

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

_			JUN 30, 2014
B	Check if applicat	C Name of organization	D Employer identification number
	Addr	AMERICAN INDIAN YOUTH RUNNING STRONG	
	Name chan	pe Doing Business As RUNNING STRONG FOR AMERICAN IND	54-1594578
	Initial		te E Telephone number
	Term	8301 RICHMOND HIGHWAY	(703) 317-9881
<u>_</u>	Amer	City or town, state or province, country, and ∠IP or foreign postal code	G Gross receipts \$ 3,400,643.
L	Appli tion pend	ALEXANDRIA, VA 22309	H(a) Is this a group return
	perio	F Name and address of principal officer. BRYAN L. KRIZEK	for subordinates? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
		empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 52	
		te: ► WWW.INDIANYOUTH.ORG	H(c) Group exemption number ► 3299
			ar of formation: 1990 M State of legal domicile: VA
P		Summary	WEDIGHT TWOTHY WIDG AND
CG	1	Briefly describe the organization's mission or most significant activities: WE GIVE A	MERICAN INDIAN KIDS AND
Governance	_	THEIR FAMILIES THE TOOLS AND HOPE TO BUILD A	
Ver	2	Check this box if the organization discontinued its operations or disposed of mo	l I
ő	3	Number of voting members of the governing body (Part VI, line 1a)	3 5
٥đ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 5
ties	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
Activities &	6	Total number of volunteers (estimate if necessary)	6 5
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
17/2	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Crevenue Co			Prior Year Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,922,784. 2,872,187.
(5)	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,523. 59,972.
Ö	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,381. 6,000.
2-4	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,946,688. 2,938,159.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,038,839. 2,329,102.
.U	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
390 € Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	258,625. 293,743.
_3e	16a	Professional fundraising fees (Part IX, column (A), (ine 1e)	0. 0.
28		Total fundraising expenses (Part IX, column 10), line 25) > 22,069.	
БÕ	17	Other expenses (Part IX, column (A) lines 11a (1)d, 11f-24e)	294,876. 684,904.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,592,340. 3,307,749.
	19	Revenue less expenses. Subtract line 18 from line 12	354,348369,590.
es of		6 10	
ass	20	Total accets (Part Y line 16)	Beginning of Current Year End of Year 1,706,446. 1,798,000.
ASS Bass	21	Total inhilition (Part V. line 36)	136,182. 529,019.
Net Assets Fund Balanc	21	Alst appets of find belongs Cuba (Classical Control of	
Ď,	<u>22</u> rt	Signature Block	1,570,264. 1,268,981.
	or non-	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 2 înfrom line 20. Signature Block atties of perjury, I declare that I have examined this return, including accompanying schedules and state at the property of property than effect in a state of perjury.	amonto and to the best of my beautiful as and bullet it.
trus	corre	ct, and complete. Declaration of propagation than officer) is based on all information of which prepar	
uuc,	CONE	Tamore is based on all information of which prepared	ter has any knowledge.
٥.		Signature of officer	Date
Sig		l'	1111 A . 11
Her	е	BRYAN L. KRIZEK, CEO Type or print name and title	11/12/2019
			Date Cherk PTIN
B - 1 -		Print/Type preparer's name Preparer's signature	[]
Paid		FRANK H. SMITH Frank H. Smith	LI/II/I4 self-employed P00639053
	arer	Firm's name RAFFA, P.C.	Firm's EIN ▶ 52-1511275
Use	Only	Firm's address 1899 L STREET, NW, SUITE 900	
		WASHINGTON, DC 20036	Phone no. (202) 822-5000
May	the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
3320	01 10-	29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2013)
			COPY
			9-17
			- 1

Par	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Bnefly 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?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501 (c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code) (Expenses \$ 2,055,820 • including grants of \$ 1,439,875 •) (Revenue \$)
70	FOOD AND BASIC NEEDS - (PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN
	RESERVATIONS IN SOUTH DAKOTA, MENOMINEE INDIAN RESERVATION IN
	WISCONSIN) -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)
4b	(Code) (Expenses \$ 900,492 - including grants of \$ 682,329 -) (Revenue \$)
	YOUTH, LANGUAGE & CULTURE - (PINE RIDGE, CHEYENNE RIVER SIOUX AND
	YANKTON INDIAN RESERVATIONS IN SOUTH DAKOTA, 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.
	RUNNING STRONG PROVIDES SUBSTANTIAL SUPPORT TO THE CHEYENNE RIVER YOUTH
	PROJECT FOR PROGRAMS AT THE MAIN (FOR AGES 4-12) AND THE COKATA WICONI
	TEEN CENTER (AGES 13-18) ON THE CHEYENNE RIVER SIOUX INDIAN
	RESERVATION. PROGRAMS INCLUDE MAIN UNIVERSITY, TUTORING, ATHLETICS, ART
	AND DANCE, AND FAMILY SERVICES
	(SEE SCHEDULE O FOR CONTINUATION)
4c	(Code) (Expenses \$ 263,922. including grants of \$ 206,898.) (Revenue \$
	ORGANIC GARDENS, HOUSING AND HEALTH - (PINE RIDGE AND CHEYENNE RIVER
	SIOUX INDIAN RESERVATIONS IN SOUTH DAKOTA, OTHER NATIVE COMMUNITIES
	NATIONWIDE) 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. RUNNING STRONG SUPPORTS GRASSROOTS ORGANIC GARDENING
	EFFORTS TO INCREASE THE AMOUNT OF HEALTHY FOOD CONSUMED BY NATIVE KIDS.
	TORR COMPTILE O FOR COMPTNIAMION)
	(SEE SCHEDULE O FOR CONTINUATION)
	Other and the Companies in Schooling Other
4d	Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$)
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,220,234.
_ <u>4e</u> _	Form 990 (2013
33200	

10-29-13

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

Form 990 (2013)

Pai	T IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
~0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
20	instructions for applicable filing thresholds, conditions, and exceptions):			1
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
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~	contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31	ł	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		 	Ι -
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
•	Part V, line 1	34	X	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		T^-	├
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		†	
	If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	T	ΤŤ
~•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	<u> </u>	
~	Note. All Form 990 filers are required to complete Schedule O	38	X	1

Note. All Form 990 filers are required to complete Schedule O

Page 5

	Check if Schedule O contains a response or note to any line in this Part V	- i		<u> </u>
۵.	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable.		Yes	No
	The richards reported in Box 6 of Colin 1656. Enter 6 in the applicable			Ì
b	Zitor dio via ribor o vi o vi ca zi vi o v			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	l
•	(gambling) winnings to prize winners?	1c	Λ	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	They for the calendary sear shoung with or within the year covered by this return			}
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		A
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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	.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
D	If "Yes," enter the name of the foreign country:			
.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		├─-
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
_	any contributions that were not tax deductible as charitable contributions?	_6a		
O	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).	00		-
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		х
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		х
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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			<u> </u>
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a	Ì	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1	l	1
а	Gross income from members or shareholders	İ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	}	
	amounts due or received from them.)	ĺ	ĺ	1
12a		12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]	1	
а	and the state of t	13a	T	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b			1	
•	organization is licensed to issue qualified health plans			
c		1		1
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2013)

AMERICAN INDIAN YOUTH RUNNING STRONG Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X.
Sec	tion 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 5			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			**
	more members of the governing body?	7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1	l	7.5
	persons other than the governing body?	7b		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		. ,	
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>
Jec	tion b. Foncies (This Section B requests information about policies not required by the internal nevenue code.)	1	Vac	No
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	102		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ł
а	The organization's CEO, Executive Director, or top management official	15a	X	
ь	Other officers or key employees of the organization	15b	X	<u> </u>
	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		'	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
Ь	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			
866	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL , AK , AR , CA , CO , CT , FL , GA , II	TC	PV	ME
17				, rin
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) to public inspection, Industry how you made these available. Check all that apply	avallat	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
10	·	.d &		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year.	iu iinai	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition: Þ		
20	BIEU DO, CONTROLLER - (703) 317-9086	idori: 🏓		
	8301 RICHMOND HIGHWAY, SUITE 200, ALEXANDRIA, VA 22309			
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)

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

Check if Schedule O contains a response or note to any line 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	orga	nıza	ation	cor	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	than (one	Reportable	Reportable compensation from related	Estimated
	hours per					s bot! r/trus		compensation from		amount of other
	week (list any	ĕ						the	organizations	compensation
	hours for	dirac				9		organization	(W-2/1099-MISC)	from the
	related	iee or	age			ansat		(W-2/1099-MISC)	,	organization
	organizations	indMdual trustee of institutional trustee Officer	aB/o	dwo.				and related		
	(list any hours for related organizations below line)	Me	줥	Officer	Кеу етрюуве	Highest compensated employee	1961	ļ		organizations
	2.00	를	ᄩ	ĕ	<u>\$</u>	울등	<u>8</u>			
(1) JAMES J. O'BRIEN, ESQ	6.00			х	Ì			0.	0.	0.
CHAIRMAN	2.00	^	├	^	<u> </u>	-			<u> </u>	<u> </u>
(2) EMIL HER MANY HORSES	6.00	x	l	x	ĺ	1	ŀ	0.	0.	0.
TREASURER	2.00	≏	⊢	1	-	-	┝	0.	0.	<u> </u>
(3) SHERRILL BARREIRO	6.00	x		x		1	İ	0.	0.	0.
SECRETARY (4) ASHLEY WAHIARONKWAS MORRIS	2.00	^	┝	₽	⊢	├	┝		0.	•
DIRECTOR	2.00	X	1	l				0.	0.	0.
(5) CLYDE B. RICHARDSON	2.00	A	├	-	╌	├	├			
DIRECTOR	6.00	\x			1			0.	0.	0.
(6) EUGENE L. KRIZEK	1.00	-	\vdash	┢	┢╌	╁╌	╁╴			
PRESIDENT	39.00	1	l	X			1	0.	77,070.	3,511.
(7) BRYAN L. KRIZEK	3.00		-		┢	t^{-}	t			
CEO	57.00	1		X	Į		1	0.	184,685.	17,088.
(8) PAUL KRIZEK	3.00		Г							
VICE PRESIDENT/GENERAL COUNSEL	57.00	1		X		<u> </u>		0.	167,587.	16,392.
(9) LAUREN HAAS FINKELSTEIN	50.00]							_	
EXECUTIVE DIRECTOR			\perp	X	<u> </u>		L	88,363.	0.	12,351.
		1								
		<u> </u>	<u> </u>	_	┖	\perp	L		<u>.</u> .	
		4				ł		1		
		<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	ऻ_			ļ
		1		İ		i	1			
		╄	╄	 	ļ	 	↓_	ļ		ļ
		4					1			
		┼-	\vdash	↓_	┼	┼-	├-			-
		┨								
		┼-	⊬	╀	╀	╀	₩		<u> </u>	ļ
	<u> </u>	┨	1							
		┼-	╀	\vdash	┼	╀	╁		 	
	ļ	-			1					
		+-	+	╀	╁	╀	╀	 	 	
	 	-			1					
		┸.		<u>.L.</u>	<u></u>		ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	<u> </u>

332007 10-29-13

Form **990** (2013)

<u> </u>	Section A. Officers, Directors, Trus		pioy	ees			gne	ST C					<i>(</i> C \	
	(A)	(B)	Ì)) Pos	•	1		(D)	(E)		 .	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable Reportable			Estimated amount of		
		week		unte ceran					compensation from	compensation from related	1		ount	اد
		(list any	į	Γ					the	organizations			ensal	tion
		hours for	Individual trustee or director				8		organization	(W-2/1099-MIS			m the	
		related	egg	ustee			isa i	ŀ	(W-2/1099-MISC)			orga	ınızatı	on
		organizations below	를 로	Institutional trustae	[Key employee	Highest compensated employee						relate	
		line)		E SE	oglice.	Ę	phest	Former	İ			orga	nızatıc	มาร
		 	ᆖ	트	8	2	ΞS	3			\dashv	·		
			1						ļ					
		†	╁─	┢╌	-	-	┢╾	┝┈			-			
			İ						ļ					
			一	一			 				$\neg \uparrow$			
		ļ	1			ł			1		- {			
		1	 	T	†	 -	1				一十			
			1					1						
			T	T	T									
			1		1			ĺ						
			T	İΤ	Г	Г								
			1		1	ļ			ļ			_		
_			1											
			<u> </u>						<u> </u>					
]	I			}]						
		<u> </u>	<u> </u>		<u> </u>	l	<u>L</u>	<u>L</u>						
1b	Sub-total								88,363.			4	7 , 3	
	Total from continuation sheets to Part V	II, Section A		-			-		0.		0.	4 /		0.
<u>d</u>	Total (add lines 1b and 1c)		<u></u>	<u> </u>		<u></u>		<u> </u>	88,363.			4	9,3	42.
2	Total number of individuals (including but	not limited to the	1056	list	ed a	bov	e) w	ho r	ecerved more than \$100	0,000 of reportab	le			٥
	compensation from the organization	<u>-</u>										T	Yes	No.
_	Date to the second seco			- 1-					h:		Г	-1	165	140
3	Did the organization list any former officer			е, к	эу ө	mpk	oyee	, or	nignest compensated e	mployee on	1		ļ	X
	line 1a? If "Yes," complete Schedule J for					_+		 هم لم	 bor		·	_3		_ <u>A</u> _
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•							· ·	the organization	- 1		х	
_					_						. • • }	4	^	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							l Cla	ted organization or mun	long tot services	'	5		х
Sec	tion B. Independent Contractors	inprese dericad	.6.0	70, 3	u ci i	Poi	3011	·	<u> </u>			<u> </u>		
1	Complete this table for your five highest c	omnensated in	den	end	ent d	conf	tract	ors	that received more than	\$100 000 of con	nnens	ation f	rom	
•	the organization. Report compensation for										. 400.101	20.011		
	(A)						-		(B)	7		(0		
	Name and busines	s address	N	ON	E				Description of	services	C		, nsatio	n
		7												
		-,												
									<u> </u>					
													_	
										· · · · · · · · · · · · · · · · · · ·				
									ļ					
									<u></u>	·	ļ			
2	Total number of independent contractors	=	not	limit	ed to	o the	_	ıste	d above) who received	more than				
	\$100,000 of compensation from the organ	nization >					0_				Щ.			
												Form	000	~~~

332008 10-29-13

Page 9

		Check if Schedule O cont	ains a response o	or note to any lin	ne in this Part VIII			
		Check it Ochecule O CON	a response t	a note to arry III	(A)	(B)	(C)	Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
ts st	1 a	Federated campaigns	1a	138,530.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
ا ڦي	c	_	1c					
# 1		Related organizations		238,016.				
B, C		Government grants (contribut	· · ·	17,513.				
Sign		All other contributions, gifts, gran	' ' 	······································]
들	•	similar amounts not included abo		478,128.				
<u> </u>	а	Noncash contributions included in lines	1a-1f \$ 1,0	642,957.				
일	э h	Total. Add lines 1a-1f	<u>-</u>		2,872,187.			
				Business Code			<u> </u>	
ايو	2 a		t		1			
울	ь							
Se	c							
E \$	q							
Program Service Revenue	-							
<u>د</u> ا	f	All other program service reve	enue					
ĺ	a	Total. Add lines 2a-2f	., .	. >				
\neg	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		•	29,063.			29,063.
	4	Income from investment of ta	x-exempt bond p	roceeds				
- 1	5	Royalties		•				
ĺ		•	(i) Real	(ii) Personal			!	
	6 a	Gross rents						
ı	b	Less: rental expenses]			
	С	Rental income or (loss)]			į
	d	Net rental income or (loss)			1			
į	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
]		assets other than inventory	493,393.]			
	b	Less: cost or other basis			1			
		and sales expenses	462,484. 30,909.					
	С	Gain or (loss)	30,909.					
	d	Net gain or (loss)	,	•	30,909.			30,909.
•	8 a	Gross income from fundraisin	ng events (not					
enne		including \$	of					1
ě		contributions reported on line	1c). See				ŀ	
er F		Part IV, line 18	a		<u> </u>		1	
Other Rev	ь	Less: direct expenses	b		_		1	
	C	 Net income or (loss) from fund 	draising events	▶				
	9 a	Gross income from gaming a	1			1		
		Part IV, line 19	a		1		1	
	1	Less: direct expenses	b		_			
	C	Net income or (loss) from gan	ning activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a		1		1	
	t	Less: cost of goods sold	, b	L	_	<u> </u>	ļ	
		Net income or (loss) from sale	es of inventory_					
		Miscellaneous Reveni		Business Code		1		
	11 a	APPLICATION FE	ES	900099	3,550.			3,550.
	t	SALE INCOME		900099	2,450.			2,450.
	۰	>						
	0	All other revenue	- 					<u> </u>
	e	Total. Add lines 11a-11d			6,000.			
	12	Total revenue. See instructions.		>	2,938,159	0.	0	
33200 10-29	9 • 13					<u></u> _		Form 990 (2013)

Form 990 (2013) AMERICAN INDI.

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,298,802.	2,298,802.		
2	Grants and other assistance to individuals in	20 200			
	the United States. See Part IV, line 22	30,300.	30,300.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	İ			
	United States. See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members	······································			
5	Compensation of current officers, directors,	110 200	110 200		
	trustees, and key employees	110,260.	110,260.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 467	147 305	3,172.	
7	Other salaries and wages	150,467.	147,295.	3,1/4.	
8	Pension plan accruals and contributions (include	2 411	2 411	Í	
_	section 401(k) and 403(b) employer contributions)	2,411. 9,700.	2,411. 9,665.	35.	
9	Other employee benefits	20,905.	20,477.	428.	
10	Payroll taxes	40,903.	40,477.	440.	 .
11	Fees for services (non-employees):				•
a	Management				
ь	Legal	14,164.		14,164.	
c	Accounting	14,104.		14,104.	
d	Lobbying				
e	_		<u>-</u>		
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	108,241.	106,612.	1 539	90.
10	Advertising and promotion	14,635.	45.	1,539.	14,350.
12 13		118,648.	73,445.	37,638.	7,565.
14	Office expenses				- 1,3031
15	Daviduca			-	
16	Occupancy	5,463.	2,608.	2,855.	·
17	Travel	67,518.	62,113.	5,341.	64.
18	Payments of travel or entertainment expenses	,	0, 2	- 7,552.	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,357.	10,357.		
23	Insurance	6,437.	6,437.		······································
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 0.)				
а	PROCUREMENT FEES	335,335.	335,335.		
b	BAD DEBT EXPENSE	3,454.	3,454.		
c	MISCELLANEOUS	652.	618.	34.	
đ					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,307,749.	3,220,234.	65,446.	22,069.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here f following SOP 98-2 (ASC 958-720)				····
	0 10 20 12				Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 43,425. 47,343. Cash - non-interest-bearing 227,993. 204,285. 2 Savings and temporary cash investments 2 169,109. 303,371. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 18,741. 20,442. 8 Inventories for sale or use 3,811. 6,760. Prepaid expenses and deferred charges ... 10a Land, buildings, and equipment: cost or other 95,862. basis. Complete Part VI of Schedule D 31,714. 28,554. 64,148. 10c 106 **b** Less: accumulated depreciation 1,266,123. 1,100,341. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets Other assets. See Part IV, line 11 15 1,706,446. 1,798,000. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 24,455. 46,645. 17 Accounts payable and accrued expenses 18 18 14,348. 17,557. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 97,379. 464,817. Schedule D 136,182. 529,019. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

All and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 1,407,540. 1,105,439. 27 162,724. 163,542. 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 1,570,264. 1,268,981. 33 33 Total net assets or fund balances 1,798,000. 1,706,446. Total liabilities and net assets/fund balances

Form 990 (2013)

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

X

2c

3a

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of t	he organization					amp 6-	7.0	En		dentification number
Dord 1	Decem		N INDIAN YOU'			_			54	1-1594578
<u> </u>								uctions.		·
Part I The organi 1	A church, cor A school desc A hospital or A medical res city, and state An organizate section 170(A federal, sta An organizate section 170(A community An organizate activities relatinceme and u See section An organizate more publicly describes the a Type I By checking foundation m If the organiz supporting of Since August	private foundation to private foundation to private foundation to private foundation to private for the last cooperative hospital accoperative hospital accoperative hospital accoperative hospital accoperative hospital for the last formal for the last formal for	because it is: (For lines 1 s, or association of church of the composition of church of the composition of t	through 1 thes described in with a hospitiversity over described of its supported in the support of the lines 1 type III - Functional Controlled of the supported in the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines 1 type III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines III - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Controlled of the lines II - Functional Contr	st complete 11, check combed in section pital description ort from a grant II.) support from a grant II.) support from a grant II.) support from bus ic safety. Sof, to perform 11 or section 12 through metionally indirectly or 13 directly or 14 directly or 15 directly or 16 directly or 17 directly or 18 directly or 18 directly or 19 directly or 19 directly or 10 directly or 10 directly or 11 directly or 12 directly or 13 directly or 14 directly or 15 directly or 16 directly or 17 directly or 18 directly or 18 directly or 19 directly or 19 directly or 10 directly or 10 directly or 10 directly or 11 directly or 12 directly or 13 directly or 14 directly or 15 directly or 16 directly or 17 directly or 18 di	ethis part. only one bootion 170(b)(1)(a) bed in section 170(b)(1)(a) bed in section 170(b)(1) government on contrib on contrib on more sinesses a fee section on the fun on 509(a)(2 on 11h ontegrated or indirectly tions desc ope i, Type on from any	b) See instructions.) b)(1)(A)(i). cition 170(a government of the seed of the folions of the fo	nental unit r from the embership /3% of its y the organ tion 509(a) Type more disc ection 509 III	general genera	he hospital's name, ed in public described in and gross receipts from from gross investment after June 30, 1975. purposes of one or eck the box that an-functionally integrated persons other than section 509(a)(2).
			upported organization?			•		., .		11g(i)
	•	-	described in (i) above?	•						11g(ii)
	• •	•	person described in (i) o		e? .					11g(iii)
h		•	about the supported or	• •						
		J	••							
	of supported anization	(II) EIN		in col. (i) li governing	organization sted in your document?	organızat (i) of you	on in col. support?	(i) organiz U.S	on in col. ed in the .?	(vii) Amount of monetary support
		-		Yes	No	Yes	No	Yes	No	
							ĺ		İ	
					 	<u> </u>	<u> </u>			
					1					
				<u> </u>						
-				1			}	ľ		}
				ļ				 	ļ	
					1	1		1		
			 	 	 	 	 	 	 	
Total										
	Paperwork Re	eduction Act Notice	e, see the Instructions 1	for				Schedu	le A (Fo	m 990 or 990-EZ) 2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 AMERICAN INDIAN YOUTH RUNNING STRONG 54-15945

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 54-1594578 Page 2

(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.)

	tion A. Public Support		,		<u></u>	· · · · · · · · · · · · · · · · · · ·	,
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	0400456	F4 74 0 F 6	224525	0000704	0000100	16506430
	include any "unusual grants.")	2193156.	5171256.	3347056.	2922784.	2872187.	16506439.
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2193156.	5171256.	3347056.	2922784.	1071107	16506439.
	Total. Add lines 1 through 3	2193130.	21/1720.	334/056.	2922/04.	40/410/.	16306439.
	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)						984,536.
	** * * * * * * * * *						15521903.
	Public support, Subtract line 5 from line 4 stron B. Total Support		····· ·		<u> </u>		13321303.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	2193156.	5171256.	3347056.	2922784.	2872187.	16506439.
8	Gross income from interest,			002.000			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,633.	13,045.	26,774.	22,753.	29,063.	100,268.
9	Net income from unrelated business		<u> </u>				
•	activities, whether or not the			ļ			
	business is regularly carried on	1					· '
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part IV.)	3,394.	4,290.	2,031.	1,381.	6,000.	
11	Total support. Add lines 7 through 10						16623803.
12	Gross receipts from related activities	, etc. (see ınstructi	ons)			12	31,665.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto		<u> </u>				▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	column (f))		14	93.37 %
15	Public support percentage from 2012	2 Schedule A, Part	II, line 14			15	94.59 %
16a	33 1/3% support test - 2013. If the	-			14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies		•				▶ 🗶
b	33 1/3% support test - 2012. If the	•			d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua						▶∟
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			· ·	•	rt IV how the orga	nization
_	meets the "facts-and-circumstances"	•	•		•	·	
b	10% -facts-and-circumstances tes	-	•				
	more, and if the organization meets t		•		•		e
	organization meets the "facts-and-cir		=				▶;;
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 160, 17a, or 17			
					Sch	eaule A (Form 99	D or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Totai
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			ŀ			
	are not an unrelated trade or bus-						
	iness under section 513				 		
4	Tax revenues levied for the organ-			i			
	ization's benefit and either paid to				İ		
	or expended on its behalf			 	 - · · · · · · · · · · · · · · · · · · 		
5	The value of services or facilities						
	fumished by a governmental unit to			İ	1		
_	the organization without charge				 	 	
	Total. Add lines 1 through 5		ļ ————		 		
7 a	Amounts included on lines 1, 2, and		Ì				
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract fine 7c from line 6.)						
	ction B. Total Support				 		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b. 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 Imes 9, 10c, 11, and 12)]		
	First five years. If the Form 990 is fo	r the organization	s first, second, th	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	·		<u> </u>	<u> </u>	······································	. ▶□
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2013 ((line 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inve	stment incom	ne Percentage)			
17	Investment income percentage for 20	013 (line 10c, colu	mn (f) divided by I	ine 13, column (f)))	17	%
	Investment income percentage from				-	18	%
19:	a 33 1/3% support tests - 2013. If the	e organization did	not check the box	on line 14, and lii	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
ı	b 33 1/3% support tests - 2012. If the	•			•		and
	line 18 is not more than 33 1/3%, chi	eck this box and s	stop here. The org	anization qualifies	s as a publicly sup	ported organization	▶ □
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see ii	nstructions	
	200 00 00 40					hedule A (Form %	00 az 000 E7\ 001

332023 09-25-13

Schedule A (Form 990 o Part IV Supplem Also compl	ental l	nform	ation. Pr	ovide th	ne explanation mation. (See i	s required	by Part	II, line 10; Pa	art II, line 17a o		Part III, line 12	
SCHEDULE A,	PART	II,	LINE	10,	EXPLAN	ATION	FOR	OTHER	INCOME:			
MISCELLANEOU	S INC	OME			· · · · · · · · · · · · · · · ·							
2009 AMOUNT:	\$	3,39	94.									
2010 AMOUNT:	\$	4,29	90.		·							, <u>-</u>
2011 AMOUNT:	\$	2,03	31.				 			<u>.</u>		
2012 AMOUNT:	\$	1,38	81.		·					······································	· · · · · · · · · · · · · · · · · · ·	
APPLICATION	FEES											
2013 AMOUNT:	\$	3,5	50.									
SALE INCOME												
2013 AMOUNT:	\$	2,4	50.					 	,, , , , , , , , , , , , , , , , , , ,			
												
						·			· . ·			
	 -			· · · · · · · · · · · · · · · · · · ·							<u>,</u>	
												
												
		·										
			J .		<u> </u>						·	

SCHEDULE D

(Form 990)

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.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number 54-1594578

Par	t Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 adv	ised funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for chantable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	, ———	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		cture
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	ıf
	violations, and enforcement of the conservation easements	rt 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	ng the year 🕨 💲
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		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 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	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 tre	easures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 AMERICA	N INDIAN Y	OUTH	RUNNI	NG STR	ONG	54	-15	9 <u>4</u> 578	Page 2
	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	r Other	Similar	Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a sig	nificant use	of its	collection	rtems
	(check all that apply):									
а	Public exhibition	c	ı 🔲 i	oan or excl	nange progra	ms				
ь	Scholarly research	e	. 🗆	Other	• -					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ev further th	ne organizatio	on's exem	pt purpose	ın Pari	XIII.	
5	During the year, did the organization solicit o			-	_					
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par						Yes" to Fo	orm 990, Pa	art IV, I	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not ir	ncluded		_	
									Yes	No No
ь	If "Yes," explain the arrangement in Part XIII					•				
_	, roo, explain the triangement in real ran								Amount	
c	Beginning balance						1c			
	Additions during the year					•	1d			
e	Distributions during the year			•		•	1e			
•	Ending balance						1f			
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.				nmvided in f	Part XIII				
Par									·	
I		(a) Current year		nor year	(c) Two year			s back	(e) Four	ears back
1a	Beginning of year balance			, , , , , , , , , , , , , , , , , , ,			<u> </u>			
h	Contributions									
G	Net investment earnings, gains, and losses			_	[
4	Create or cohelerabine									
e	Other expenditures for facilities		 	·						
•						-				
	A 1 200 A coduction of the coduction of		 							
	End of year balance								<u></u>	
2	Provide the estimated percentage of the cur	tent vear end halan	ce (line 1	a column (s	a)) peld as:			_	L	····
_	Board designated or quasi-endowment		- OIII) 00 - 04	g, colainii (c	ajj neid as.					
a	Permanent endowment		—′°							
	Temporarily restricted endowment	 /°								
C	The percentages in lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		zation the	at are held a	and administs	red for th	e omanizat	מחו		
98		oodon of the organia		20 11010		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organizati		Г	Yes No
	by: (i) unrelated organizations								3a(i)	103 110
	(ii) related organizations		•			• •			3a(ii)	
	If "Yes" to 3a(ii), are the related organization		 on Cobo	 dulo D2			• -		3b	
_	Describe in Part XIII the intended uses of the	•		•			•• ••	-	[30]	
Pai	rt VI Land, Buildings, and Equipm		Owinent	iui ius.						
	Complete if the organization answere		O Part IV	/ line 11a S	See Form 990	Part X li	ne 10			
	Description of property	(a) Cost or			t or other		cumulated	$\neg \Gamma$	(d) Book	value
	Description of property	basis (invest			(other)		reciation		(d) Door	Value
	Lond	233.0 (11.1700)			,,	236		+-		
	Land	• •	- · · · · · · · · · · · · · · · · · · ·	1	5,951.		47	9.	4 1	5,472.
	Buildings	 		 	,					- , - , - ,
	Leasehold improvements			 	9,911.		31,23	5.	13	3,676.
	Equipment	-		-			J = 1 = J	- -		- 1 - 1 - 0 -
	Other 1. Add lines 1a through 1e. (Column (d) must of the column (d) through 1e. (Column (d) through	ogual Form 000, De-	t V colu	mn (P) line	10(c))	L	1	_	6.	1,148.
rota	i. Add lines ta tritough te, (Column da) must e	oquai ruiii 330, Pal	in, colui	ти (D), III (10(0)./					- /

Schedule D (Form 990) 2013

	(b) Book value
	464,817.
<u>. ▶</u>	464,817.

^{2.} Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII 🐰 Schedule D (Form 990) 2013

332053 09-25-13

332054 09-25-13

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

Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

Information about Schedule I (Form 990) and its instructions is at www us gov/form990

2 **Employer identification number** 54-1594578 X Yes Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. AMERICAN INDIAN YOUTH RUNNING STRONG General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	oring the use of grant	runds in the United	States.			
la	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	A Particular of		
1 (a) Name and address of organization or government	(p) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ourer)		
moding number dans a management						FOOD, HYGIENE ITEMS, BLANKETS,	YOUTH PROGRAMS IN MAIN * AND COKATA WICONI TEEN
CHEIENNE ALVER 1001R FRODECT						SHOES, SCHOOL	CENTER, UTILITIES
F.O. BOA 410 RAGLE BUTTE SD 57625	46-0423106	501(C)(3)	195,716.	125,494.	FMV	ITEMS (ALL NEW)	ASSISTANCE, CHILDREN'S .
1 (BACKPACKS FILLED	
BRAVE HEAVY SUCTETY						WITH SCHOOL	BASIC AMERICAN INDIAN
LAKE ANDES SD 57356	54-1594578	501(C)(3)	26,305.	12,014.	FMV	SUPPLIES	YOUTH NEEDS
1 14							
PINE RIDGE INDIAN RESERVATION				•			VONSTOTABLE - STEEL GOOD
MARTIN, SD 57551	20-5841872	501(C)(3)	8,600.	0			FOOD SELECTION
MAGNOON WORLD THEN DEPENDENT							
SLIM BOILES AGAI-DEV FACGATES							FAMILY AND COMMUNITY
PINE RIDGE SD 57770	20-8332945	N/A	112,629.	0			ORGANIC GARDEN
THE TIMBER PROJECT							THE BUISHOR HOLD
P.O. BOX 3014			1	,			CHICAGO COLLUNIA COLLUNIA DE CALIFORNIA DE C
PINE RIDGE, SD 57770	20-8332945	N/A	20,758.	ò			
OGLALA SIOUX TRIBE	_						
PINE RIDGE INDIAN RESERVATION	1		000 08	c			EMERGENCY HEAT ASSISTANCE
PINE RIDGE, SD 57770	46-021/222	N/A	200,00				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	ie line 1 table				0

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

3 Enter total number of other organizations issued in the instructions for Form 990.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

25

COPY

Schedule I (Form 990) (2013)

r	t	1
	;	
7		٠
`		1
Ŀ	Ľ	١
t		1
C	ſ	2
r	t	1
è	;	į
Ε	_	ì
5	_	
É	-	
7	2	í
F)
	ľ	
٠	T	
ë	•	
E		
i,	-	
Ç	_)
TIBIT	>	
7	2	
ŕ	1	
Ŀ	_	ì
'n		۰
þ		1
ŕ	=	
TAKET		١
7	_	
۴	1	ļ
τ		J
THE PERSON AND A P	_	4
ŕ	٧	į
'n	Ī	
ľ		
7	2	j
۴	1	Ç

Schedule I (Form 990) AMERICAN INDIAN YOUTH RUNNING STRONG Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	INDIAN YC	INDIAN YOUTH RUNNING Assistance to Governments and Organ	STRONG	nited States (Sche	edule I (Form 990), Par		54-1594578 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISDOM OF THE ELDERS 5518 SE FLAVEL DRIVE PORTLAND, OR 97206	93-1164114	501(C)(3)	10,000.	0			LANGUAGE PRESERVATION
TAKINI SCHOOL						HEALTHY FOOD, NEW COATS,	BACKPACKS FULL OF HEALTHY FOOD TO FEED STUDENTS ON
HC 77 HOWES, SD 57748	46-0406180	N/A	0	83,043.	FMV	BLANKETS AND BACKPACKS FILLED	WEEKENDS AND OTHER BASIC NEEDS
PINE RIDGE RESERVATION DISTRICTS PINE RIDGE INDIAN RESERVATION PINE RIDGE. SD 57770	46-0217222	N/A	139,700.	556,764. PMV	PMV	FOOD, HYGIENE ITEMS, BLANKETS, SHOES, COATS, TOYS, BOOKS,	BASIC NEEDS FOR RESERVATION FAMILIES
🛱						NEW COATS, HATS, BLANKETS & BACKPACKS FILLED	NEW COATS, HATS, SLANKETS & SACKPACKS FILLED BASIC AMERICAN INDIAN
AVENUE - JAMAICA PLAIN, MA 02130	04-3132204	501(C)(3)	0.	8,623.	FMV		YOUTH NEEDS
NEZ PERCE SOCIAL SERVICES						NEW COATS, HATS AND BACKPACKS	MATCHE MANAGEMENT OFFICE
311 AGENCY ROAD LAPWAI, ID 83541	82-0255928	N/A	0	17,582.	FMV	SCHOOL SUPPLIES	PASIC AMERICAN INDIAN YOUTH NEEDS
						NEW COATS, HATS,	
INDIAN YOUTH OF AMERICA, INC. 623 JACKSON STREET							BASIC
SIOUX CITY, IA 51106	52-1150452	501(C)(3)	0.	35,018.	PMV	BACKPACKS FILLED	YOUTH NEEDS
DENVER INDIAN FAMILY RESOURCE CENTER - 4407 MORRISON ROAD - DENVER, CO 80219	84-1568837	501(C)(3)	0	53,234.	FMV	NEW COATS AND BAKCPACKS FILLED WITH SCHOOL SUPPLIES	BASIC NEEDS FOR AMERICAN INDIAN FAMILIES
NESPELEM CREEK KIDS 4H CLUB CONFEDERATED TRIBES OF THE COLVILLE RESERVATION - NESPELEM, WA 99155	45-3565614	N/A	0	19,377.	FMV	NEW COATS	BASIC AMERICAN INDIAN YOUTH NEEDS
TODAY WE FOLLOW TOMORROW WE LEAD SUNNYSIDE 98 CHINLE, AZ 86503	46-3206765	N/A	0.	63,805.	УМА	SHORS, SCHOOL KITS	BASIC AMERICAN INDIAN YOUTH NEEDS
							Schedule I (Form 990)

COPY

332241 05-01-13

Schedule I (Form 990) AMERICAN INDIAN YOUTH RUNNING STRONG

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of non-cash viganization or government (b) EIN (c) IRC section (d) Amount of non-cash viganization or government (b) EIN (c) IRC section (d) Amount of non-cash viganization or government (b) EIN (c) IRC section (d) Amount of non-cash viganization or government (p) EIN (c) IRC section (d) Amount of non-cash viganization or government (p) EIN (c) IRC section (d) Amount of non-cash viganization or government (d) Amount of non-cash viganization or government (d) Amount of non-cash viganization or government (d) EIN (d) Amount of non-cash viganization or government (d) Amount of non-cash viganization or government (d) EIN (d) Amount of non-cash viganization or government (d) EIN (d) EIN (d) Amount of non-cash viganization or government (d) EIN	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	Aethod of sluation ok, FMV, asal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE NORTHERN						COAR PRODUCTION	ANDICAN BOD ANDICAN
CHEYENNE NATION - 101 CHEYENNE AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	0	44,333,	FMV	HATS	INDIAN FAMILIES
CHEYENNE RIVER SIOUX INDIAN						FOOD, HYGIENE	
RESERVATION DISTRICT - CHEYENNE						ITEMS, BLANKETS,	
RIVER SIOUX INDIAN RESERVATION -						SHOES, COATS,	BASIC NEEDS FOR AMERICAN
EAGLE BUTTE, SD 57625		N/A	0.	281,251.	FMV	roys, books,	INDIAN FAMILIES
						NEW COATS AND	
LONEMAN SCHOOL						BACKPACKS FILLED	
LONEMAN SCHOOL				_		WITH SCHOOL	BASIC AMERICAN INDIAN .
OGLALA, SD 57764	46-0338038	N/A	0.	18,022.	PMV	SUPPLIES	YOUTH NEEDS
HE SAPA REPARATIONS ALLIANCE C/O							
CENTER FOR SACRED STUDIES - C/O 81		-		-			BLACK HILLS RESTORATION
PALEMONE STREET - SONORA, CA 95370	77-0572410	501(C)(3)	14,550.	0.			WORK
						NEW COATS AND	CHILDREN'S LANGUAGE
EUCHEE LANGUAGE PROJECT						BACKPACKS FILLED	
1006 SOUTH MAIN STREET			4			WITH SCHOOL	APPRENTICES, TRADITIONAL
SAPULPA, OK 74066	45-3975380	501(C)(3)	14,000.	7. 787.6	VERV	DOLLETES	TEACHINGS TO ABBY THE
P.O. BOX 324 PINE RIDGE, SD 57770	20-8090454	N/A	6,774.	0			HONORING OST VETERANS
UGLALA IKIBE PAKINEKSALF FOR							BASIC NEEDS FOR AMERICAN
E:3: 232 332 332 332 332 332 332 332 332	46-0451277	501(C)(3)	40,000.	0			INDIAN FAMILIES
						NEW COATS AND	
DIVISION OF INDIAN WORK						BACKPACKS FILLED	
1001 EAST LAKE STREET						WITH SCHOOL	BASIC AMERICAN INDIAN
MINNEAPOLIS, MN 55047	41-0693933	501(C)(3)	10,000.	20,635.	FMV	SUPPLIES	YOUTH NEEDS
AMERICAN INDIAN RECRUITMENT						BACKPACKS FILLED	
P.O. BOX 880471						WITH SCHOOL	BASIC AMERICAN INDIAN
SAN DIEGO, CA 92168	91-2156681	501(C)(3)	0.	25,653,	PMV.	SUPPLIES	YOUTH NEEDS
			İ				Schedule I (Form 990)

œ
7
5
4
σ
S
Н
- [
4
2

	りなうらずの
CTATATATA	りれていてつい
	TOOI
TAKE TOTAL	
TAKE TO F CENTER	AMERICAN

Schedule I (Form 990) AMERICAN INDIAN YOUTH RUNNING STRONG Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	INDIAN YO	INDIAN YOUTH RUNNING Assistance to Governments and Organ	STRONG	nited States (Sche	adule I (Form 990), Pa		54-1594578 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL RUNNING CULTURE P.O. BOX 2980 SANTA FE, NM 87504	27-4032106	501(C)(3)	.0	11,637.FMV	ΛWa	NEW COATS AND BACKPACKS FILLED WITH SCHOOL SUPPLIES	BASIC AMERICAN INDIAN YOUTH NEEDS
	39-6017410	501(C)(3)	0.	35,998.	PMV	NEW COATS AND BACKPACKS FILLED WITH SCHOOL SUPPLIES	BASIC AMERICAN INDIAN YOUTH NEEDS
MENOMINEE INDIAN SCHOOL DISTRICT N530 STATE HWY 47-55 KESHENA, WI 54135	39-1248910	N/A	•0	183,022, FMV	\MA	HEALTHY FOOD, NEW COATS, BLANKETS AND BACKPACKS FILLED	BACKPACKS FULL OF HEALTHY FOOD TO FEED STUDENTS ON WEEKENDS AND OTHER BASIC NEEDS
OFFICE OF YOUTH DEVELOPMENT P.O. BOX 2076 FT. DEFIANCE, AZ 86504	86-0092335	N/A	0.	11,238,	PMV	BACKPACKS FILLED WITH SCHOOL SUPPLIES	BASIC AMERICAN INDIAN YOUTH NEEDS
							•
							ţ
							Schedule I (Form 990)

COPY

Page 2

I (Form 990) (2013)

AMERICAN INDIAN YOUTH RUNNING STRONG

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

Part III Grants and Other

Schede (2013			29		
				Ţ.	PROJECT THAT IS FUNDED BY THE GRANT
	D BY THE	ACCOMPLISHED	OBJECTIVES A	THE	AND NARRATIVE REPORTS SETTING FORTH
	BY THE GRANTEE	REPORTS BY	FINANCIAL REPORTS		AGREEMENT WITH THE GRANTEE WHICH INCLUDES
	GRANT	A WRITTEN	ENTERS INTO		DECIDES TO AWARD THE GRANT, THE CHARITY
	RUNNING STRONG	出	PROPOSED GRANT.	BY THE P	THE PROJECT WHICH IS TO BE FUNDED
	TO CARRY OUT	APPLICANT TO	OF THE	CAPABILITY	PRE-GRANT REVIEW TO DETERMINE THE
	NDUCTS A	STRONG CONDUCTS	S. RUNNING	UIDELINES.	RUNNING STRONG'S PUBLISHED GRANT GUI
	FOLLOWING		BY ORGANIZATIONS	SUBMITTED	TION: GRANT REQUESTS ARE
					PART I, LINE 2:
	dditional information.	(b), and any other a	ie 2, Part III, column	uired in Part I, Iln	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
·					
•					
,		14,438.	15,862.	87	RUNNING STRONG SUMMER YOUTH FEEDING PROGRAM CHEYENNE RIVER SIOUX INDIAN RESERVATIONS
(f) Description of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

School (2013)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number 54-1594578

Pa	rt 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.	ļ		t
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	İ		
U	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	ŀ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	"	 	
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustees, and onicers, including the OEO/Executive Director, regarding the items checked in time har	1-	\vdash	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		1	
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		ļ	1
	establish compensation of the CEO/Executive Director, but explain in Part III.	j		ļ
	Compensation committee Written employment contract	1		1
	Independent compensation consultant Independent compensation consultant Independent compensation consultant	İ		
	Form 990 of other organizations X Approval by the board or compensation committee	1	ļ	1
	Tomin 550 of Ottle Organizations]	
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:	1	1	
а	Receive a severance payment or change-of-control payment?	4a	l	x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		1
		ł	l	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		j	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-		1
	contingent on the revenues of:	İ	ł	1
а	The organization?	5a		X
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ļ	
	contingent on the net earnings of:	i	ĺ	İ
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b	<u> </u>	Х
	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	1	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınitıal contract exception described ın Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2013

54-1594578

AMERICAN INDIAN YOUTH RUNNING STRONG

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) 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, applicable column (D) and (E) amounts for that Individual.

Schedule J (Form 990) 2013 reported as deferred (E) Total of columns (F) Compensation in prior Form 990 201,773 183,979 (B)(I)-(D) 9,432. 9,432 (D) Nontaxable benefits ,656. 6,960. (C) Retirement and other deferred compensation 0 (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable compensation 0. Ö (ii) Bonus & incentive compensation 0 0 0. -184,685 (i) Base compensation 167,587 ≘ ≘ €€ € 5 ≘ ≘ ≘ ≘ Ξ € € ≘ ≘ ε≘ ≘ ≘ ≘ ≘ \equiv Ξ \equiv € VICE PRESIDENT/GENERAL COUNSEL (A) Name and Title (1) BRYAN L. KRIZEK (2) PAUL KRIZEK

COPY

COPY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number 54-1594578

Pai	t Types of Property						<u> </u>	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			5
1	Art - Works of art,							
2	Art - Historical treasures							
3	Art - Fractional Interests							
4	Books and publications							
5	Clothing and household goods	X		445,839.	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				<u> </u>			
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				· · · · · ·			
17	Real estate - Other				<u> </u>			
18	Collectibles				<u> </u>			
19	Food inventory	X	13	797,284.	FMV			
20	Drugs and medical supplies							
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·	 			
22	Historical artifacts							
23	Scientific specimens				 			
24	Archeological artifacts			 				
25	Other > (SCHOOL SUPP.)	X	4	399,834.	FMV			
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organ	zation dunn	ig the tax year for	contributions	*			
	for which the organization completed Form 82			1 1				
		-,,		· · · · · · · · · · · · · · · · · · ·			Yes	No
30a							. 50	
	at least three years from the date of the initial	contribution	n, and which is not	required to be used for exe	mpt purposes for			
						30a		X
b	If "Yes," describe the arrangement in Part II.							1
31	Does the organization have a gift acceptance				•	31	X	<u> </u>
32a	Does the organization hire or use third parties contributions?	or related o	rganizations to so	licit, process, or sell noncas	h 	32a		x
ь	If "Yes," describe in Part II.		· ·	•				
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is o	hecked,			1
	describe in Part II.	(-/	,		•			
LHA		the Instru	ctions for Form 9	90.	Schedule M	(Form	990)	(2013

Schedule M	(Form 990) (2013)	AMERICAN	INDIAN	YOUTH	RUNNING	STRONG	54-1594578	Page 2
Part II	Supplemental is reporting in Part this part for any ac	information. I, column (b), the	Provide the in number of coi	formation re ntributions,	quired by Part I, the number of ite	lines 30b, 32b, ems received, or	and 33, and whether the organiz a combination of both. Also cor	ation nplete
				····			, p	
								
·								
								
				·				
						-		
					· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>
				,			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·						
						<u></u>		
								
								· ·
	<u></u>							
	·					-	· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · ·	<u></u>		

Schedule M (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number 54-1594578

FORM 990, PART I, DOING BUSINESS AS:

RUNNING STRONG FOR AMERICAN INDIAN YOUTH

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: RUNNING STRONG DONATED 227,600 LBS. OF FOOD TO FEED FAMILIES ON THE PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN RESERVATIONS ALONG WITH 3,008 TURKEYS AND 2,300 NEW TOYS FOR THANKSGIVING AND CHRISTMAS. WE ALSO PROVIDED 1,716 NEW BLANKETS, 708 PAIRS OF NEW SHOES, 2,800 BOXES OF DETERGENT, 57,600 DIAPERS, 200 BASKETBALLS, AND 120 HYGIENE KITS TO MEET THESE CRITICAL NEEDS ON PINE RIDGE AND CHEYENNE RIVER.

RUNNING STRONG ADDITIONALLY DONATED BRAND NEW ITEMS TO MEET BASIC NEEDS TO 17 SMALL GROUPS ACROSS THE COUNTRY. THESE INCLUDED THE AMERICAN INDIAN RECRUITMENT PROGRAM AND BILLY MILLS SPEAKERS IN CALIFORNIA, BOYS AND GIRLS CLUB OF THE NORTHERN CHEYENNE NATION IN MONTANA, DENVER INDIAN CENTER AND THE DENVER INDIAN FAMILY RESOURCE CENTER IN COLORADO, THE DEPARTMENT OF INDIAN WORK IN MINNESOTA, THE EUCHEE LANGUAGE PROJECT AND THE FELLOWSHIP OF AMERICAN INDIANS IN OKLAHOMA, GLOBAL RUNNING CULTURE IN NEW MEXICO, HAYWARD COMMUNITY SCHOOLS IN WISCONSIN, IHANKTOWAN YOUTH IN SOUTH DAKOTA, INDIAN YOUTH OF AMERICA IN IOWA, NEZ PERCE TRIBE SOCIAL SERVICES IN IDAHO, THE NORTH AMERICAN INDIAN CENTER OF BOSTON IN MASSACHUSETTS, NESPELEM CREEK KIDS 4-H CLUB IN WASHINGTON, THE OFFICE OF DINE YOUTH AND TODAY WE FOLLOW TOMORROW WE LEAD IN ARIZONA. BETWEEN THESE 17 GROUPS AND THE OTHERS MENTIONED ABOVE, RUNNING STRONG PROVIDED 4,743 NEW WINTER COATS WITH HOODS, 2,616 NEW WARM WINTER HATS, 2,475 SCARVES, AND 2,475 PAIRS OF GLOVES TO

Schedule O (Form 990 or 990-EZ) (2013)

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

332211 09-04-13

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG

Employer identification number 54-1594578

CHILDREN AND FAMILIES TO HELP WITH COLD WINTER WEATHER. RUNNING STRONG

ALSO PROVIDED 3,955 BACKPACKS FILLED WITH SCHOOL SUPPLIES FOR

ELEMENTARY SCHOOL STUDENTS AND 2,745 BACKPACKS FILLED WITH SCHOOL

SUPPLIES FOR JR. HIGH/HIGH SCHOOL STUDENTS.

WE ALSO SERVED A HEALTHY SACK LUNCH TO CHEYENNE RIVER KIDS IN FOUR

COMMUNITIES SO THAT THESE KIDS HAVE SOMETHING TO EAT DURING THEIR

SUMMER VACATION (WE SERVED 5,047 MEALS AT 4 SITES OVER 12 WEEKS,

AVERAGING 87 KIDS SERVED PER DAY). TO STRETCH DOLLARS DURING THE

NORTHERN PLAINS WINTER, OUR EMERGENCY HEAT MATCHES PROVIDED HEATING

ASSISTANCE TO 1,128 PINE RIDGE FAMILIES (\$100 MATCH PER FAMILY) AND TO

216 CHEYENNE RIVER YOUTH PROJECT MEMBER FAMILIES AND HELPED KEEP TWO

YOUTH CENTERS DOORS OPEN (216 FAMILIES, 1,318 INDIVIDUALS SERVED, 795

OF WHOM ARE CHILDREN). ON CHEYENNE RIVER, RUNNING STRONG PROVIDED FUNDS

TO PURCHASE MEAT AND FRUIT AND VEGETABLES FOR KIDS WHO CAME TO THE

CHEYENNE RIVER YOUTH PROJECT.

WE ALSO WORKED WITH CHEYENNE RIVER'S TAKINI SCHOOL TO GIVE KIDS A

BACKPACK FULL OF FOOD ON WEEKENDS AND SCHOOL BREAKS SO THAT THEY DIDN'T

GO HUNGRY (120 KIDS PER WEEK FOR 36 WEEKS = 4,320 SACKS OF FOOD) AND

BOUGHT NEW TEXT BOOKS FOR A 6TH GRADE CLASS WHERE STUDENTS WERE SHARING

BOOKS. WE REPLICATED OUR BACKPACK FOOD PROGRAM ON THE MENOMINEE INDIAN

RESERVATION IN WISCONSIN, SERVING HEALTHY "SMART SACKS" FOR 4 YEAR OLD

PRE-K - 3RD GRADE STUDENTS (450 KIDS FOR 30 WEEKS = 13,500 SACKS OF

FOOD). KIDS WERE NOT ONLY KEPT FROM BEING HUNGRY, THEY LEARNED ABOUT

NUTRITION AND EXERCISE AS PART OF A COMPREHENSIVE PROGRAM TO ENCOURAGE

HEALTHY LIFE CHOICES.

Name of the organization AMERICAN INDIAN YOUTH RUNNING STRONG	Employer identification number 54-1594578
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
ALL OF WHICH GIVE THESE CHILDREN AND TEENS A SAFE PLACE T	O GO (3,000
SERVED).	
SUPPORT ALSO INCLUDED 34 BUILDING USE SCHOLARSHIPS TO ELI	GIBLE YOUTH
PROGRAMS RANGING FROM HEAD START TO NATIVE YOUTH LEADERSH	IP GROUPS WHO
WANT TO USE THE CENTERS (1,109 SERVED).	
WE SUPPORTED THE DIVISION OF INDIAN WORK'S YOUTH LEADERSH	IP DEVELOPMENT
PROGRAM'S EFFORTS TO PROVIDE IN-SCHOOL AND OUT-OF-SCHOOL	ACADEMIC
SUPPORT AS WELL AS CULTURAL AND RECREATIONAL ACTIVITIES I	N THE
MINNEAPOLIS AREA (125 SERVED). WE SUPPORTED LAKOTA CHILDR	EN'S
ENRICHMENT'S YOUTH SUMMITS ON PINE RIDGE, WISDOM OF THE E	LDER'S YOUTH
LEADERSHIP WORK IN OREGON AND TODAY WE FOLLOW, TOMORROW W	E LEAD'S YOUTH
CAMPS ON THE NAVAJO INDIAN RESERVATION (500 SERVED). WE S	UPPORTED NEW
MEXICO-BASED WINGS OF AMERICA'S YOUTH RUNNING OUTREACH (9	2 SERVED) AND
CALIFORNIA'S NATIVE DAD'S NETWORK. WE SUPPORTED CHRISTMAS	PARTIES WITH
THE TETON COALITION IN RAPID CITY, SD (500 SERVED), BOYS	AND GIRLS CLUB
OF THE NORTHERN CHEYENNE NATION (ESTIMATED 120 SERVED), A	ND THE
CHEYENNE RIVER YOUTH PROJECT'S ANNUAL TOY DRIVE TO ANSWER	THE WISHES OF
1,200 CHILDREN'S LETTERS TO SANTA. WE SUPPORTED THE BRAVE	HEART
SOCIETY'S EFFORTS TO RECONNECT YANKTON WOMEN AND GIRLS TO	THEIR
CULTURAL STRENGTH THROUGH RITES OF PASSAGE, STORYTELLING	GATHERINGS,
LANGUAGE NESTS AND HEALING RETREATS (500 SERVED), THE AME	RICAN HORSE
AFRAID OF BEAR SUNDANCE IN THE BLACK HILLS (73 DANCERS PI	US SUPPORTERS
SERVED), AND THE FT. ROBINSON INTERTRIBAL GATHERING (4,00	0 SERVED), AND
THE HE SAPA REPARATIONS ALLIANCE'S EFFORTS TO FIND CONSEN	ISUS AND dule O (Form 990 or 990-EZ) (2013

RIDGE - THE MAJORITY CHILDREN. MORE THAN JUST A GARDENING PROGRAM, SBAG

PROGRAM'S NEW 26' X 48' HOOP HOUSE (DONATED BY RUNNING STRONG IN THE

PREVIOUS YEAR), AND INVOLVING 2,600 INDIVIDUALS ACROSS MOST OF PINE

Schedule O (Form 990 or 990-EZ) (2013) Page 2 **Employer** identification number Name of the organization AMERICAN INDIAN YOUTH RUNNING STRONG 54-1594578 PROVIDES ASSISTANCE ALL YEAR LONG FROM SUPPORTING CULTURAL AND YOUTH ACTIVITIES, TO USING TRACTORS TO PLOW OUT SNOWBOUND HOUSES TO DELIVERING FIREWOOD (1,800 SERVED). WE ALSO SUPPORTED THE EUCHEE (YUCHI) LANGUAGE PROJECT'S TRADITIONAL GARDEN IN SAPULPA, OK AND THE BRAVE HEART SOCIETY'S TRADITIONAL GARDENING EFFORTS. OTHER SUPPORT INCLUDED GRANTS TO HELP LONEMAN SCHOOL ON THE PINE RIDGE INDIAN RESERVATION, MAKE THEIR FIRST SCHOOL GARDEN. HOUSING IS A CRITICAL NEED, WITH TOO MANY FAMILIES STILL LIVING IN SUBSTANDARD, UNSAFE OR OVERCROWDED HOUSING. RUNNING STRONG SUPPORTS SMALL-SCALE HOME REPAIRS WHICH HAVE THE CAPACITY TO MAKE A CRITICAL DIFFERENCE IN A FAMILY'S LIVING SITUATION. WE PARTNER WITH THE CHEYENNE RIVER YOUTH PROJECT TO MAKE HOME REPAIRS FOR 14 FAMILIES. REPAIRS RANGED FROM NEW WINDOWS AND DOORS TO KEEP OUT THE NORTHERN PLAINS COLD TO REPLACING FLOORING WITH HOLES IN IT. WE ALSO PARTNERED WITH THE OGLALA SIOUX TRIBE'S PARTNERSHIP FOR HOUSING TO MAKE HOME REPAIRS FOR 22 FAMILIES (119 SERVED, 69 OF WHOM WERE CHILDREN) ON PINE RIDGE. RUNNING STRONG FUNDS PAID FOR MATERIALS WITH ALL LABOR DONE BY VOLUNTEERS TO STRETCH OUR FUNDS. REPAIRS INCLUDED PLUMBING AND NEW WATER HEATERS, REPAIRING ROOFS AND ROTTEN FLOORS. AND FINALLY, RUNNING STRONG WAS ABLE TO FUND THE START-UP OF A HOME HEALTH AIDE PROGRAM ON PINE RIDGE, A COMMUNITY WHICH CURRENTLY DID NOT HAVE ANY HOME HEALTH AIDE SERVICES. OUR GRANT GOT THE PROGRAM UP AND RUNNING FOR 3 MONTHS UNTIL REIMBURSEMENT FOR SERVICES COULD BEGIN.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: EUGENE L. KRIZEK, PRESIDENT, BRYAN L. 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 B, LINE 11:

EXPLANATION: THE INTERNAL REVENUE SERVICE FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERTISE IN TAX AND AUDIT ISSUES RELATED TO TAX-EXEMPT ORGANIZATIONS. THE FORM 990 IN DRAFT FORM IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE DIRECTORS ARE INSTRUCTED TO SEND THEIR QUESTIONS, COMMENTS, AND SUGGESTIONS DIRECTLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE, STAFF AND THE AUDITOR, THEN MAKE A FINAL REVIEW OF THE DRAFT FORM 990. THE AUDIT COMMITTEE ADDRESSES ANY CONCERNS AND RESPONDS TO THE COMMENTS OF DIRECTORS PRIOR TO SUBMISSION OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE CHARITY HAS ADOPTED A DETAILED WRITTEN CONFLICT OF
INTEREST POLICY WHICH DEFINES CONFLICTS OF INTEREST AND REQUIRES OFFICERS,
DIRECTORS, AND KEY EMPLOYEES AFFIRMATIVELY AND PROMPTLY TO DISCLOSE ALL
CONFLICTS OF INTEREST, INCLUDING POTENTIAL CONFLICTS. COMPLIANCE WITH THE
CONFLICT OF INTEREST POLICY IS MANDATORY, REQUIRING ALL PERSONS SUBJECT TO
THE CONFLICT OF INTEREST POLICY TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT
THEY ARE FAMILIAR WITH THE TERMS OF THE POLICY. THE POLICY REQUIRES ALL
PERSONS SUBJECT TO THE POLICY TO PROVIDE ANNUALLY WRITTEN RESPONSES TO A
QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT." ALL
PERSONS SUBJECT TO THE CONFLICT OF INTEREST POLICY ARE OBLIGATED BY THE
POLICY TO PROMPTLY INFORM THE CHAIR OF THE BOARD OF DIRECTORS OF ANY
MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT
WHICH IS DISTRIBUTED TO DIRECTORS AND OFFICERS AT THE ANNUAL MEETING OF THE
BOARD OF DIRECTORS.

Employer identification number 54-1594578

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS IS GUIDED IN TERMS OF DETERMINING

APPROPRIATE, FAIR AND REASONABLE COMPENSATION BY WRITTEN COMPENSATION

GUIDELINES. THESE GUIDELINES WERE ADOPTED BY THE BOARD OF DIRECTORS TO

ESTABLISH A PROCEDURE WHEREBY COMPENSATION IS ASSESSED IN TERMS OF RELEVANT

MARKET-BASED CONDITIONS. THE COMPENSATION GUIDELINES ARE BASED ON

PROCEDURES SET FORTH IN THE TREASURY REGULATION INTERPRETING INTERNAL

REVENUE CODE SECTION 4958.

PURSUANT TO THE COMPENSATION GUIDELINES, THE BOARD OF DIRECTORS REVIEWS

APPROPRIATE COMPARABILITY SURVEYS WHICH PRESENT THE COMPENSATION DATA OF

OTHER TAX-EXEMPT ORGANIZATIONS WITH SIMILAR MISSIONS AND REVENUES, TO

ASSESS WHAT IS ORDINARY AND REASONABLE IN TERMS OF THE RELEVANT MARKET FOR

COMPENSATION. THE DATA INCLUDED IN THE COMPARABILITY SURVEYS COMES FROM

NUMEROUS SOURCES, SUCH AS ASSOCIATION SURVEYS AND CONSULTANT RESEARCH

STUDIES. THE DATA IS FOCUSED ON COMPARABLE TAX-EXEMPT ORGANIZATIONS LOCATED

WITHIN THE GREATER WASHINGTON, DC METROPOLITAN AREA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,OK

OR,PA,RI,SC,TN,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE CHARITY MAKES PUBLICLY AVAILABLE ON ITS WEBSITE THE MOST

RECENT AUDITED FINANCIAL STATEMENTS FOR THE PRECEDING THREE YEARS AS WELL

AS PROVIDING A LINK TO THE GUIDESTAR'S WEBSITE, WHICH POSTS FORMS 990 FOR

THE THREE PRECEDING YEARS. UPON REQUEST, THE CHARITY ALSO MAKES AVAILABLE

332212

Schedule O (Form 990 or 990-EZ) (2013)

Schedule 0 (Form !	990 or 9	90-EZ) (2013)									Page 2
Name of the				IN.	DIAN YOUTH	RUNN	ING STRO			Emplo 54	yer ide 1 – 1 5	ntification number 94578
COPIES	OF	ITS	ARTICLES	S OF	INCORPORA	TION,	BYLAWS,	THE	CONF	LICT	OF	INTEREST
POLICY	, Al	ID C	OMPENSAT	CON (GUIDELINES	· .						<u> </u>
												
					·····							
												
		<u></u>										- <u>-</u>
			<u> </u>									
						·						
									_			
	-											
						-						
			- 1									
									•			
					·			· · ·				
		<u></u>					,- ,-			_		
	<u> </u>	····	~	·····								···
				,	 							

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

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 980, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No 1545-0047	2013	

Open to Public Inspection

Employer identification number 54-1594578 Information about Schedule R (Form 990) and its instructions is at www is goviform990. AMERICAN INDIAN YOUTH RUNNING STRONG

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

(8)	(q)	(0)	-			E	
Name, address, and EIN (if applicable) of disregarded entrty	Primary activity	Legal domicile (state or foreign country)	Total income	ne End-of-year assets		Direct controlling entity	
				-			
							•
				-			
Part II Identification of Related Tax-Exempt Organizations Complete part II organizations during the tax year.		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one	or more related tax-exen	npt	
(a)	(q)	(c)	(p)	(0)	(£)	Section (g)) 2(h)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	controlled	Kled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	Ž,
AMERICANS HELPING AMERICANS INC					CHRISTIAN RELIEF		
18					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHARITIES, INC.		×
CHRISTIAN RELIEF SERVICES, INC 54-1884868					CHRISTIAN RELIEF		
8301 RICHMOND HIGHWAY, # 900							
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7			×
BREAD AND WATER FOR AFRICA, INC					CHRISTIAN RELIEF		
54-1884520, 8301 RICHMOND HIGHWAY, # 300,							
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINB 7	CHARITIES, INC.		×
CHRISTIAN RELIEF SERVICES OF VIRGINIA -					CHRISTIAN RELIEF		
54-1609844, 8301 RICHMOND HIGHWAY, # 400,							
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	CINE 9	CHARITIES, INC.		×
							47.00

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

COPY

Schedule R (Form 990) 2013

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(P)	(0)	(£)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b	2(b)(13) lled
of related organization		foreign country)	section	status (if section 501(c)(3))	entify	organization?	tion?
CHRISTIAN RELIEF SERVICES CHARITIES INC						3	2
52-1394775, 8301 RICHMOND HIGHWAY, # 999,							
1	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	N/A		×
CRS TRIANGLE HOUSING CORPORATION -					CHRISTIAN RELIEF		
54-1922277, 8301 RICHMOND HIGHWAY, # 705,					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHARITIES, INC.		×
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE					CHRISTIAN RELIEF		
HOUSING CORPORATION - 54-1779171, 8301					SERVICES		
RICHMOND HGHWY, # 710, ALEXANDRIA, VA 22309	CHARITABLE	KANSAS	501(C)(3)	LINE 9	CHARITIES, INC.		×
MOUNTAIN LAKES HOUSING FOUNDATION, INC					CHRISTIAN RELIEF		
54-1639377, 8301 RICHMOND HIGHWAY, # 720,					SERVICES	~	
ALEXANDRIA, VA 22309	CHARITABLE	DELAWARE	501(C)(3)	CINE 9	CHARITIES, INC.		×
CRS SCOTTSDALE HOUSING CORPORATION -					CHRISTIAN RELIEF		
54-1990752, 8301 RICHMOND HIGHWAY, # 745,					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHARITIES, INC.		×
CRS CAMBRIDGE HOUSING CORPORATION -					CHRISTIAN RELIEF		
					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHARITIES, INC.		×
CRS FOUNTAIN PLACE HOUSING CORPORATION -					CHRISTIAN RELIEF		
54-2041804, 8301 RICHMOND HIGHWAY, # 755,				- *4	SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	CINE 9	CHARITIES, INC.		×
CRSC RESIDENTIAL, INC 54-2041807					CHRISTIAN RELIEF		
8301 RICHMOND HIGHWAY, # 800					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHARITIES, INC.		×
CRS HOUSING PRESERVATION, INC 71-1031988					CHRISTIAN RELIEF		
8301 RICHMOND HIGHWAY, # 450				Y	SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHARITIES, INC.		×
CHRISTIAN RELIEF SERVICES/21ST CENTURY					CHRISTIAN RELIEF		
CAMPAIGN, INC 54-1748859, 8301 RICHMOND				LINE 11,	SERVICES		
HIGHWAY, # 600, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LYPE 1	CHARITIES, INC.		×
CRS PEORIA HOUSING CORPORATION - 46-1511494					CHRISTIAN RELIEF		
8301 RICHMOND HIGHWAY, # 764				_44.	BERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	AR I ZONA	501(C)(3)	LINE 9	CHARITIES, INC.		×
₽				J	CHRISTIAN RELIEF		
46-3979740, 8301 RICHMOND HIGHWAY, # 768,					SERVICES		
ALEXANDRIA, VA 22309	CHARITABLE	AR I ZONA	501(C)(3)	LINE 9	CHARITIES, INC.		×
200000		1					

54-1594578

Page 2

Schedule R (Form 990) 2013 AMERICAN INDIAN YOUTH RUNNING STRONG

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

(a)	(q)	(0)	(p)	(0)	(£)	(6)	(H)	(0)	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Orsproportionate affocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
										•
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the greenization answered "Yes" on Form 990. Part IV, line 34 because it had one or more related	ganizations Taxable	s a Corbo	ration or Trust Cor	molete if the organization	n answered "Yes"	" on Form 990. Pa	irt IV. line 34	because it had or	om or	re related

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(2)	(p)	(e)	(J)	(B)	(h)	8
Name, address, and EIN of related organization	ctivity	Legal domicile (state or toreign	Oirect controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(sam ::				Yes No
332162 09-12-13		97				Sch	School & Doly 990) 2013	7990) 2013

School pry 990) 2013

Page 3

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	ın Parts II:IV?	
a Receipt of (i) interest (ii) annuries (iii) royalties or (iv) rent from a controlled entity		-		ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				14 X
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				10 X
h Purchase of assets from related organization(s)	:			† X
i Exchange of assets with related organization(s)	•			1 X
J Lease of facilities, equipment, or other assets to related organization(s)		:		1 X
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			X mt
	tion(s)			t X
 Sharing of paid employees with related organization(s) 	:			to X
p Reimbursement paid to related organization(s) for expenses				÷
	:			+ ×
_1				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	,
(a) Name of related organization	(b) Transaction type (a-s)	(с) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(6)				
(9)				
(4)				-
(9)				
(9)				
332163 09-12-13	47		School	School DV 990) 2013

Page 4

Schedule R (Form 990) 2013 AMERICAN INDIAN YOUTH RUNNING STRONG

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

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

.tage ship					2013
(K), Percenta ownersh					(066
General or managing partner?					Form
20 Ger -1 Pa				}	
Code V-UBI General or Percentage amount in box 20 manager of Schedule K-1 partner? ownership (Form 1065) Yes No					Schedule R (Form 990) 2013
ns? of		<u> </u>			
(h) Dispropor- donate allocations? Yes No					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec 501(c)(3) ons ?					
t income par irelated, 5 om tax 512-514) y					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)					
Lege (state					
activity					
(b) Primary activity					
(a) Name, address, and EIN of entity					
(a) dress, ar entity					
addr of e			$\left\{ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
Мале					
_					
1	1111	1 1 1 1			1 1

COPY

Schedule F	R (Form 990) 2013	AMERICAN	INDIAN	YOUTH	RUNNING	STRONG	54-1594578	Page 5
Part VII	R (Form 990) 2013 Supplemental Info	rmation			•			
	Provide additional inform	nation for responses	to questions	on Schedule	e R (see instructi	ons).		
							<u> </u>	
	 				·			
	·-··							
								
	· · · · · · · · · · · · · · · · · · ·					 		
		······································						· · · · · · · · · · · · · · · · · · ·
				·				
	······································						····	
								
				 			·	
								-
	 	· · · · · · · · · · · · · · · · · · ·						
								
		·	 -					
								
				·				
							·	
								
					··			