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# Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2011 Open to Public

	TEL TREVEINGE	The diganization may have to use a copy of this return to satisfy sta	ie reporting requi	ii eiii eii is.	mspection
<u>A</u>	For the 2	011 calendar year, or tax year beginning $07/01/11$ , and ending $06/30$	/12		
_	Check if applic			D Emplo	yer identification number
$\square$	Address chang	Tribal Youth, Inc.			
一	Name change	Doing Business As UNITY, Inc.		73-	1010390
$\equiv$		Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
$\sqcup$	Initial return	500 N. BROADWAY #10		405	5-236-2800
	Terminated	City or town, state or country, and ZIP + 4	<u> </u>	<del>                                     </del>	
	Amended retu	OKLAHOMA CITY OK 73102		<b>1</b>	eipts \$ 499,171
$\equiv$		F Name and address of principal officer	Т	G Gross reco	
	Application pe	ding J.R. Cook	H(a) Is this a	group return for a	affiliates? Yes X No
		P.O. Box 800	H(b) Are all :	affiliates include	d? Yes No
		Oklahoma City OK 73101	1 ''		(see instructions)
_	Tax-exempt			.,	(,
	Website	status         X         501(c)(3)         501(c)         ( )         ◀ (insert no )         4947(a)(1) or         527           www.unityinc.org	┦		_
				exemption numb	
	Form of organ		Year of formation		M State of legal domicile
		Summary	-		•
		fly describe the organization's mission or most significant activities		e	
ည		o foster the spirtual, mental, physical, and social development and blocker Nation would be a help by the	-		
nar	1	indian and Alaskan Native youth and to help build a stro	_	ea, ana	
Ver	1	elf-reliant Native America through greater youth involved			
Ĝ		ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asse	1 3	
•ජ "	1	nber of voting members of the governing body (Part VI, line 1a)		3	9
ţį		nber of independent voting members of the governing body (Part VI, line 1b)		4	9
Activities & Governance	1	al number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
Ac		al number of volunteers (estimate if necessary)		6	0
		al unrelated business revenue from Part VIII, column (C), line 12		7a	0
	<b>b</b> Net	unrelated business taxable income from Form 990, T, line 34		7b	0
	e Cor	KEUEIVEU	Prior Yo	8,478	Current Year
ne		gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)		0	488,975
Revenue		gram service revenue (Part VIII, line 2g) OCT 0 9 2012		1,397	0
æ	1	11/1			-4
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	<u> </u>	175	10,200
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54	0,050	499,171
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	1	efits paid to or for members (Part IX, column (A), line 4)	43		
enses		aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4.3	8,263	385,544
ë	1	fessional fundraising fees (Part IX, column (A), line 11e)		<u> </u>	0
Exp	1	al fundraising expenses (Part IX, column (D), line 25)   0	41	6 644	220 460
_	ou.	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,644	329,469
		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,907	715,013
Assets OF ICA	19 Rev	enue less expenses. Subtract line 18 from line 12	Beginning of Cu	4,857	-215,842 End of Year
ance and	20 Tot:	al assets (Part X, line 16)		21,173	333,202
Balgar.	21 Tota	al liabilities (Part X, line 26)		27,085	54,959
<b>7</b> ≥ 5		assets or fund balances Subtract line 21 from line 20		4,088	278,243
3 P	art II	Signature Block	<u> </u>	74,000	
		es of perjury, I declare that I have examined this return, including accompanying schedules and statemen	to and to the heat	of my knowle	don and ballet it is
⊃ trı	ue, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledge	or my knowie	age and belief, it is
ž					2-05-17-
₹ Sig	ın J	Signature of officer		Date	J 49-12
He	re l	J.R. Cook Pres	ident & 1	Execut	ive Director
מ	~   <b> </b>	Type or print name and title			
	Pr	Int/Type preparer's name Preparer's signature Out.	Date	Check	If PTIN
Paid	d Au	tumn L. Williams Autumn L. Williams	10/0	3/12 self-em	<b>∟</b> J"
Pre	narer	m's name > Casey J. Russell CPA Inc.	1 20/0	Firm's EIN	73-1349920
	Only	2812 NW 57th St Ste 102		I HINS EIN F	75 1517720
	- T	m's address   Oklahoma City, OK 73112-7064	1	Phone no	405-607-8743
May		iscuss this return with the preparer shown above? (see instructions)		Phone no	Yes No
_		rk Reduction Act Notice, see the separate instructions.	·	/. 1-	7 Form <b>990</b> (2011)
DAA				UI	7 7 3 3 3 3 3 (2011)

Form 990 (2011)	United Nation	al Indian	73-1010390	Page 2
Part III S	tatement of Program	Service Accomplishments		
1 Briefly descr To foste Indian a	ribe the organization's mission er the spirtua and Alaskan Na	on: 1, mental,physical, tive youth and to he	and social developmed	unified, and
prior Form 9 If "Yes," des	990 or 990-EZ? scribe these new services or	Schedule O		Yes X No
4 Describe the expenses. S	Statement of Program Service Accomplishments   Check if Schedule O contains a response to any question in this Part III			
4a (Code UNITY, I	)(Expenses \$ Inc. sponsors ouncils and co	663,695 including grants o educational and trainsferences are the ma	f \$ ) (Reve	onferences.
	mpiion ico mio			
4b (Code	)(Expenses \$	including grants o	f\$)(Reve	nue \$ )
4c (Code·	)(Expenses \$	including grants o	f \$ ) (Reve	nue \$ )
	·			
4d Other progra	am services (Describe in So	·	) (Payanus ¢	`
	ram service expenses▶	including grants of \$ 663,695	) (Revenue \$	

# Form 990 (2011) United National Indian Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<del></del>
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<del></del>
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<del></del> -
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.01		
4.0	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		<del>  ^</del>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			٠.
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		-	
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			$\overline{}$
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ļ
	If "Yes," complete Schedule G, Part III	19	L	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				_

# Form 990 (2011) United National Indian Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ <u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			45
04-	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
_	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		04-		
ч	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		
•	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2011)

Pæ	Chack if School of Contains a response to any question in this Bort V			
	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		163	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		1	į
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		1	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		1	Ė
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
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).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	ĺ
h	and services provided to the payor?  If "Yee," did the payoration patify the depay of the value of the goods or conject provided?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1,0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	į	: 
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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			ĺ
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			É
а	Initiation fees and capital contributions included on Part VIII, line 12			į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			É
11	Section 501(c)(12) organizations.Enter			į
а	Gross income from members or shareholders 11a			É
b	Gross income from other sources (Do not net amounts due or paid to other sources			Ė
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts.ls 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			É
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			Ė
þ	Enter the amount of reserves the organization is required to maintain by the states in which			É
	the organization is licensed to issue qualified health plans	_		į
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

73-1010390 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule  $\mathbf{X}$ 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X 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? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OK Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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 during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the Pat Hunter P.O. Box 800 organization:

OK 73101

Oklahoma City

Form 990 (2011)	United	National	Indian
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73-1010390

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (A) (C) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of related box, unless person is both an from week other (describe officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization nstitutional trustee tighest compensated related organizations and related employee ın Schedule organizations O) (1)Loretta Tuell Chairwoman 0.00 X X 0 0 0 (2) Mel Pervais 0.00 X X 0 ViceChair 0 (3) Jan English 0.00 X X 0 Treasurer 0 (4) Greg Mendoza 0.00 X X 0 Secretary 0 0 (5) Mary Kim Titla 0.00 X 0 0 Trustee (6) Dr. Darrell Mease X Trustee 0.00 0 0 (7) Jarred Massy 0.00 X Trustee 0 0 0 (8) Amira Madison X Trustee 0.00 0 0 0 (9) J.R. Cook Executive Di 0.00 X X 0 0 (10)(11)(12)(13)(14)

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oye	es, a	and Highest Compensated	d Employee(continued)			
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	bo	ox, unlificer a	Pos check ess p	erson	than is both Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co oi a	(F) Estimated amount of other impensation from the iganization and related ganizations	
		0)	ustee	trustee		60	npensated						
(15)													
(16)	· · · · · · · · · · · · · · · · · · ·			_									
(17)													
(18)									-				
(19)	· · · · · · · · · · · · · · · · · · ·												
(20)				-									
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total  Total from continuation she	ets to Part VII. S	Secti	ion A	\ \			<b>&gt;</b>					
d	Total (add lines 1b and 1c)							<u> </u>					
2	Total number of individuals (inc reportable compensation from t				ose	listed	d abo	ve)	who received more than \$10	00,000 in			
3	Did the organization list any for								ee, or highest compensated	ı	Γ	Ye	1
4	employee on line 1a? If "Yes," of For any individual listed on line organization and related organication.	1a, is the sum of	f rep	ortab	le co	mpe	ensat	ion a		m the	-	3	X
5	individual  Did any person listed on line 1a for services rendered to the org									dividual		5	X   X
Sec	tion B. Independent Contract		s, c	ompi	CIC (	JUILE	uule	3 101	r such person			<u> </u>	<u> </u>
1	Complete this table for your five compensation from the organiz	e highest comper	nsate nper	d inc	depe	nder r the	nt cor cale	ntrac ndar	ctors that received more that r year ending with or within t	n \$100,000 of the organization's tax year			
	Name and	(A) business address							Descript	(B) tron of services		(C) Compen	sation
	····	-											
		•						_					
								_		<del>-</del> ·		<u> </u>	
										-			<del></del>
	Total number of independent	ontroptoro (	line !		nt liz	I	to 11		hatad abaya \ br				
2	Total number of independent correceived more than \$100,000 or	·	_						iisted above) who	0		- 0	20
DAA												Form 9	90 (2011)

P	ırt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	······					revenue		512, 513, or 514
Program Service Revenue Contributions, Gifts, Grants	1a	Federated campaigns	1a					
ĔΞ	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
当に	d	Related organizations	1d					
o,E	e		1e					
e is	l f	All other contributions, gifts, grants,						
돌	•	and similar amounts not included above	1f	488,975				
Ęŏ	ہ ا	Nanaah aastabukan untudad a taas 4. 4.		100/3/3				
55	9		н Ф		400 075			
Ow	h	Total. Add lines 1a-1f	<del>_</del>	<u> </u>	488,975	••••••••		
JE .				Busn Code				
Ş	2a							
æ	b							
<u>.</u>	С				_			
န္တ	d						- *	
Ē	е							
ğ	f	All other program service reven	iue					<del></del>
F	a	Total. Add lines 2a-2f		<b>•</b>		····	············	
	3	Investment income (including d	wdends inter				················· <u>··</u> ·················	
	ľ	and other similar amounts)	ividends, inter	<b>►</b>	-4	-4		
	4	•			- 12			
	4	Income from investment of tax-	exempt bond	proceeds 🕨		<del></del>		
	5	Royalties		▶				
		(ı) Real		ii) Personal	Ī			
	6a	Gross rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7a	Gross amount from (i) Securities		(II) Other				
		sales of assets other than inventory			1			
	b	Less cost or other						
	_	basis & sales exps						
	C .	Gain or (loss)			ŧ			
	d	Net gain or (loss)		<u> </u>				
nue	8a	J	its					
en		(not including \$						
ě		of contributions reported on line 1c)		l				
Other Reve		See Part IV, line 18	a		1			
Ę	b	Less: direct expenses	b	_	1			
O	С	Net income or (loss) from fundr	aising events	<b>•</b>				
	9a	Gross income from gaming activities						
		See Part IV, line 19	а	1				
	b	Less: direct expenses	b		1			
		Net income or (loss) from gamil		<b>•</b>	1		=	
		Gross sales of inventory, less	ng activities					
	IUa	•						
		returns and allowances	a					
		Less: cost of goods sold	b					
	С	Net income or (loss) from sales	of inventory	<u> </u>			<del></del>	1
		Miscellaneous Revenue		Busn Code	#			
	11a	Other Income			10,200	10,200		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>•</b>	10,200			
	12		S.	<b>.</b>	499,171	10,196	0	0
			<del></del>	<u> </u>				

#### 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									
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses					
1	Grants and other assistance to governments and									
2	organizations in the U.S. See Part IV, line 21				······································					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,	· · · · · ·								
3	organizations, and individuals outside the									
	U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members				! ,'!'!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!					
5	Compensation of current officers, directors,									
	trustees, and key employees									
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	295,847	295,847							
8	Pension plan accruals and contributions (include				····					
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	89,697	89,697							
10	Payroll taxes			-						
11	Fees for services (non-employees)									
а	Management	27,558	27,558							
b	Legal									
С	Accounting	6,500		6,500						
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	223,531	223,241	290						
12	Advertising and promotion	1,533	1,495	38						
13	Office expenses	12,100	1,809	10,291						
14	Information technology									
15	Royalties									
16	Occupancy	25,259	_	25,259	<del></del>					
17	Travel	7,638		7,638						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	24,048	24,048							
19	Conferences, conventions, and meetings									
20	Interest				<del>-</del>					
21	Payments to affiliates	C1.0								
22	Depreciation, depletion, and amortization	619		619						
23	Insurance Other expanses, Itemize expanses not severed	683	····	683						
24	Other expenses Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O)									
а	(A) amount, list line 24e expenses on Schedule O)									
b										
C										
d										
e	All other expenses									
25	Total functional expenses Add lines 1 through 24e	715,013	663,695	51,318	0					
26	Joint costs. Complete this line only if the	,	113,000	22,320						
	organization reported in column (B) joint costs				•					
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if									
	following SOP 98-2 (ASC 958-720)									

Part :	X Balance Sheet				
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest bearing		79,128	1	92,835
2	Savings and temporary cash investments		300,487	2	77,910
3	Pledges and grants receivable, net	Γ		3	
4	Accounts receivable, net	Γ		4	
5	Receivables from current and former officers, directors, trustees,	key			
	employees, and highest compensated employees. Complete Par				
	Schedule L		5		
6	Receivables from other disqualified persons (as defined under se	ection			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and cont				
	employers and sponsoring organizations of section 501(c)(9) volu				
3	employees' beneficiary organizations (see instructions)			6	
7	Notes and loans receivable, net			7	
8   3	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		-	9	
108	a Land, buildings, and equipment cost or				
	other basis. Complete Part VI of Schedule D 10a	63,484			
l t	Less: accumulated depreciation 10b	63,413	690	10c	71
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	<del>-</del>
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		140,868	15	162,386
16	Total assets. Add lines 1 through 15 (must equal line 34)		521,173	16	333,202
17	Accounts payable and accrued expenses		27,085	17	54,959
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of Schedul	le D		21	
22	Payables to current and former officers, directors, trustees, key	Ţ.			
<u> </u>	employees, highest compensated employees, and disqualified pe	ersons		1	
	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	e Part X			
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		27,085	26	54,959
	Organizations that follow SFAS 117, check here▶ X and	complete		1	
g	lines 27 through 29, and lines 33 and 34.			1	
27	Unrestricted net assets		284,138	27	247,466
28	Temporarily restricted net assets		209,950	28	30,777
29	Permanently restricted net assets			29	
:	Organizations that do not follow SFAS 117, check here▶ ☐	and			
<u> </u>	complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	· <del>=</del>
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other ful	nds		32	
33	Total net assets or fund balances		494,088	33	278,243
34	Total liabilities and net assets/fund balances		521,173	34	333,202

Form **990** (2011)

Form	990 (2011) United National Indian 73-1010390			Pa	age <b>12</b>
Pa	rt 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		199,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		715,	
3	Revenue less expenses. Subtract line 2 from line 1	3_		215,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>194,</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>- 3</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	ŀ			
	column (B))	6		<u>278,</u>	<u> 243</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
			<del>(record</del>	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	·			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O.				•
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O.				1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				1
	issued on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		_ 3a	X	<u> </u>
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		36	l x	

Form **990** (2011)

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

Department of the Treasury Internal Revenue Service Name of the organization

## **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.

United National Indian

OMB No 1545-0047

2011 Open to Public

Inspection
Employer identification number

Tribal Youth, Inc. 73-1010390 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) R 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 Type II c Type III-Functionally integrated Type III-Other 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) 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 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 Yes No (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (VII) Amount of the organization in omanization in col organization (described on lines 1-9 in co! (i) listed in your support ∞l (i) of your (i) organized in the above or IRC section governing document? 1152 support? (see instructions) Yes Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 United National Indian Part II

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

Sec	tion A. Public Support			· •				
Caler	dar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20°	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
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		<u> </u>	······································	<del>                                     </del>	<del></del>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Caler	idar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20°	11	(f) Total
7	Amounts from line 4		<u> </u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (	see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	, second, third, four	th, or fifth tax year	as a section 501(c	)(3)		
	organization, check this box and stop here							<b>•</b>
Sec	tion C. Computation of Public Su						1 1	
14	Public support percentage for 2011 (line 6,		<del>-</del>	<b>(f)</b> )			14	%_
15	Public support percentage from 2010 Sche						15	%_
16a	33 1/3% support test—2011.If the organi				1/3% or more, che	eck this		
	box and <b>stop here.</b> The organization qualif	• •	-					
þ	33 1/3% support test—2010.If the organi				is 33 1/3% or more	Э,		
47.	check this box and stop here. The organiz	•		-	and the and has d	14.0		
17a	10%-facts-and-circumstances test—20°	_						
	10% or more, and if the organization meets  Part IV how the organization meets the "fac				•			
	organization	as-anu-circumstan	ices lest The orga	inization qualifies a	s a publicly suppor	leu		▶ □
b	10%-facts-and-circumstances test—20°	10 If the organizate	ion did not check a	hox on line 13, 16a	16b or 17a and	line .		
	15 is 10% or more, and if the organization is	•						
	Explain in Part IV how the organization mee				•	clv		
	supported organization		J JaJ.(a11005 163)	organization		,		▶ □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	. 17a, or 17b. check	k this box and see			
. •	instructions	550 4 50 6		,, 5, 6.1661				<b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	quality under the	e tests listed be	low, please cor	nplete Part II.)		
	tion A. Public Support						
Cale	ndar 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")	829,340	343,722	610,972	538,478	488,975	2,811,487
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	146,289	18,000	37,334	1,572	10,196	213,391
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	975,629	361,722	648,306	540,050	499,171	3,024,878
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	136,533	13,000		į		149,533
С	Add lines 7a and 7b	136,533	13,000	··		<del></del>	149,533
8	Public support(Subtract line 7c from line 6.)		32,000				2,875,345
Sec	tion B. Total Support	-	•				
Cale	ndar year (or fiscal year beginning in)▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	975,629	361,722	648,306	540,050	499,171	3,024,878
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)	975,629	361,722	648,306	540,050	499,171	3,024,878
14	First five years. If the Form 990 is for the o	•	econd, third, fourth	, or fifth tax year as	s a section 501(c)(	3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percentag	ge				
15	Public support percentage for 2011 (line 8,	,,	•	))		15	95.06%
16	Public support percentage from 2010 Sched					16	89.28 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (lin	, ,	•	olumn (f))		17	%_
18	Investment income percentage from 2010 S					<u> 18  </u>	1 %
19a	33 1/3% support tests—2011.If the organ 17 is not more than 33 1/3%, check this box	x and <b>stop here.</b> Th	e organization qual	lifies as a publicly s	supported organiza	tion	<b>▶</b> 🗓
b	33 1/3% support tests—2010. If the organ line 18 is not more than 33 1/3%, check this	s box and <b>stop here</b>	e. The organization	qualifies as a publi	cly supported orga	nızatıon	▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box ar	nd see instructions		

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

### **SCHEDULE D** (Form 990)

Department of the Treasury

# Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number United National Indian Tribal Youth, Inc. 73-1010390 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

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Part III Organiza	tions Maintaining	Collections of	Art, Historical Tr	easures, or	Other Simil	ar Assets	(continued	d)
3 Using the organization collection items (check	n's acquisition, accession k all that apply)	, and other records,	check any of the follo	wing that are a	significant use o	of its		
a Public exhibition		d 🗌	Loan or exchange pro	ograms				
<b>b</b> Scholarly researc	h	е 🗌	Other					
c Preservation for fi	uture generations	_						
4 Provide a description XIV	of the organization's colle	ctions and explain i	now they further the or	rganization's ex	empt purpose ir	n Part		
	e organization solicit or re	eceive donations of	art, historical treasure	es or other simi	lar			
	ise funds rather than to b						Yes	∏ No
	and Custodial Arra				vered "Yes" t	to Form 990		
	reported an amount						, ,	
1a Is the organization an				other assets no	ot .			
included on Form 990			,		•		Yes	☐ No
b If "Yes," explain the ar	rangement in Part XIV ar	d complete the follo	owing table:					
		•	•				Amount	
c Beginning balance						1c		
d Additions during the y	ear					1d		
e Distributions during th	e vear					1e		
f Ending balance	•					1f		
2a Did the organization in	clude an amount on Forr	n 990. Part X. line 2	1?				Yes	No
<b>b</b> If "Yes," explain the ar								
The state of the s	ent Funds. Comple	te if the organiz	ation answered "	Yes" to Form	990. Part IV	/. line 10.		
		(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Four ye	ears back
1a Beginning of year bala	ince							
<b>b</b> Contributions							1	
c Net investment earnin	gs, gains, and							
losses								
d Grants or scholarships	,						1	***************************************
e Other expenditures for	facilities and							
programs								
f Administrative expens	es						<del></del>	**
g End of year balance							1	
2 Provide the estimated	percentage of the curren	t year end balance (	(line 1g, column (a)) h	eld as:				
a Board designated or q		%						
<b>b</b> Permanent endowmer	nt ▶ %							
c Temporarily restricted	endowment >	%						
The percentages in lin	es 2a, 2b, and 2c should	equal 100%.						
3a Are there endowment	funds not in the possessi	on of the organization	on that are held and a	dministered for	the			
organization by.							Y	es No
(i) unrelated organiza	ations						3a(i)	
(ii) related organization	ons						3a(ii)	
b If "Yes" to 3a(II), are th	e related organizations lis	sted as required on	Schedule R?				3b	
4 Describe in Part XIV th	ne intended uses of the oi	rganization's endow	ment funds.					
Part VI Land, Bu	ildings, and Equip	ment. See Forn	n 990, Part X, line	e 10.				
Description of	of property	(a) Cost or other t	pasis (b) Cost or	other basis	(c) Accumula	nted	(d) Book val	lue
		(investment)	(ot	her)	depreciation	on		
1a Land								
<b>b</b> Buildings								
c Leasehold improveme	nts							
<b>d</b> Equipment								
e Other								
Total. Add lines 1a through	le (Column (d) must equ	al Form 990, Part X	, column (B), line 10(c	c) )		<b>•</b>		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ ☐

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

DAA

<u>(9)</u> (10) (11)

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<u>Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, ,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	
_ 5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Sta	itements With Expen	ses per Return	<del></del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines 4a and 4b		4c	
_ 5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011 United National Indian
Part XIV Supplemental Information (continued)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Internal Revenue Service
Name of the organization

United National Indian Tribal Youth, Inc.

Employer identification number 73 – 1010390

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board reviews the 990 before it is filed with the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents are made available upon request at the entity's location.