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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number	
B Check if applicable	C Name of organization AMERICAN INDIAN YOUTH RUNNING STRONG		54-1594578
☐ Address change	Doing Business As RUNNING STRONG FOR AMERICAN INDIANS		E Telephone number
☐ Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite 2550 HUNTINGTON AVENUE NO 200		(703) 317-9881
☐ Initial return	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22303		G Gross receipts \$ 4,064,328
☐ Terminated			
☐ Amended return			
☐ Application pending			
		F Name and address of principal officer BRYAN KRIZEK 2550 HUNTINGTON AVENUE NO 200 ALEXANDRIA, VA 22303	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.INDIANYOUTH.ORG			

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1990 **M** State of legal domicile VA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE GIVE AMERICAN INDIAN KIDS AND THEIR FAMILIES THE TOOLS AND HOPE TO BUILD A BETTER LIFE		
	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)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,190,473	Current Year 3,347,056
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-31,939	25,267
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,290	2,031
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,162,824	3,374,354
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,629,120
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)		396,000	370,253
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>9,209</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		600,806	422,774
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,625,926	3,661,149
19 Revenue less expenses Subtract line 18 from line 12		536,898	-286,795
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,533,368	1,423,021
	21 Total liabilities (Part X, line 26)	80,986	254,718
	22 Net assets or fund balances Subtract line 21 from line 20	1,452,382	1,168,303

Part II	Signature Block
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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			2012-11-13 Date	
	BRYAN KRIZEK CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	FRANK H SMITH	Date 2012-11-13	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00639053
	Firm's name (or yours if self-employed), address, and ZIP + 4	RAFFA PC 1899 L STREET NW SUITE 900 WASHINGTON, DC 20036			EIN 52-1511275
					Phone no (202) 822-5000

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

TO HELP AMERICAN INDIAN PEOPLE MEET THEIR IMMEDIATE SURVIVAL NEEDS OF FOOD, WATER, AND SHELTER WHILE IMPLEMENTING AND SUPPORTING PROGRAMS DESIGNED TO CREATE OPPORTUNITIES FOR SELF-SUFFICIENCY AND SELF ESTEEM, ESPECIALLY FOR NATIVE YOUTH

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 ☒ 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 ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,311,641 including grants of \$ 1,912,072) (Revenue \$ 0)

FOOD AND BASIC NEEDS - (PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN RESERVATIONS IN SOUTH DAKOTA AND CROW INDIAN RESERVATION IN MONTANA) - AMERICAN INDIAN KIDS FACE SOME OF THE WORST POVERTY IN THE NATION ZIEBACH COUNTY, ON THE CHEYENNE RIVER SIOUX INDIAN RESERVATION HAS THE HIGHEST CHILD POVERTY IN THE UNITED STATES SHANNON COUNTY, ON THE PINE RIDGE INDIAN RESERVATION, LEADS THE NATION IN FOOD STAMPS IT IS HARD FOR A CHILD TO SUCCEED IN SCHOOL IF THEY ARE COLD, HUNGRY, OR DON'T HAVE THE SCHOOL SUPPLIES THEY NEED (SEE SCHEDULE O FOR CONTINUATION)RUNNING STRONG DONATED 534,165 LBS OF FOOD TO FOUR FOOD PANTRIES AND YOUTH PROGRAMS ALONG WITH 6,080 TURKEYS AND MORE THAN 3,000 NEW TOYS FOR THANKSGIVING AND CHRISTMAS ON THE PINE RIDGE, CHEYENNE RIVER AND CROW INDIAN RESERVATIONS WE ALSO PROVIDED 3,000 NEW WINTER COATS WITH HOODS, 3,264 NEW BLANKETS, 2,084 PAIRS OF NEW SHOES, 4,933 PAIRS OF NEW SOCKS, 3,000 BOXES OF DETERGENT, 75,600 DIAPERS, 850 PIECES OF SPORTS EQUIPMENT, 40 PALLETS OF LINENS, 18 PALLETS OF BABY ITEMS, 1 PALLET OF ASSORTED HYGIENE ITEMS, 3,000 HYGIENE KITS AND 4,325 BACKPACKS FILLED WITH SCHOOL SUPPLIES FOR NATIVE CHILDREN AND THEIR FAMILIES ON CHEYENNE RIVER WE WORK WITH A LOCAL SCHOOL TO GIVE KIDS A BACKPACK FULL OF FOOD ON WEEKENDS AND SCHOOL BREAKS SO THAT THEY DON'T GO HUNGRY (3,294 SACKS OF FOOD) WE ALSO SERVED A HEALTHY SACK LUNCH TO CHEYENNE RIVER KIDS IN FIVE COMMUNITIES SO THAT THESE KIDS HAVE SOMETHING TO EAT DURING THEIR SUMMER VACATION (WE SERVED 3,911 MEALS AT 5 SITES OVER 48 DAYS, AVERAGING 81 KIDS SERVED PER DAY) TO STRETCH DOLLARS DURING THE NORTHERN PLAINS WINTER, OUR EMERGENCY HEAT MATCHES PROVIDED HEATING ASSISTANCE TO ALL NINE DISTRICTS ON PINE RIDGE, TO CHEYENNE RIVER YOUTH PROJECT MEMBER FAMILIES AND HELPED KEEP THREE YOUTH CENTERS DOORS OPEN (1,289 FAMILIES SERVED)

4b

(Code) (Expenses \$ 386,519 including grants of \$ 327,524) (Revenue \$)

YOUTH LANGUAGE & CULTURE - (PINE RIDGE, CHEYENNE RIVER SIOUX AND YANKTON INDIAN RESERVATIONS IN SOUTH DAKOTA, CROW INDIAN RESERVATION IN MONTANA, AND OTHER NATIVE COMMUNITIES NATIONWIDE) RUNNING STRONG RECOGNIZES THAT TODAY'S INDIAN YOUTH ARE OUR FUTURE LEADERS AND DESPITE THE MANY CHALLENGES THAT AMERICAN INDIAN KIDS FACE, WE CAN HELP THEM FOLLOW THEIR DREAMS WE PROVIDE YEAR-LONG SUPPORT FOR PROGRAMS AT THE MAIN AND THE COKATA WICONI TEEN CENTER TO OUR AFFILIATE CHEYENNE RIVER YOUTH PROJECT WHICH GIVE CHILDREN AND TEENS A SAFE PLACE TO GO (3,000 SERVED) (SEE SCHEDULE O FOR CONTINUATION)WE SUPPORTED CHRISTMAS PARTIES WITH THE TETON COALITION IN RAPID CITY, SD (100 ADULTS, 50 ELDERS AND 250 CHILDREN SERVED), AT INDIAN YOUTH OF AMERICA IN SIOUX CITY, IA (83 FAMILIES, 367 CHILDREN SERVED) NEW JOY BAPTIST CHURCH IN SAPULPA, OK (ESTIMATED 200 SERVED), THE DENVER INDIAN FAMILY RESOURCE CENTER IN DENVER, CO (100 ADULTS, 18 ELDERS AND 90 CHILDREN SERVED), THE ANCIENT NATIVE AMERICAN CHURCH ON THE PINE RIDGE INDIAN RESERVATION IN SOUTH DAKOTA (50 CHILDREN SERVED), AND THE CHEYENNE RIVER YOUTH PROJECT'S ANNUAL TOY DRIVE TO ANSWER THE WISHES OF 1,163 CHILDREN'S LETTERS TO SANTA WE SUPPORTED THE BRAVE HEART SOCIETY'S EFFORTS TO RECONNECT YANKTON WOMEN AND GIRLS TO THEIR CULTURAL STRENGTH THOUGH RITES OF PASSAGE, STORYTELLING GATHERINGS, LANGUAGE NESTS AND HEALING RETREATS (500 SERVED), WISDOM OF THE ELDERS "DISCOVERING OUR STORY" PROJECT WHICH PRODUCES CULTURALLY-TAILORED MULTI-MEDIA HEALTH & WELLNESS CURRICULA FOR NATIVE YOUTH (1,157 SERVED), AND THE FT ROBINSON INTERTRIBAL GATHERING (4,000 SERVED) AND, OUR NATIONAL SPOKESPERSON, OLYMPIC CHAMPION BILLY MILLS, TRAVELS THE COUNTRY, SPEAKING TO AMERICAN INDIAN YOUTH WITH HIS MESSAGE OF LIVING LIFE WITH DIGNITY, CHARACTER AND PRIDE IN WHO THEY ARE AS NATIVE PEOPLE IN FY 2012, BILLY'S ACTIVITIES RANGED FROM SPEAKING TO NATIVE FAMILIES AT THE RESTORATION POWWOW IN KLAMATH FALLS, OR TO MEETING WITH LOCAL LEADERS ABOUT SUICIDE PREVENTION ON THE ROSEBUD INDIAN RESERVATION IN SOUTH DAKOTA (300 SERVED)

4c

(Code) (Expenses \$ 867,859 including grants of \$ 628,526) (Revenue \$)

ORGANIC GARDENS, HOUSING & WATER WELLS - (PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN RESERVATIONS IN SOUTH DAKOTA, CROW INDIAN RESERVATION IN MONTANA) PROBLEMS OF MALNUTRITION AND HUNGER CONTINUE TO PLAGUE THE AMERICAN INDIAN COMMUNITY MANY FAMILIES DEPEND ON MONTHLY GOVERNMENT COMMODITIES, WHICH ARE OFTEN HIGH IN SODIUM AND SUGARS THERE IS RARELY ENOUGH FOOD WATER AND HOUSING ARE CRITICAL NEEDS, WITH TOO MANY FAMILIES STILL LIVING IN SUBSTANDARD OR OVERCROWDED HOUSING WITH MANY WITHOUT RUNNING WATER

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 3,566,019

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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. .			12	
	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			0	
	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
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. .			0	
	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
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 or securities account)?			4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
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	No
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	No
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	No
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
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	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.			11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c	Enter the aggregate amount of reserves on hand.			13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
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 lines 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

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	BIEU DO CONTROLLER 2550 HUNTINGTON AVENUE SUITE 200 ALEXANDRIA, VA 22303 (703) 317-9086

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES J O'BRIEN ESQ CHAIRMAN	2 00	X		X				0	0	0
(2) EMIL HER MANY HORSES TREASURER	2 00	X		X				0	0	0
(3) SHERRILL KATSI COOK BARREIRO SECRETARY	2 00	X		X				45,442	0	0
(4) ASHLEY WAHJARONKWAS MORRIS DIRECTOR	2 00	X						0	0	0
(5) CLYDE B RICHARDSON DIRECTOR	2 00	X						0	0	0
(6) EUGENE L KRIZEK PRESIDENT	1 00			X				0	74,231	3,337
(7) BRYAN KRIZEK CEO	3 00			X				0	154,233	13,758
(8) PAUL KRIZEK VICE PRESIDENT/GENERAL COU	3 00			X				0	140,194	13,210
(9) LAUREN HAAS FINKELSTEIN EXECUTIVE DIRECTOR	45 00			X				81,569	0	3,560

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	127,011	368,658	33,865

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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	180,402			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,238,838			
	e	Government grants (contributions)	1e	26,069			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	901,747			
	g	Noncash contributions included in lines 1a-1f \$ 2,099,409					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		26,774		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	688,467			
b		Less cost or other basis and sales expenses		689,974			
c		Gain or (loss)		-1,507			
d		Net gain or (loss)		-1,507			-1,507
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	2,031			2,031	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,031			
12	Total revenue. See Instructions			3,374,354	0	0	27,298

Part IX

Statement of Functional Expenses

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

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

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

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 United States See Part IV, line 21	2,778,084	2,778,084		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	90,038	90,038		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	109,966	109,966		
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	204,427	203,628	799	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,248	6,244	4	
9	Other employee benefits	23,661	23,661		
10	Payroll taxes	25,951	25,809	142	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	14,430	800	13,630	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	86,294	86,294		
12	Advertising and promotion	6,046			6,046
13	Office expenses	76,015	56,089	16,932	2,994
14	Information technology	342		342	
15	Royalties				
16	Occupancy	17,413		17,413	
17	Travel	18,208	16,183	1,856	169
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,385	3,415	970	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,119	10,119		
23	Insurance	8,742	8,742		
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	FIELD OPERATIONS	77,365	77,365		
b	PROCUREMENT FEES	67,629	67,629		
c	UNCOLLECTIBLE PLEDGES	33,833		33,833	
d	MISCELLANEOUS	1,953	1,953		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,661,149	3,566,019	85,921	9,209
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			237,072	1	52,027
	2	Savings and temporary cash investments			25,352	2	60,516
	3	Pledges and grants receivable, net			138,337	3	161,795
	4	Accounts receivable, net			753	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			19,781	8	19,819
	9	Prepaid expenses and deferred charges			5,056	9	7,463
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	60,364			
	b	Less: accumulated depreciation	10b	21,733	11,652	10c	38,631
	11	Investments—publicly traded securities			1,095,365	11	1,082,770
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,533,368	16	1,423,021	
Liabilities	17	Accounts payable and accrued expenses			60,574	17	32,062
	18	Grants payable				18	
	19	Deferred revenue			16,998	19	23,294
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			3,414	25	199,362
	26	Total liabilities. Add lines 17 through 25			80,986	26	254,718
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,223,450	27	1,012,640
	28	Temporarily restricted net assets			228,932	28	155,663
	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			1,452,382	33	1,168,303
34	Total liabilities and net assets/fund balances			1,533,368	34	1,423,021	

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	3,374,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,661,149
3	Revenue less expenses Subtract line 2 from line 1	3	-286,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,452,382
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,716
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	1,168,303

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization AMERICAN INDIAN YOUTH RUNNING STRONG	Employer identification number 54-1594578
--	--

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 **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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,472,979	4,517,279	2,193,156	5,171,256	3,347,056	16,701,726
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	1,472,979	4,517,279	2,193,156	5,171,256	3,347,056	16,701,726
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)						933,499
6 Public Support. Subtract line 5 from line 4						15,768,227

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,472,979	4,517,279	2,193,156	5,171,256	3,347,056	16,701,726
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,551	14,918	8,633	13,045	26,774	73,921
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,351	3,002	3,394	4,290	2,031	15,068
11 Total support (Add lines 7 through 10)						16,790,715

12 Gross receipts from related activities, etc (See instructions)

12114,922

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 910 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 970 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number

54-1594578

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 may 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 pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	Investment earnings or 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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	60,364	21,733	38,631
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			38,631

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,374,354
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,661,149
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-286,795
4	Net unrealized gains (losses) on investments	4	2,716
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,716
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-284,079

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	3,377,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,716
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	2,716
3	Subtract line 2e from line 1	3	3,374,354
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 should equal Form 990, Part I, line 12)	5	3,374,354

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,661,149
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	3,661,149
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 should equal Form 990, Part I, line 18)	5	3,661,149

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2012, 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

Name of the organization
AMERICAN INDIAN YOUTH RUNNING STRONG

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

2011

Open to Public
Inspection

Employer identification number
54-1594578

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?

☒ 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

24

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
(1) WATER WELLS FOR PINE RIDGE RESERVATION FAMILIES LIVING WITHOUT RUNNING WATER	30	70,948			
(2) HOME REPAIRS FOR CHEYENNE RIVER RESERVATION FAMILIES	66	10,232			
(3) "RUNNING STRONG SUMMER YOUTH FEEDING PROGRAM CHEYENNE RIVER SIOUX INDIAN RESERVATIONS"	255	8,858			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT REQUESTS ARE SUBMITTED BY ORGANIZATIONS FOLLOWING RUNNING STRONG'S PUBLISHED GRANT GUIDELINES RUNNING STRONG STAFF MEMBERS THEN REVIEW THEM AND ASSESS WHETHER THE PROPOSED PROJECT IS CONSISTENT WITH RUNNING STRONG'S MISSION, FUNDING GUIDELINES, AND BUDGET REQUESTS ARE DISCUSSED WITH RELEVANT STAFF MEMBERS AND THE EXECUTIVE DIRECTOR, CONTACTING THE PROPOSED PROGRAM FOR MORE INFORMATION IF NECESSARY IF APPROVED BY THE EXECUTIVE DIRECTOR, GRANTS ARE SUBMITTED TO THE CEO FOR FINAL APPROVAL AND PROCESSING LARGER GRANT REQUESTS FOLLOW THE SAME PROCEDURE TO BE SUBMITTED TO BE INCLUDED IN THE NEXT FISCAL YEAR BUDGET THAT IS APPROVED BY THE BOARD OF DIRECTORS ONCE FUNDED, GRANTS ARE MONITORED THROUGH REQUIRED REPORTING (SEE REQUIREMENTS) AND SITE VISITS FROM STAFF AS NEEDED

Software ID:
Software Version:
EIN: 54-1594578
Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER POLE FOUNDATIONCROW INDIAN RESERVATION GARRYOWEN, MT 59301	65-0970090	501(C)(3)	49,103	735,413	FMV	FOOD, HYGIENE ITEMS, BLANKETS, SHOES, COATS, TOYS, BOOKS, SCHOOL ITEMS	FOOD PROGRAMS, YOUTH PROGRAMS, AND UTILITIES ASSISTANCE
CHEYENNE RIVER YOUTH PROJECTE LINCOLN STREET EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	64,637	57,016	FMV	FOOD, HYGIENE ITEMS, BLANKETS, SHOES, SCHOOL ITEMS (ALL NEW)	YOUTH PROGRAMS IN MAIN AND COKATA WICONI TEEN CENTER, UTILITIES ASSISTANCE, CHILDREN'S GARDEN, HOME REPAIR, AND HOLIDAY PARTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MENOMINEE INDIAN SCHOOL DISTRICTN530 STATE HWY 47-55 KESHENA, WI 54135	39-1248910	N/A	5,332	115,349	FMV	FOOD AND NEW BOOKS	BACKPACKS FULL OF HEALTHY FOOD TO FEED HUNGRY PREK-3RD GRADE STUDENTS ON WEEKENDS
BRAVE HEART SOCIETYYANKTON SIOUX RESERVATION LAKE ANDES, SD 57356	54-1594578	501(C)(3)	83,422				FOOD SELF-SUFFICIENCY, CULTURAL PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAN WIGMUNKE PINE RIDGE INDIAN RESERVATION MARTIN, SD 57551	20-5841872	501(C)(3)	13,477				FOOD SELF-SUFFICIENCY
SLIM BUTTES AGRI-DEV PROGRAM1705 S MAPLE STREET CHADRON, NE 69337	20-8332945	N/A	131,724				AGRICULTURAL DEVELOPMENT ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE TIMBER PROJECTPINE RIDGE INDIAN RESERVATION SLIM BUTTES, SD 69337	20-8332945	N/A	25,917				PINE RIDGE HOUSING AND CULTURAL ACTIVITIES
THE NATIVE YOUTH SEXUAL HEALTH NETWORK49 NASSAU STREET TORONTO M5T 1M3 CA	10-3200560	N/A	45,000				WOMEN AND CHILDREN'S HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHICKALOON VILLAGE TRADITIONAL COUNCIL21117 E MEYERS AVENUE SUTTON,AK 99674	92-0120907	N/A	5,000				YOUTH PROGRAMS
OGLALA SIOUX TRIBEPINE RIDGE INDIAN RESERVATION PINE RIDGE,SD 57770	46-0217222	N/A	90,000				EMERGENCY HEAT ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WISDOM OF THE ELDERS5518 SE FLAVEL DRIVE PORTLAND, OR 97206	93-1164114	501(C)(3)	5,000				CULTURAL PRESERVATION
NATIONAL MUSEUM OF THE AMERICAN INDIANFOURTH STREET INDEPENDENCE AVENUE SW WASHINGTON, DC 20560	53-0206027	501(C)(3)	25,000				CULTURAL PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LITTLE WHITE BUFFALO PROJECT891 SOUTH 40TH STREET LINCOLN, NE 68501	54-1594578	501(C)(3)	9,215				LANGUAGE PRESERVATION
TAKINI SCHOOL HC 77 HOWES, SD 57748	46-0406180	N/A		67,063	FMV	FOOD, HYGIENE ITEMS, SHOES (ALL NEW)	BACKPACKS FULL OF HEALTHY FOOD TO FEED STUDENTS ON WEEKENDS AND OTHER BASIC NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PINE RIDGE RESERVATION DISTRICTSPINE RIDGE INDIAN RESERVATION PINE RIDGE, SD 57770	46-0217222	N/A		677,113	FMV	FOOD, HYGIENE ITEMS, BLANKETS, SHOES, COATS, TOYS, BOOKS, SCHOOL ITEMS	BASIC NEEDS FOR RESERVATION FAMILIES
NORTH AMERICAN INDIAN CENTER OF BOSTON105 SOUTH HUNTINGTON AVENUE JAMAICA PLAIN, MA 02130	04-3132204	501(C)(3)		10,020	FMV	NEW COATS, BLANKETS, SHOES	BASIC NEEDS FOR AMERICAN INDIAN FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEZ PERCE SOCIAL SERVICES311 AGENCY ROAD LAPWAI, ID 83541	82-0255928	N/A		10,749	FMV	NEW COATS	BASIC NEEDS FOR RESERVATION FAMILIES
THE NATIONAL INDIAN YOUTH LEADERSHIP DEVELOPMENT PROJECT INC305 SUNDE STREET GALLUP,NM 87301	85-0373602	501(C)(3)		8,501	FMV	NEW COATS AND SHOES	BASIC AMERICAN INDIAN YOUTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INDIAN YOUTH OF AMERICA INC623 JACKSON STREET SIOUX CITY,IA 51106	52-1150452	501(C)(3)		9,090	FMV	NEW COATS	BASIC AMERICAN INDIAN YOUTH NEEDS
SAINT PAUL AREA COUNCIL OF CHURCHES - DEPARTMENT OF INDIAN WORK1671 SUMMIT AVENUE SAINT PAUL,MN 55105	41-0694741	501(C)(3)		10,831	FMV	NEW COATS AND BLANKETS	BASIC NEEDS FOR AMERICAN INDIAN FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DENVER INDIAN FAMILY RESOURCE CENTER4407 MORRISON ROAD DENVER, CO 80219	84-1568837	501(C)(3)		8,477	FMV	NEW COATS	BASIC NEEDS FOR AMERICAN INDIAN FAMILIES
CHEYENNE - EAGLE BUTTE SCHOOL2004 E STREET EAGLE BUTTE, SD 57625	14-0001819	N/A		28,174	FMV	NEW BOOKS AND SCHOOL ITEMS	BASIC AMERICAN INDIAN YOUTH NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STANDING ROCK ELEMENTARY SCHOOL9189 HWY 24 FT YATES,ND 58530	45-6001549	N/A		10,955	FMV	NEW COATS, BLANKETS, SHOES	BASIC AMERICAN INDIAN YOUTH NEEDS
NESPELEM CREEK KIDS 4H CLUB CONFEDERATED TRIBES OF THE COLVILLE RESERVATION NESPELEM,WA 99155	45-3565614	N/A		11,318	FMV	NEW COATS AND BLANKETS	BASIC AMERICAN INDIAN YOUTH NEEDS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AMERICAN INDIAN YOUTH RUNNING STRONG	Employer identification number 54-1594578
--	--

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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	No
b	Any related organization?	5b	No
	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	No
b	Any related organization?	6b	No
	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	No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number
54-1594578

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		190,439	FMV
5 Clothing and household goods	X		523,386	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	26	1,190,295	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

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization AMERICAN INDIAN YOUTH RUNNING STRONG	Employer identification number 54-1594578
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	EUGENE L KRIZEK, PRESIDENT, BRYAN KRIZEK, CEO AND PAUL KRIZEK, VICE PRESIDENT/GENERAL COUNSEL HAVE A FAMILY RELATIONSHIP HOWEVER, THEY ARE NOT COMPENSATED BY AMERICAN INDIAN YOUTH RUNNING STRONG
	FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEE HAS THE AUTHORITY TO ACT INDEPENDENT OF THE FULL BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE FEDERAL FORM 990 IS PREPARED BY A CPA FIRM THE ORGANIZATION'S STAFF SENDS THE DRAFT FORM 990 TO ALL BOARD MEMBERS AND REQUESTS THAT ANY COMMENTS OR QUESTIONS BE SENT DIRECTLY TO THE AUDIT COMMITTEE THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE DRAFT FORM 990 WITH STAFF AND THE AUDITORS AND ADDRESSES ANY BOARD MEMBER COMMENTS PRIOR TO SUBMISSION OF THE FEDERAL FORM 990 TO THE INTERNAL REVENUE SERVICE
	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 FEDERAL 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 DIRECTORS 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 AMERICAN INDIAN YOUTH RUNNING STRONG AND ITS PARENT ORGANIZATION, CHRISTIAN RELIEF SERVICES CHARITIES A BIENNIAL REPORT IS MADE OF THE PERFORMANCE AND EFFECTIVENESS ASSESSMENTS OF RUNNING STRONG, WITH RECOMMENDATIONS FOR FUTURE ACTIONS, AS REQUIRED BY STANDARD 7 OF THE STANDARDS FOR CHARITY ACCOUNTABILITY OF THE BBB WISE GIVING AT THE DIRECTION OF THE BOARD OF DIRECTORS, THE CHAIRMAN AND THE EXECUTIVE/GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS UNDERTOOK A COMPARABILITY SURVEY OF OTHER NON-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS, INCOMES AND GEOGRAPHICAL LOCATIONS IN CONDUCTING THE RESEARCH FOR THIS SURVEY, IT RELIED ON ASSOCIATION SURVEYS, PHONE INQUIRIES, CONSULTANT RESEARCH, ETC AND IN PARTICULAR, ON COMPARABILITY DATA INCLUDING PROFESSIONAL SURVEYS PUBLISHED BY GUIDESTAR PHILANTHROPIC RESEARCH, INC, IN 2007, AND ON THE 2008 PUBLICATION BY THE HANOVER RESEARCH COUNCIL OF EXECUTIVE COMPENSATION DATA PERTAINING TO NONPROFITS LOCATED WITHIN THE WASHINGTON, D C METROPOLITAN AREA THE PUBLISHED SURVEYS, CONTAINING THE MAXIMUM TOTAL COMPENSATION PER COMPARABILITY DATA, WERE PRINTED ON A FORM FOR CREATING THE SAFE HARBOR FOR EXECUTIVE COMPENSATION AND WERE CONSIDERED BY THE EXECUTIVE/GOVERNANCE COMMITTEE, WHICH AGREED ON A MINIMUM TOTAL COMPENSATION PACKAGE FOR SUBMISSION TO THE FULL BOARD OF DIRECTORS FOR ITS FINAL APPROVAL TOGETHER WITH A BOARD EVALUATION ON EACH OFFICER ON JUNE 14, 2008 SINCE THAT TIME NO FURTHER SALARY INCREASES HAVE TAKEN PLACE
	FORM 990, PART VI, SECTION C, LINE 19	THE CHARITY POSTS THE LAST THREE YEARS AUDITS AND LINKS TO THE LAST THREE YEARS FEDERAL FORM 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,716

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

2011

Open to Public Inspection

Name of the organization
AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number
54-1594578

Part I

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

(a) Name, address, and EIN of disregarded entity	(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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) 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	No
See Additional Data Table							

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

(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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) 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" on 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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

No

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)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
AMERICANS HELPING AMERICANS INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1594577	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHRISTIAN RELIEF SERVICES INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1884868	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHEYENNE RIVER YOUTH PROJECT INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 46-0423106	CHARITABLE	SD	501(C)(3)	LINE 7	N/A		No
BREAD AND WATER FOR AFRICA INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1884520	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHRISTIAN RELIEF SERVICES OF VIRGINIA 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1609844	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CENTER FOR HOUSING COUNSELING TRAINING INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 91-1812359	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHRISTIAN RELIEF SERVICES CHARITIES INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 52-1394775	CHARITABLE	VA	501(C)(3)	LINE 7	N/A		No
CRS TRIANGLE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1922277	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1779171	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
MOUNTAIN LAKES HOUSING FOUNDATION INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1639377	CHARITABLE	DE	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CRS ALEXANDRIA HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 31-1659036	CHARITABLE	VA	501(C)(3)	LINE 7	N/A		No
CRS SCOTTSDALE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1990752	CHARITABLE	AZ	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CRS CAMBRIDGE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-2041806	CHARITABLE	AZ	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CRS PINE RIDGE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-2041803	CHARITABLE	AZ	501(C)(3)	LINE 7	N/A		No
CRS FOUNTAIN PLACE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-2041804	CHARITABLE	AZ	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CRS THE COVE HOUSING CORPORATION 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-2041798	CHARITABLE	AZ	501(C)(3)	LINE 7	N/A		No
CRSC RESIDENTIAL INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-2041807	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CRS HOUSING PRESERVATION INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 71-1031988	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC		No
CHRISTIAN RELIEF SERVICES21ST CENTURY CAMPAIGN INC 2550 HUNTINGTON AVE 200 ALEXANDRIA, VA 22303 54-1748859	CHARITABLE	VA	501(C)(3)	LINE 11, TYPE 1	CHRISTIAN RELIEF SERVICES CHARITIES INC		No