE THEIR COMMUNITY AND GAIN VALUABLE JOB SKILLS FOR THE FUTURE. THE ART PROGRAM OFFERS WORKSHOPS TWICE A WEEK IN SCULPTING, SKETCHING, DRAWING, PAINTING, BEADWORK, DREAM CATCHER MAKING, CRAFTS AND OTHER ART MEDIUMS. A SCREEN PRINTING PRESS WAS DONATED THAT WILL COMPLIMENT SEVERAL YOUTH PROGRAM ELEMENTS. THE PRESS WAS USED TO DEVELOP A CREATIVE INTERPRETATION OF OUR LOGO DESIGN IN ADDITION TO CREATING ORIGINAL DESIGNS FOR THE MIDNIGHT BASKETBALL PROGRAM.

MIDNIGHT BASKETBALL IS ONE OF OUR SIGNATURE SUMMER YOUTH PROGRAMS THAT OFFERS BASKETBALL EVERY FRIDAY EVENING TO TEENAGERS FROM 8 PM TO 2 AM. AN AVERAGE OF 100 KIDS IS IN ATTENDANCE EACH FRIDAY. THE REDESIGNED LOGO T-SHIRTS CONTINUE TO BE SOLD IN THE GIFT SHOP. THE CRYP COKATA WICONI'S THRIVING WELLNESS PROGRAM, ENGAGED TEENS IN FRIENDLY COMPETITION ACROSS A WIDE RANGE OF ATHLETIC DISCIPLINES INCLUDING VOLLEYBALL, FOOTBALL, BASKETBALL, SOCCER, BADMINTON, LACROSSE, AND HACKY SACK. COLLEGE NIGHT CONTINUED IN ITS THIRD YEAR, WITH VISITING UNIVERSITIES PREPARING A TOTAL OF 10 PRESENTATIONS FOR CURRENTLY COLLEGE BOUND STUDENTS, OR THOSE INTERESTED IN PURSUING A COLLEGE

Name of the organization: CHEYENNE RIVER YOUTH PROJECT, INC.
Employer identification number: 46-0423106

EDUCATION. PASSION FOR FASHION WAS HELD IN MARCH OF THIS YEAR AS WELL, WITH SUPPORT FROM ALL OVER THE COUNTRY DONATING DRESSES FOR YOUNG GIRLS IN THE EAGLE BUTTE AREA, AS WELL AS SURROUNDING COMMUNITIES. ABOUT 100 GIRLS PARTICIPATED IN THE PROGRAM, AND CHEYENNE RIVER YOUTH PROJECT STORED REMAINING DRESSES FOR NEXT YEAR'S PROGRAMS. CHEYENNE RIVER YOUTH PROJECT STAFF AND VOLUNTEERS AS WELL AS A NUMBER OF SPECIAL GUESTS - WOMEN FROM THE CHEYENNE RIVER COMMUNITY, HAVE MET TO DISCUSS DECISION-MAKING AND HOW IT AFFECTS THEIR LIVES, JOINED PARTICIPANTS. THE GIRLS ENJOYED A FORMAL LUNCHEON, ICEBREAKER GAMES, SELECTION OF DRESSES AND ACCESSORIES, MAKE-OVERS, A FASHION SHOW, AND KARAOKE.

CHEYENNE RIVER YOUTH PROJECT HAS 4 POSITIONS AVAILABLE FOR THE YOUTH ADVISORY COUNCIL COMPOSED OF TEENS FROM ACROSS THE RESERVATION UTILIZING FUNDS PROVIDED BY A GRANT FROM CRST TRIBAL VENTURES. AS THE GROUP ASSISTS IN DECIDING WHAT PROGRAMS TO IMPLEMENT INTO THE TEEN CENTER, THE PARTICIPANTS WILL DEVELOP THE IMPORTANT LEADERSHIP SKILLS NECESSARY FOR COMMUNITY ORGANIZATION AND ACTIVISM. THE COKATA WICONI TEEN CENTER HOSTED SEVERAL SPECIAL EVENTS, INCLUDING BIRTHDAY PARTIES, DJ DANCES, MOVIE NIGHTS, DANCE WORKSHOPS (HIP HOP, BALLET, AND BREAK DANCING), AND CONCERTS.

FUNDING TO SUPPORT THE YOUTH PROGRAMS AND SERVICES COME FROM LOCAL FUNDRAISING EVENTS, PRIVATE DONATIONS, AND GRANTS AS WELL AS IN - KIND DONATIONS RECEIVED FROM THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YOUTH PROJECT PROVIDED NEW WINTER COATS AND BOOTS FOR OVER 500 ADULTS AND CHILDREN LIVING ON THE CHEYENNE RIVER RESERVATION AS WELL AS OTHER

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RESOURCES TO HELP FAMILIES. ALSO PERSONAL HYGIENE ITEMS, FEMININE PRODUCTS, DEODORANT, BRUSHES, COMBS AND SOAP WERE GIVEN TO MEMBERS. SCHOOL SUPPLIES WERE DISTRIBUTED TO APPROXIMATELY 450 CHILDREN THROUGH A DISTRIBUTION BUT CONTINUED TO BE AVAILABLE THROUGHOUT THE YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE 2011 GARDEN PRODUCED FAR LESS THAN EXPECTED THANKS TO A HAIL STORM THAT DESTROYED ABOUT 50% OF THE PLANTS. WE WERE ABLE TO HARVEST SOME TOMATOES, STRAWBERRIES, RASPBERRIES, JALAPENOS AND SOME ONIONS BUT FOR THE MOST PART THE GARDEN WAS VERY UNPRODUCTIVE. A SECTION OF THE GARDEN INCLUDED A THREE SISTERS GARDEN, CONSISTING OF BEANS, CORN AND SQUASH, A NATIVE AMERICAN GARDENING TECHNIQUE.

THE PRODUCE HARVESTED FROM THE GARDEN IS USED TO PROVIDE FOOD FOR THE TWO YOUTH CENTERS AND IF SUFFICIENT EXCESS EXISTS IS SHARED WITH OTHER ORGANIZATIONS SUCH AS THE ELDERLY MEALS PROGRAM. FOOD PRODUCED FROM THE GARDEN IS ALSO SOLD AT THE YOUTH PROJECT FARMER'S MARKET. PRODUCE IS ALSO PRESERVED BY CANNING AND STORED FOR FUTURE USE OR SOLD AT FARMER'S MARKET OR IN THE TEEN CENTER GIFT SHOP. REVENUES GENERATED THROUGH FARMERS MARKET AND GIFT SHOP SALES ARE REINVESTED IN THE GARDEN PROJECT.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE HAS THE AUTHORITY TO ACT INDEPENDENT OF THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY A CPA FIRM. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 PRIOR TO REPORTING TO THE FULL BOARD AT THE QUARTERLY MEETING. AT THAT TIME, THE FULL BOARD DISCUSSES

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AND APPROVES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CHARITY MAKES A REASONABLE EFFORT TO DETERMINE THE BUSINESS AND FAMILY RELATIONSHIPS AMONG BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY HAVING THE GENERAL COUNSEL DISTRIBUTE A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT" AND THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING TO THE ORGANIZATION'S OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ASKING FOR THE INFORMATION REQUIRED BY QUESTION 2 OF PART VI AND QUESTIONS 25-28 OF PART IV OF THE FORM 990. THE QUESTIONNAIRE INCLUDES THE NAME, TITLE, DATE AND SIGNATURE OF THE PERSON RESPONDING AND IS WITH THE CONFLICT OF INTEREST POLICY WHICH PROVIDES THE DEFINITIONS OF INDEPENDENT VOTING MEMBER, FAMILY RELATIONSHIP, BUSINESS RELATIONSHIP, AND KEY EMPLOYEE. FURTHERMORE, THE SIGNING PARTY AGREES TO PROMPTLY INFORM THE BOARD CHAIR OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHARITY'S POLICY FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES WAS ESTABLISHED FIRST BY THE BOARD OF ITS PARENT ORGANIZATION, CRSC, AT ITS MEETING ON JUNE 26, 2004 TO REGULARLY ASSESS THE ORGANIZATION'S PERFORMANCE AND EFFECTIVENESS, AND TO SET GOALS AND OBJECTIVES TO ACHIEVE THE MISSION OF CHEYENNE RIVER YOUTH PROJECT, INC. A BIENNIAL REPORT IS MADE OF THE PERFORMANCE AND EFFECTIVENESS ASSESSMENTS OF THE CHARITY, WITH RECOMMENDATIONS FOR FUTURE ACTIONS, AS REQUIRED BY STANDARD 7 OF THE STANDARDS FOR CHARITY ACCOUNTABILITY OF THE BBB WISE GIVING. NONE OF THE EXECUTIVES OF THE PARENT ORGANIZATION OR THE CHEYENNE RIVER YOUTH PROJECT HAVE RECEIVED ANY INCREASES IN PAY FOR LAST THREE FISCAL YEARS OR MORE.

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FORM 990, PART VI, SECTION C, LINE 19: THE CHARITY POSTS THE LAST THREE YEARS AUDITS AND LINKS TO THE LAST THREE YEARS 990'S (VIA GUIDESTAR) ON ITS WEBSITE. ALSO, THE ARTICLES AND BYLAWS ARE AVAILABLE TO ANYONE WHO REQUESTS THEM AT NO CHARGE. THEY ARE COPIED AND MAILED OUT WITHIN 30 DAYS. THE SAME APPLIES FOR THE CONFLICT OF INTEREST POLICY.

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

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
CHEYENNE RIVER YOUTH PROJECT, INC.

Employer identification number
46-0423106

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.)

(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(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
AMERICANS HELPING AMERICANS, INC. - 54-1594577, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
AMERICAN INDIAN YOUTH RUNNING STRONG - 54-1594578, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES, INC. - 54-1884868 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
BREAD AND WATER FOR AFRICA, INC. - 54-1884520, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
CHRISTIAN RELIEF SERVICES OF VIRGINIA - 54-1609844, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CENTER FOR HOUSING COUNSELING TRAINING, INC. - 91-1812359, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 52-1394775, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	N/A		X
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
MOUNTAIN LAKES HOUSING FOUNDATION, INC. - 54-1639377, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	DELAWARE	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS ALEXANDRIA HOUSING CORPORATION - 31-1659036, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS SCOTTSDALE HOUSING CORPORATION - 54-1990752, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS CAMBRIDGE HOUSING CORPORATION - 54-2041806, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS PINE RIDGE HOUSING CORPORATION - 54-2041803, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS FOUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS THE COVE HOUSING CORPORATION - 54-2041798, 2550 HUNTINGTON AVE #200, ALEXANDRIA, VA 22303	CHARITABLE	ARIZONA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
CRSC RESIDENTIAL, INC. - 54-2041807 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS HOUSING PRESERVATION, INC. - 71-1031988 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS 21ST CENTURY - 54-1748859 2550 HUNTINGTON AVE #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 11, TYPE 1	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) 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	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

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