DLN: 93493312033539 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable AMERICAN INDIAN YOUTH RUNNING STRONG □ Address change 54-1594578 ☐ Name change Doing business as RUNNING STRONG FOR AMERICAN INDIAN YOUTH ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 8301 RICHMOND HIGHWAY NO 200 ☐ Amended return ☐ Application pending (703) 317-9881 City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA  $\,$  22309  $\,$ G Gross receipts \$ 4,552,835 Name and address of principal officer H(a) Is this a group return for BRYAN L KRIZEK ☐Yes **☑**No subordinates? 8301 RICHMOND HIGHWAY NO 200 H(b) Are all subordinates ALEXANDRIA, VA 22309 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW INDIANYOUTH ORG L Year of formation 1990 Summary 1 Briefly describe the organization's mission or most significant activities WE GIVE AMERICAN INDIAN YOUTH AND THEIR FAMILIES THE TOOLS AND HOPE TO BUILD A BETTER LIFE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 9 **6** Total number of volunteers (estimate if necessary) . . . . 6 116 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 5,255,598 4,377,101 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 132,577 43,194 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,879 8,143 5,396,318 4,447,174 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,204,707 3,408,080 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 398,933 431,252 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶39,787 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,203,170 984,506 4,823,838 4,806,810 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 589,508 -376,664 Net Assets or Fund Balances Beginning of Current Year End of Year 2,623,786 2,262,699 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 259,574 225,970 22 Net assets or fund balances Subtract line 21 from line 20 . 2,364,212 2,036,729 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-08 Signature of officer Sign Here BRYAN L KRIZEK PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-08 P00639053 Paid self-employed Firm's name ► MARCUM LLP Firm's EIN ► 11-1986323 Preparer Use Only Firm's address ► 1899 L STREET NW SUITE 850 Phone no (202) 227-4000 WASHINGTON, DC 20036 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>									
Pa	statement	of Program Service	e Accomplis	hments											
	Check If Sche	dule O contains a respo	onse or note to	any line in this Part III		🗹									
1	Briefly describe the o	organization's mission		·											
					D, WATER, AND SHELTER WHILE I										
SUPF	ORTING PROGRAMS D	DESIGNED TO CREATE (	JPPORTUNITIES	FOR SELF-SUFFICIEN	CY AND SELF-ESTEEM, ESPECIALL	Y FOR NATIVE YOUTH									
2	Did the organization	Did the organization undertake any significant program services during the year which were not listed on													
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No									
	If "Yes," describe the														
3	Did the organization cease conducting, or make significant changes in how it conducts, any program														
	services <sup>7</sup>														
	If "Yes," describe the	If "Yes," describe these changes on Schedule O													
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as mea of grants and allocations to others,										
4a	(Code	(Code ) (Expenses \$ 3,239,118 including grants of \$ 2,337,906 ) (Revenue \$													
	See Additional Data		. ,			<u> </u>									
4b	(Code	) (Expenses \$	1,260,071	including grants of \$	909,484 ) (Revenue \$	)									
	See Additional Data		. ,			,									
4c	(Code	) (Expenses \$	222,631	ıncludıng grants of \$	160,690 ) (Revenue \$	)									
	See Additional Data														
4d	Other program service														
	(Expenses \$	ıncl	uding grants of	\$	) (Revenue \$	)									
4e	Total program serv	vice expenses ▶	4,721,8	20											
						Form <b>990</b> (2018)									

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 🔒 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 뉯 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes 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? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 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 Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2<sup>7</sup> If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

No

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Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· i	Vee	⊔ Ns
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   12	$\Box$	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	··	, ,		

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . .

13c

14a

14b

15

No

Nο

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c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

20

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	•	onse to i	lines 🗸
Se	ction A. Governing Body and Management		• •	
-	ction At Governing Body and Planagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1			
	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  1b			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
b	members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b		No No
8	persons other than the governing body?			
	the following  The governing body?	8a	Yes	
a h	Each committee with authority to act on behalf of the governing body?	8b	163	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Coae</u>		N.
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a 10b		No
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11a	Yes	
	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	"
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		1
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
				MD.
	AL , AK , AR , CA , CO , CT , FL , GA , IL , MA , MI , MN , MS , NH , NJ , NM , NY , NI PA , RI , SC , TN , VA , WA , WI , WV			
18	MA, MI, MN, MS, NH, NJ, NM, NY, Ni PA, RI, SC, TN, VA, WA, WI, WV Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
18	MA, MI, MN, MS, NH, NJ, NM, NY, Ni PA, RI, SC, TN, VA, WA, WI, WV			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BIEU DO CFO 8301 RICHMOND HIGHWAY SUITE 200 ALEXANDRIA, VA 22309 (703) 317-9086 Page **6** 

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"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle ficei	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JAMES J O'BRIEN ESQ CHAIRMAN	2 00	х		x				0	0	0
(2) ELAYNE SILVERSMITH TREASURER (AS OF 06/2019)	2 00	х		х				0	0	0
(3) ASHLEY WAHIARONKWAS MORRIS SECRETARY	4 00			х				0	0	0
(4) LORETTA AFRAID OF BEAR COOK DIRECTOR	2 00	х						0	0	0
(5) EMIL HER MANY HORSES DIRECTOR	6 00	х						0	0	0
(6) REAR ADMIRAL ERIC C JONES DIRECTOR	2 00	х						0	0	0
(7) CLYDE B RICHARDSON DIRECTOR	2 00	х						0	0	0
(8) BRYAN L KRIZEK PRESIDENT/CEO	3 00 57 00			x				0	220,999	29,209
(9) PAUL E KRIZEK ESQ VICE PRESIDENT/GENERAL COUNSEL	3 00 57 00			х				0	204,220	23,308
(10) LAUREN HAAS FINKELSTEIN EXECUTIVE DIRECTOR	50 00			х				119,989	0	22,267
(11) BIEU DO CFO	3 00 57 00			x				0	89,784	11,220

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Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	High	est Compensate	d Employees (co	ntinued)			
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Lol	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISĊ)	organization and related organizations			

	តិ ទ	ละบุรก		ensated		
					·	

1b Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						▶		119,989	515,003	86,004

	Total from Continuation sheets to Fart VII, Section A			
ď	Fotal (add lines 1b and 1c)	03		86,004
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	

	of reportable compensation from the organization $ ightharpoons$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
_	Did any person listed on line 15 receive or accrue companyation from any unrelated expanyation or individual for			

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

	line la? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	muvidaa	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ition	

4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
	ındıvıdual	4	Yes								
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person										
Se	Section B. Independent Contractors										
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ition								

	individual		l Yes						
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								

		5		No			
Se	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services		(C Compen			

Ď	section Brandependent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A) Name and business address	(B) Description of services	(C) Compensation					

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

Form **990** (2018)

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

Part	VIII Statement of	Revenue						rage <b>3</b>
	Check if Schedule	e O contains a	respo	onse or note to any	y line in this Part VIII			🗆
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(A	1a Federated campaign	ns	1a	66,900		revenue		312 - 314
tributions, Gifts, Grants Other Similar Amounts	<b>b</b> Membership dues .	. [	<b>1</b> b					
0 E	c Fundraising events		<b>1</b> c					
fts, ⊑A	<b>d</b> Related organization	ns	1d	2,516,377				
<u>i</u> 5 <u>E</u>	e Government grants (co	entributions)	1e	35,154				
Sin	f All other contributions, and similar amounts no							
uti. her	above	L	1f	1,758,670				
	g Noncash contributio in lines 1a - 1f \$	ns included	2,0	004,996				
Contributions, and Other Sim	h Total. Add lines 1a-				4,377,101			
				Busines				
Program Service Revenue	2a							
ą.	b —		_					
MC+	с ———		-					
*	d		-					
ranı	e f All other program ser	auca rayanya	-					
¥og								
	<b>9 Total.</b> Add lines 2a-2f <b>3</b> Investment income (in			nterest and other	<u> </u>			<u> </u>
	sımılar amounts) . ` .		•		45,64	L		45,641
	4 Income from investme				<u> </u>			
	<b>5</b> Royalties	(ı) Real	·	(II) Personal	<b>▶</b>			
	<b>6a</b> Gross rents	(i) iteui		(II) I craonar	-			
	<b>b</b> Less rental expenses				_			
	<b>D</b> Less Tental expenses							
	c Rental income or (loss)							
	d Net rental income or	(loss)			-			
	[	(ı) Securiti	es	(II) Other				
	<b>7a</b> Gross amount from sales of	10	3,214					
	assets other than inventory							
	<b>b</b> Less cost or				-			
	other basis and sales expenses		5,661					
	C Gain or (loss)		2,447			7		-2,447
	<b>d</b> Net gain or (loss) . <b>8a</b> Gross income from fu			<u> </u>	-2,44	<u> </u>		-2,44/
<u>a</u>	(not including \$		_					
Other Revenue	contributions reported See Part IV, line 18	d on line 1c)	a					
Re	<b>b</b> Less direct expenses	s	ь					
ıer	c Net income or (loss)			ents	_			
Ö	<b>9a</b> Gross income from ga See Part IV, line 19	amıng actıvıtıe	S					
			a					
	<b>b</b> Less direct expenses		b	105				
	c Net income or (loss) to come		CUVIU	les •	1			
	returns and allowance							
	<b>b</b> Less cost of goods so	ald	a b		_			
	c Net income or (loss)		- 1					
	Miscellaneous		1170110	Business Code				
	11aSALE INCOME			90009	26,879	P		26,879
	b							
					1			
	С							
	d All other revenue .				1		+	
	e Total. Add lines 11a-			<u> </u>			+	
	12 Total revenue. See				26,879			
				· · · •	4,447,174	1	0	0 70,073 Form <b>990</b> (2018)

Part IX	Statement of	f Functional	Expenses
C	(/-)(3) F04(-)	/ 4 \	

Part IX Statement of Functional Expenses				Page <b>1</b> 0
ection 501(c)(3) and 501(c)(4) organizations must complete all col Check if Schedule O contains a response or note to any l	-	·	elete column (A)	П
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,408,080	3,408,080	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,611	150,611		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	235,584	235,311	273	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,875	1,875		
9 Other employee benefits	14,039	14,039		
<b>10</b> Payroll taxes	29,143	29,120	23	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	15,584		15,584	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,918		4,918	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	160,116	140,616	· · · · · · · · · · · · · · · · · · ·	19,500
12 Advertising and promotion	377	377		
L3 Office expenses	126,726	96,766	9,888	20,07
L4 Information technology				
L5 Royalties				
L <b>6</b> Occupancy	11,247		11,247	
	57,013	55,348	1,665	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·		· · · · · · · · · · · · · · · · · · ·	
L9 Conferences, conventions, and meetings	70,606	68,543	2,063	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,645	23,645		
23 Insurance	9,941	9,941		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		·		
a PROCUREMENT FEES	404,012	404,012		
b SHIPPING	63,020	62,766	39	215
c BAD DEBT EXPENSE	16,531		16,531	
d HONORARIUM	15,912	15,912		
e All other expenses	4,858	4,858		
Total functional expenses. Add lines 1 through 24e	4,823,838	4,721,820	62,231	39,78
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Page **11** 

158.288

146,491

1,668,180

2.262.699

62,138

17.393

146.439

225.970

1.974.491

2,036,729

2,262,699

Form **990** (2018)

62,238

5.347

Form 990 (2018)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

	Beginning of year		End of year
1 Cash-non-interest-bearing	335,963	1	146,830
2 Savings and temporary cash investments	64,980	2	69,802
3 Pledges and grants receivable, net	92,133	3	62,238
4 Accounts receivable, net	2,907	4	5,523
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7 Notes and loans receivable, net		7	

231,328

84,837

10a

10b

371.234

170,136

113 15

2.623.786

123,422

26.806

109.346

259.574

2.272.079

2,364,212

2,623,786

92,133

1,585,545

775

9

10c

11 12

13

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16

17

18

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22 23

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31 32

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34

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			447,174
2	Total expenses (must equal Part IX, column (A), line 25)	2			823,838
3	Revenue less expenses Subtract line 2 from line 1	3			376,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	364,212
5	Net unrealized gains (losses) on investments	5			49,181
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	.036,729
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

## **Additional Data**

#### Software ID:

Software Version:

EIN: 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Form 990 (2018)

Form 990, Part III, Line 4a: FOOD, WATER AND CRITICAL NEEDS - (PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN RESERVATIONS IN SOUTH DAKOTA, NAVAJO INDIAN RESERVATION IN ARIZONA AND NEW MEXICO, MENOMINEE INDIAN RESERVATION IN WISCONSIN AND OTHER NATIVE COMMUNITIES NATIONWIDE) ALL CHILDREN NEED TO HAVE ACCESS TO HEALTHY FOOD TO GROW AND THRIVE IMPOVERISHED ECONOMIC REALITIES OF RURAL AND RESERVATION LIFE CHALLENGE MANY AMERICAN INDIAN COMMUNITIES TO MEET THEIR CHILDREN'S BASIC NEEDS RUNNING STRONG IS DEDICATED TO SUPPORTING NATIVE COMMUNITY LEADERS AND FAMILY'S EFFORTS TO ENSURE THAT THEIR CHILDREN HAVE A HEALTHY START (SEE SCHEDULE O FOR CONTINUATION)FOOD REMAINS A RUNNING STRONG PRIORITY AS WE WORK HARD TO FEED CHILDREN WHO MAY OTHERWISE GO HUNGRY USING OUR RECENTLY EXPANDED PINE RIDGÉ FIELD OFFICE WAREHOUSE, RUNNING STRONG DONATED OVER 11,000 FOOD BOXES (11,900 TOTAL, 6,800 FROZEN AND 5,100 DRY FOOD BOXES) TO FEED FAMILIES ON THE PINE RIDGE AND CHEYENNE RIVER SIOUX INDIAN RESERVATIONS ALONG WITH 3,708 TURKEYS FOR THANKSGIVING AND CHRISTMAS EACH FOOD BOX WEIGHED APPROXIMATELY 35 LBS. AND HAD ENOUGH NUTRITIOUS FOOD TO FEED A FAMILY OF FOUR FOR A WEEK AFTER TEACHERS TOLD US STUDENTS RETURNED TO SCHOOL AFTER WEEKENDS AND SCHOOL BREAKS LISTLESS AND HUNGRY, WE STARTED OUR WEEKEND/SCHOOL BREAK BACK PACK FOOD PROGRAM ON CHEYENNE RIVER, WE DONATE SACKS FILLED WITH FOOD TO TAKINI SCHOOL CHILDREN OVER WEEKENDS AND SCHOOL BREAKS WHEN THEY DO NOT HAVE ACCESS TO FREE SCHOOL LUNCHES AND BREAKFASTS (4,530 SACKS OF FOOD DISTRIBUTED) WE ALSO SUPPORT A BACKPACK FOOD PROGRAM ON THE MENOMINEE INDIAN RESERVATION IN WISCONSIN, SERVING HEALTHY "SMART SACKS" FOR THE ENTIRE KESHENA PRIMARY SCHOOL (4-YEAR-OLD PRE-K - 5TH GRADE STUDENTS (450 CHILDREN PER WEEK, 13,500 SACKS OF FOOD) KIDS WERE NOT ONLY KEPT FROM BEING HUNGRY, THEY LEARNED ÀBOUT NUTRITION AND EXERCISE AS PART OF A COMPREHENSIVE PROGRAM TO ENCOURAGE HEÁLTHY LIFE CHOICES AFTER THE SCHOOL YEAR ENDS, RUNNING STRONG SERVED A HEALTHY SACK LUNCH TO CHEYENNE RIVER KIDS IN FOUR COMMUNITIES SO THAT THESE KIDS HAVE SOMETHING TO EAT DURING THEIR SUMMER VACATION WHEN THEY DO NOT HAVE ACCESS TO A FREE SCHOOL LUNCH AND BREAKFAST. THIS SUMMER FOOD PROGRAM SERVED 4,970 MEALS TO CHILDREN AT 4 SITES OVER 10 WEEKS, AVERAGING 99 KIDS SERVED PER DAY RUNNING STRONG ALSO PROVIDED FUNDS YEAR-ROUND TO PURCHASE MEAT, FRUIT, AND VEGETABLES FOR NEEDY KIDS AND THEIR FAMILIES WHO CAME TO THE CHEYENNE RIVER YOUTH PROJECT (929 SERVED, 754 OF WHOM WERE CHILDREN) RUNNING STRONG ALSO SUPPORTS ORGANIC GARDENING EFFORTS AS COMMUNITIES WORKED TO GROW THEIR OWN FOOD IN FY19, IN PARTNERSHIP WITH USDA, WE CONTINUED TO MAKE NEEDED IMPROVEMENTS FOR THE OYATE TECA (YOUTH NATION) COMMUNITY CENTER (SITE OF ONE OF OUR FIELD OFFICES ON THE PINE RIDGE INDIAN RESERVATION) AND ITS MEDICINE ROOT GARDEN WE PURCHASED A NEW 8 BURNER RANGE AND RANGE HOOD, 2 MERCHANDISERS, AND A STAINLESS STEEL 3-COMPARTMENT SINK TO UPGRADE THE OYATE TECA CENTER'S KITCHEN WE ALSO PURCHASED TEN 8' TABLES AND 100 FOLDING CHAIRS AND CHAIR CART FOR SEATING FOR GROUP EVENTS ONE NEW 30' X 72' GREENHOUSE WAS ERECTED AND ELECTRICAL WIRING FOR HEATING/COOLING WAS INSTALLED IN THE OTHER GREENHOUSE AND ELECTRICAL WORK/LIGHTING WAS INSTALLED IN THE POLE BARN BUILDING A 30" BCD TILLER WAS ALSO PURCHASED THANKS IN PART TO GENEROUS SUPPORT FROM NEWMAN'S OWN FOUNDATION, THE NUMBER OF STUDENTS IN OUR 16-WEEK GARDEN EDUCATION CLASSES AT OYATE TECA TRIPLED IN THE PAST YEAR! THREE YEARS AGO, WE HAD 8 STUDENTS, LAST YEAR 22 AND THIS YEAR 631 A BIG PART OF THE CLASS CURRICULUM IS HANDS-ON INSTRUCTION AND THE TOOLS TO PLAN & PLANT YOUR OWN GARDEN THE MEDICINE ROOT GARDEN PROJECT PRODUCED 25 TONS OF FRESH PRODUCE WHICH WAS SOLD AT LOCAL FARMERS MARKETS AND TO LOCAL STORES, AS WELL AS GIFTED AND COMPOSTED STUDENT SALES OF THEIR OWN GROWN PRODUCE PROVIDED NEEDED INCOME AND INCREASED THE QUALITY OF FOOD OFFERINGS IN THE LOCAL COMMUNITY ONE OF OUR GARDENING STUDENTS COMES FROM SLIM BUTTES, A 128-MILE ROUND TRIP OYATE TECA SERVES ON AVERAGE 70 FAMILIES PER YEAR IN THE GARDENING PROGRAM, 312 FAMILIES THROUGHOUT SEASONAL SPECIAL EVENTS AND AN AVERAGE OF 900 CHILDREN PER YEAR IN VARIOUS YOUTH PROGRAMS WE ALSO CONTINUED OUR LONG-TERM SUPPORT OF THE SLIM BUTTES AGRICULTURAL DEVELOPMENT PROGRAM ON PINE RIDGE, WHICH PLANTED 150 GARDENS IN 3 DISTRICTS AND GREW AND DISTRIBUTED 9,000 SEEDLINGS TO LOCAL GROWERS. RUNNING STRONG GRANTS ALSO SUPPORTED THE YUCHI LANGUAGE PROJECT'S TRADITIONAL FOODS GARDEN IN SAPULPA, OK AND THE BRAVE HEART SOCIETY'S GARDENS AND MEDICINAL PLANTS AT YANKTON IN LAKE ANDES, SD WATER - WATER IS A CRITICAL NEED AND THERE ARE STILL FAMILIES LIVING WITHOUT ACCESS TO SAFE RUNNING WATER ON INDIAN RESERVATIONS ON THE PINE RIDGE INDIAN RESERVATION, OGLALA LAKOTA FAMILIES CAN LIVE WITHIN YARDS OF THE MNI WICONI (WATER IS LIFE) WATER LINE WITHOUT FUNDS TO SAFELY HOOK UP TO IT IN FY19, RUNNING STRONG'S PINE RIDGE WATER PROJECT PROVIDED HYDRANTS, WATER CONNECTIONS, PLUMBING REPAIRS AND SEPTIC SYSTEMS TO 20 FAMILIES SO THAT THEY DID NOT HAVE TO CONTINUE TO LIVE WITHOUT WATER FIFTEEN YARD HYDRANTS WERE ALSO DONATED SO THAT FAMILIES WITHOUT INDOOR PLUMBING COULD STILL HAVE SAFE, FRESH WATER AT THEIR HOME (415 PEOPLE SERVED, 371 OF WHOM ARE CHILDREN) MEETING THIS CRITICAL NEED MEANT THAT 20 OGLALA FAMILIES NO LONGER HAD TO HAUL WATER, MAKING A LIFE-CHANGING DIFFERENCE IN 2019, RUNNING STRONG'S DIN NAABEEH T (NAVAJO WATER) PROGRAM ON THE NAVAJO NATION INDIAN RESERVATION EXPANDED FROM THE CHINLE AGENCY IN ARIZONA TO THE WESTERN AGENCY OF NEW MEXICO WE REPLACED 9 SEPTIC SYSTEMS, INSTALLED 9 HYDRANTS AND REPLACED 2 WATER PIPELINES WITH PLUMBING INCLUDING NEW INDOOR FIXTURES (101 INDIVIDUALS SERVED, 38 OF WHOM ARE CHILDREN) BASIC NEEDS - IN ADDITION TO HEALTHY MEALS AND FOOD, IN FY19, RUNNING STRONG ALSO DISTRIBUTED THE FOLLOWING NEW ITEMS TO HELP NEEDY AMERICAN INDIAN CHILDREN 3,000 #STUDYSTRONG BACKPACKS FILLED WITH SCHOOL SUPPLIES (24 CT CRAYONS, ERASER, GLUE STICK, NOTEBOOK, PEN, NO 2 PENCILS, RULER, PENCIL SHARPENER, 5" SCISSORS, PAPER) FOR ELEMENTARY SCHOOL STUDENTS, 2,000 #STUDYSTRONG BACKPACKS FILLED WITH SCHOOL SUPPLIES (2 POCKET FOLDERS, NOTEBOOKS, LOOSE LEAF PAPER, ERASERS, COLORED PENCILS, PROTRACTORS, GLUE STICKS, NO 2 PENCILS, RULER, HIGHLIGHTERS, RED & BLACK PENS, CALCUÍATOR) FOR JR HIGH AND HIGH SCHOOL STÚDENTS SO NATIVE STUDENTS HAVÉ THE TOOLS THEY NEED TO SÚCCEED ÍN SCHOOL 1,450 #WARM&STRONG ADULT COATS WITH HOODS, 3,580 #WARM&STRONG KIDS COATS WITH HOODS, 3,698 #WARM&STRONG WINTER KITS (HATS, GLOVES, AND SCARVES), 1,590 FLEECE JACKETS, 5,452 PAIRS OF WINTER BOOTS, AND 2,000 BLANKETS TO STAY SAFE AND WARM DURING HARSH WINTER WEATHER WE DONATED 2,938 NEW TOYS FOR THE HOLIDAYS, 3,000 PAIRS OF NEW SHOES, AND ESSENTIAL (AND EXPENSIVE) BASICS INCLUDING 3,354 BARS OF DOVE SOAP, 58,474 DIAPERS AND 3,000 #SMILESTRONG DENTAL KITS (WITH TOOTHBRUSHES, TOOTHPASTE, FLOSSERS AND A TIMER) FOR BETTER ORAL HEALTH, WHICH OFTEN SUFFERS IN IMPOVERISHED COMMUNITIES ALONG WITH DISTRIBUTIONS DIRECTLY TO FAMILIES ON PINE RIDGE AND CHEYENNE RIVER, THESE BRAND-NEW ITEMS (LISTED ABOVE) WERE DONATED TO MEET CRITICAL NEEDS TO 29 COMMUNITY PARTNERS IN 13 STATES ACROSS THE COUNTRY THESE YOUTH SUPPORTIVE PROGRAM PARTNERS INCLUDED DIRECT DISTRIBUTION ON PINE RIDGE & CHEYENNE RIVER SIOUX INDIAN RESERVATIONS, BRIDGE FOUNDATION, BRUSHY CHEROKEE ACTION ASSOCIATION, CAPACITY BUILDERS, INC, CHEROKEE NATION FOUNDATION, CHEYENNE RIVER YOUTH PROJECT, DENVER INDIAN CENTER, DENVER INDIAN FAMILY RESOURCE CENTER, EAGLE BUTTE FOOD PANTRY, FRIENDS FOREVER MENTORING, HOOPA TRIBAL EDUCATION ASSOCIATION, INDIAN YOUTH OF AMERICA, INTERFAITH ACTION DEPARTMENT OF INDIAN WORK, IOWA TRIBE OF KS & NE, KESHENA PRIMARY SCHOOL (MENOMINEE), NATIVE GRANDPARENTS, NEBO TITLE VI INDIAN EDUCATION, PAWHUSKA INDIAN CAMP ELEMENTARY, ROSEBUD ELEMENTARY, SACRED PIPE RESOURCE CENTER, SPIRIT LAKE TRIBAL HEALTH, SUMMER YOUTH FEEDING PROGRAM, SÚMMIT SCHOOL,

TAKINI SCHOOL, TIOSPAYE TOPA SCHOOL, THREE PRECIOUS MIRACLES, TODAY WE FOLLOW TOMORROW WE LEAD, WAKANYEJA GLUWINTAYAN OTIPI, YUCHI LANGUAGE PROJECT SAFE AND WARM HOMES A TERRIBLE STORM HIT PINE RIDGE IN JULY 2018, WITH 150 MPH WINDS AND HAIL DAMAGE INCLUDING BROKEN WINDOWS AND

DOORS, RIPPED-OFF SIDING AND ROOF DAMAGE ALONG WITH DAMAGE TO VEHICLES AND GARDENS

### Form 990, Part III, Line 4b:

TEEN CENTER (AGES 13-18) ON THE CHEYENNE RIVER SIOUX INDIAN RESERVATION PROGRAMS INCLUDE MAIN UNIVERSITY, TUTORING, ATHLETICS, ART AND DANCE, AND FAMILY SERVICES-ALL OF WHICH GIVE THESE CHILDREN AND TEENS A SAFE PLACE TO GO RUNNING STRONG ENDOWED 40 YOUTH INTERNS AND WHO LEARNED SKILLS IN SOCIAL ENTERPRISE, WELLNESS, ART, AND SUSTAINABLE AGRICULTURE AND PROVIDED GENERAL SUPPORT FOR PROGRAM SERVICES, CULTURE AND EDUCATION PROGRAMMING (SEE SCHEDULE O FOR CONTINUATION) YOUTH, LANGUAGE AND CULTURE (PINE RIDGE, CHEYENNE RIVER SIOUX AND YANKTON INDIAN RESERVATIONS IN SOUTH DAKOTA. AND OTHER NATIVE COMMUNITIES NATIONWIDE) RUNNING STRONG PROVIDES SUPPORTS THE CHEYENNE RIVER YOUTH PROJECT'S 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-ALL OF WHICH GIVE THESE CHILDREN AND TEENS A SAFE PLACE TO GO RUNNING STRONG ENDOWED 40 YOUTH INTERNS AND WHO LEARNED SKILLS IN SOCIAL ENTERPRISE, WELLNESS, ART, AND SUSTAINABLE AGRICULTURE AND PROVIDED GENERAL SUPPORT FOR PROGRAM SERVICES, CULTURE AND EDUCATION PROGRAMMING WE ALSO SUPPORTED CRYP'S WINYAN TOKA WIN (LEADING LADY) YOUTH GARDEN, WHICH TEACHES CHEYENNE RIVER KIDS HOW TO PLANT, GROW (AND EAT!) HEALTHY VEGETABLES AS WELL AS INJECTS HEALTHY FOOD INTO THE LOCAL COMMUNITY THROUGH ITS FARMERS MARKET AND CAFE (1.400 SERVED, 1.000 OF WHOM ARE CHILDREN) RUNNING STRONG MADE MONTHLY GRANTS TO THE CHEYENNE RIVER YOUTH PROJECT TO PURCHASE MEAT AND HEALTHY SNACKS FOR THEIR KIDS (754 CHILDREN SERVED) ALONG WITH OUR SUPPORT OF OYATE TECA ON PINE RIDGE (MENTIONED ABOVE), WE ALSO SUPPORTED YOUTH PROGRAMMING IN MANY NATIVE COMMUNITIES PROGRAMS WE SUPPORT INCLUDE INDIAN YOUTH OF AMERICA'S SUMMER CAMPS FOR AMERICAN INDIAN CHILDREN FROM MULTIPLE TRIBAL NATIONS, TODAY WE FOLLOW, TOMORROW WE LEAD'S SUMMER CAMPS FOR DINE (NAVAJO) CHILDREN. THE NORTH KOHALA COMMUNITY RESOURCE CENTER'S NATIVE HAWAIIAN CULTURE CAMPS FOR CHILDREN. AND EARTH GUARDIAN'S YOUTH LEADERSHIP CAMPS LED BY XIUTEZCATL MARTINEZ (300+ SERVED) WE HELPED SUPPORT WAKANYEJA GLUWITANYAN OTIPI CHILDREN'S HOME'S EFFORTS TO GET THEIR STAFF PROFESSIONALLY TRAINED AND CERTIFIED (272 INDIVIDUALS, 210 OF WHOM WERE CHILDREN SERVED BY THE PROGRAM) WE SUPPORTED YOUTH PROGRAMS FOR OJIBWE CHILDREN AT KAH-BAY-KAH-NONG IN WARROAD. MN (95 SERVED, 70 OF WHOM ARE CHILDREN) AND DIVISION OF INDIAN WORK'S YOUTH LEADERSHIP DEVELOPMENT PROJECT AND WISDOM OF THE ELDER'S YIDONG XIANG (THE OLD WISDOM) YOUTH LEADERSHIP FILM PROJECT TO HELP NATIVE CHILDREN ENJOY THE HOLIDAYS LIKE ANY OTHER CHILD, ALONG WITH DONATING 2,938 BRAND NEW TOYS TO PINE RIDGE, WE SUPPORTED HOLIDAY PARTIES WITH INDIAN YOUTH OF AMERICA IN SIOUX CITY, IA (374 SERVED, 278 ARE CHILDREN), OYATE TECA ON PINE RIDGE (674 SERVED, 482 WERE CHILDREN), BOYS AND GIRLS CLUB OF THE NORTHERN CHEYENNE NATION (605 SERVED, 524 WHOM ARE CHILDREN), NEBO SCHOOL DISTRICT (380 SERVED, 220 WHOM ARE CHILDREN), TODAY WE FOLLOW. TOMORROW WE LEAD (300 CHILDREN) AT NAVAJO NATION, SACRED PIPE RESOURCE CENTER IN BISMARCK, ND (40 SERVED, 25 OF WHOM ARE CHILDREN), BRUSHY CHEROKEE ACTION ASSOCIATION IN OKLAHOMA (160 SERVED, 95 OF WHOM ARE CHILDREN), NATIONAL INDIGENOUS CIRCLE IN THE WASHINGTON DC METRO-AREA, NAVAJO HOPI HONOR RIDERS (300 SERVED, 100 OF WHOM ARE CHILDREN) AND THE SUMMIT AREA ECONOMIC GROUP'S YOUTH HOLIDAY GIFTS (167 SERVED) RUNNING STRONG'S CULTURE. LANGUAGE AND COMMUNITY EVENTS PROGRAMS SUPPORT NATIVE COMMUNITIES' EFFORTS NATIONWIDE TO SHARE THEIR CULTURAL WAYS OF KNOWING AND CELEBRATE THE STRENGTH OF THEIR CULTURAL VALUES OUR PARTNER SINCE 1994, THE BRAVE HEART SOCIETY, IS A LEADER IN THESE TEACHINGS RUNNING STRONG SUPPORTED THE BRAVE HEART SOCIETY'S EFFORTS TO RECONNECT YANKTON WOMEN AND GIRLS TO THEIR CULTURAL STRENGTH THROUGH THEIR 21ST ANNUAL ISNATI AWICA DOWANPI RITES OF PASSAGE (17 GIRLS PARTICIPATED IN THIS CEREMONY), 15TH ANNUAL WATERLILY STORYTELLING GATHERING A FOUR DAY GATHERING WHICH EXTENDED INTO THE LOCAL SCHOOLS, 8TH ANNUAL LACROSSE CAMPS, ALONG WITH LANGUAGE NESTS AND HEALING RETREATS AT THE BRAVE

HEART LODGE (1,000+ SERVED, 600 OF WHOM WERE CHILDREN) WE ALSO SUPPORTED THE BRAVE HEARTS LEADERSHIP IN RESTORING CORN AND MOUSE BEANS TO IHANKTONWAN LANDS. THEIR OITANCAN KAGA (MAKING LEADERS) WORK, DAKOTA TREATY SIGNING GATHERINGS AND WORK ON MISSING AND MURDERED

INDIGENOUS WOMEN RUNNING STRONG GRANTS SUPPORTED THE EFFORTS OF THE KEYA FOUNDATION TO CREATE AND PUBLISH A 5-BOOK SERIES OF DUAL LANGUAGE (ENGLISH AND LAKOTA) CHILDREN'S BOOKS EACH TRADITIONAL STORY IS TOLD IN LAKOTA BY A RESPECTED ELDER, TRANSLATED, AND THEN ILLUSTRATED BY LOCAL CHILDREN ON THE CHEYENNE RIVER SIOUX INDIAN RESERVATION BOOKS, ONCE PUBLISHED, WILL BE DISTRIBUTED TO LOCAL SCHOOLS AND FOR SALE ONLINE AT RUNNING STRONG'S WEBSITE, WWW INDIANYOUTH ORG WE SUPPORTED MULTIPLE COMMUNITIES' EFFORTS TO TEACH THEIR CULTURAL WAYS OF KNOWING TO COMMUNITY MEMBERS EAGER TO LEARN THESE GRANTS INCLUDED SUPPORT FOR THE SEVEN DANCERS COALITION YOUTH CULTURE CAMP, THE HILD HAMAKUA COMMUNITY DEVELOPMENT CORP 'S NATIVE HAWAI'IAN CULTURAL CENTER'S YOUTH PROGRAM (37 CHILDREN SERVED) AND THE INTERTRIBAL FRIENDSHIP HOUSE'S INTERTRIBAL CULTURAL LEARNING ACTIVITIES (136 SERVED) FOR NATIVE PEOPLE IN OAKLAND, CA WE ALSO SUPPORTED THE STREGIS MOHAWK TRIBE WITH A YOUTH-LED EFFORT TO TEACH TRADITIONAL SKILLS AND THE YUCHI LANGUAGE PROJECT'S DAILY IMMERSION LANGUAGE CLASSES FOR YOUTH AND THEIR TRADITIONAL FOODS GARDEN (108 SERVED) WE ALSO SUPPORTED THE TIMBER PROJECT'S AFRAID OF BEAR AMERICAN HORSE TIOSPAYE SUN DANCE IN THE BLACK HILLS IN JUNE (83 DANCERS, 200 SUPPORTERS) SUNDANCERS ALSO FIXED THE ROAD TO THE SUNDANCE GROUNDS AND IMPROVED A CABIN ON THE LAND IN THANKS TO THE FLANDREAU SANTEE SIOUX TRIBE FOR ALLOWING THEM TO HOLD THEIR SACRED CEREMONY ON THEIR LANDS IN THE BLACK HILLS LAKOTA WOMEN WAYS OF KNOWING, INCLUDING WASNA AND CHOKECHERRY PREPARATION WERE ALSO TAUGHT TO YOUNG GIRLS BY ELDER WOMEN WE ALSO SUPPORTED THE LAKOTA COUNCIL OF TRIBE'S FOUR FAMILY WACIPI (POW WOWS) AND THE NATIVE AMERICAN COUNCIL OF TRIBE'S FOUR FAMILY WACIPI (POW WOWS) AND THE NATIVE MERICAN COUNCIL OF TRIBE'S FOUR FAMILY SALE. THEIR CULTURE (420 SERVED) OUR NATIONAL SPOKESPERSON, OLYMPIC CHAMPION BILLY MILLS, TRAVELS THE COUNTRY, SPEAKING TO AMERICAN INDIAN YOUTH WITH HIS MESSAGE OF LIVING LIFE WITH DIGNITY. CHARACTER AND PRIDE IN WHO THEY ARE AS

YOUTH, LANGUAGE AND CULTURE (PINE RIDGE, CHEYENNE RIVER SIOUX AND YANKTON INDIAN RESERVATIONS IN SOUTH DAKOTA, AND OTHER NATIVE COMMUNITIES NATIONWIDE) RUNNING STRONG PROVIDES SUPPORTS THE CHEYENNE RIVER YOUTH PROJECT'S PROGRAMS AT THE MAIN (FOR AGES 4-12) AND THE COKATA WICONI

### Form 990, Part III, Line 4c:

JUMPSTART THESE DREAMS BY IDENTIFYING COMMITTED NATIVE YOUTH WHO CAN SHOW THE WAY 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 (SEE SCHEDULE O FOR CONTINUATION)IN HONOR OF THE 50TH ANNIVERSARY OF BILLY'S OLYMPIC GOLD MEDAL IN 2014, WE LAUNCHED THE DREAMSTARTER PROGRAM THAT WILL IDENTIFY 10 AMERICAN INDIAN YOUTH EACH YEAR TO RECEIVE A \$10.000 GRANT FOR EACH DREAMSTARTER YOUTH AND THEIR MENTOR ORGANIZATION TO MAKE A DREAM FOR THEIR COMMUNITY COME TRUE 2019 YEAR 5 DREAMSTARTERS RANGED FROM AGE 14 TO 29 AND REPRESENTED EIGHT (8) DIVERSE TRIBAL COMMUNITIES OGLALA LAKOTA NATION, NAVAJO NATION, TSUUT'INA NATION, APACHE TRIBE OF OKLAHOMA, NATIVE HAWAIIAN, CHEYENNE RIVER SIOUX TRIBE, EASTERN BAND OF CHEROKEE, AND OSAGE NATION 2019 MENTOR ORGANIZATIONS INCLUDED CAPACITY BUILDERS, INC., DINE LANGUAGE TEACHERS ASSOCIATION. SALT LAKE CITY AIR PROTECTORS, NEBO TITLE VI INDIAN EDUCATION, OYATE TECA PROJECT, UNITED NATIONAL INDIAN TRIBAL YOUTH, INC., KAHUA PA'A MUA, INC., EASTERN BAND OF CHEROKEE ENTERPRISE DEV. THE KEYA FOUNDATION, AND ART MAKER THIS YEAR'S DREAMSTARTER THEME WAS ENTREPRENEURS, AND DREAMS WERE A WIDE RANGE FROM STARTING A SOCIALLY RESPONSIBLE, NATIVE OWNED COFFEE ROASTING COMPANY, TO CREATING A VIDEO GAME TO HELP PEOPLE LEARN THE LAKOTA LANGUAGE,

DREAMSTARTER (UTAH, HAWAI'I, NEW MEXICO, VIRGINIA, OKLAHOMA, KANSAS, SOUTH DAKOTA, ARIZONA) IN HIS TRAVELS THROUGHOUT THE NATION. OUR SPOKESPERSON BILLY MILLS HAS WITNESSED WHAT HE CALLS A "POVERTY OF DREAMS." WHEREIN NATIVE YOUTH DO NOT DARE TO DREAM DREAMSTARTER AIMS TO

TO CREATING COMICS RELEVANT TO NATIVE CULTURE DREAMSTARTERS AND THEIR MENTORS ALSO PARTICIPATED IN DREAMSTARTER ACADEMY, A 4-DAY TRAINING SESSION IN WASHINGTON, DC. WHERE THEY MET BILLY MILLS AND RECEIVED TRAINING ABOUT TELLING THEIR STORY EACH DREAMSTARTER IS ALSO ELIGIBLE TO APPLY FOR TRAVEL GRANTS TO VISIT EACH OTHER'S PROGRAMS AND "KEEP THE DREAM ALIVE GRANTS" ONCE THEIR GRANT YEAR WAS COMPLETE THESE OUTSTANDING

NATIVE YOUTH ARE BUILDING A NETWORK OF COMMUNITY CHANGE WHICH WILL STRENGTHEN INDIAN COUNTRY FOR GENERATIONS TO COME. FOR MORE INFORMATION VISIT, WWW INDIANYOUTH ORG/DREAMSTARTER WITH DREAMSTARTER YEAR 3'S THEME OF EDUCATION, RUNNING STRONG LAUNCHED DREAMSTARTER TEACHER, A NEW GRANT THAT GIVES NATIVE TEACHERS AND TEACHERS WHO TEACH NATIVE CHILDREN UP TO \$1,000 TO MAKE A DREAM COME TRUE IN THEIR CLASSROOM 12

TEACHERS WERE SELECTED WITH DREAMS RANGING FROM FIXING UP THE WALKING/RUNNING PATH AND BIKES ON MENOMINEE TO SETTING UP A MAKER SPACE IN PUYALLUP TO PLANTING A SCHOOL GARDEN AND MARKETING ITS PRODUCE ON CROW TEACHERS CAN APPLY YEARLY IN MAY TO LEARN MORE VISIT,

WWW INDIANYOUTH ORG/DREAMSTARTERTEACHER MORE INFORMATION ABOUT ALL OF OUR PROGRAMS CAN BE FOUND AT WWW INDIANYOUTH ORG, WHERE YOU CAN READ UPDATES, JOIN OUR EMAIL LIST OR FOLLOW US ON SOCIAL MEDIA AS WE WORK TO BUILD A STRONG GENERATION OF NATIVE YOUTH

efile	e GRA	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493312033539				
SCI	1ED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047				
	m 990			organization is a sect 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) o empt charitable	organization o		2018				
•		the Treasury	► Go t	o <u>www.irs.gov/Form</u>	990 for the late	est information	•	Open to Public Inspection				
Name	e of th	nie Service he organiza IDIAN YOUTH I	tion RUNNING STRONG				Employer identific					
							54-1594578					
Par			<b>for Public Charity Sta</b> a private foundation becau				See instructions.					
1	rganiz		•	•	•		(A)(i)					
2		,	church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> School described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ) )									
3			•		`	• •						
		·	or a cooperative hospital se	-			•					
4	Ш	name, city,	esearch organization oper and state	ated in conjunction with	a nospital descri	iped in <b>section</b>	170(B)(1)(A)(III). E	enter the nospital s				
5			ation operated for the bend (iv). (Complete Part II)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>				
6		A federal, s	tate, or local government	or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>t</i>	۱)(v).					
7	✓		ation that normally receive 'O(b)(1)(A)(vi). (Comple		s support from a	governmental u	unit or from the gener	al public described in				
8		A commun	ty trust described in <b>secti</b>	on 170(b)(1)(A)(vi)	(Complete Part I	I)						
9			ural research organization rant college of agriculture					lege or university or a				
10		from activit	ation that normally receive ties related to its exempt f income and unrelated bus See section 509(a)(2). (i	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross				
11		•	ation organized and operat		r public safety S	ee <b>section 509</b>	(a)(4).					
12		more publi	ation organized and operat ly supported organization: i through 12d that describe	s described in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509</b> (					
a		<b>Type I.</b> A sorganization	supporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by					
b		manageme	supporting organization so nt of the supporting organ plete Part IV, Sections A	ization vested in the sar			- , ,, ,	~				
c		Type III f	unctionally integrated. A	A supporting organizatio				ated with, its				
d		Type III n	on-functionally integrated the organization (S) You must complete P	t <b>ed.</b> A supporting organ ion generally must satis	ization operated fy a distribution	in connection wi	th its supported orga					
e		Check this	box if the organization rec or Type III non-functional	eived a written determir	nation from the I		/pe I, Type II, Type II	II functionally				
f	Enter		of supported organization		,		_					
g			ing information about the	supported organization(	T'			<b>.</b>				
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
			1									
T - * - '	ı											
Total		uonk Dadee	tion Act Notice, see the	Instructions for	Cat No 11285		 	990 or 990-EZ) 2018				

Page 2

	(D)(I)(A)(IX)						
	(Complete only if you ch						y under Part
_	III. If the organization fa	uls to qualify und	der the tests list	ed below, please	e complete Part	III.)	
S	ection A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in)				. ,	` '	
L	Gifts, grants, contributions, and membership fees received (Do not	4,047,488	4,543,744	3,920,010	5,255,598	4,377,101	22,143,941
	include any "unusual grant ")	7,077,700	7,575,777	3,520,010	3,233,330	4,377,101	22,173,371
,	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
1	<b>Total.</b> Add lines 1 through 3	4,047,488	4,543,744	3,920,010	5,255,598	4,377,101	22,143,941
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						4,243,448
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	<b></b>						
5	<b>Public support.</b> Subtract line 5 from line 4						17,900,493
_	ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d)</b> 2017	(e)2018	(f)Total
7	Amounts from line 4	4,047,488	4,543,744	3,920,010	5,255,598	4,377,101	22,143,941
8	Gross income from interest,	1,017,100	1,3 13,7 11	3,320,010	3,233,330	1,377,101	22,113,311
0	dividends, payments received on						
	securities loans, rents, royalties and	25,014	31,042	31,266	33,457	45,641	166,420
	income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
LO	Other income Do not include gain						
	or loss from the sale of capital	721					721
	assets (Explain in Part VI )						
L1	<b>Total support.</b> Add lines 7 through						22,311,082
	10 [		\			<u>_</u>	· · ·
	Gross receipts from related activities,					12	
L3	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nızatıon,
	check this box and stop here					▶ 🗆	
S	ection C. Computation of Public						
	Public support percentage for 2018 (lir	• • •		olumn (f))		14	80 230 %
	Public support percentage for 2017 Sci		•	(177		15	82 740 %
	33 1/3% support test—2018. If the			n line 12 and line	14 . 22 1/20/		
Lba	• • •	-		·	: 14 15 33 1/370 01	illore, check this L	
	and <b>stop here.</b> The organization quali					-04	▶ ☑
b	<b>33</b> 1/3% support test— <b>2017.</b> If the	e organization did i	not check a box or	i line 13 or 16a, ai	nd line 15 is 33 1/3	3% or more, check	_
	box and <b>stop here.</b> The organization						▶ □
L7a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets	the "facts-and-circ	umstances" test  T	he organization q	ualifies as a public	ly supported	
	organization						ightharpoons
ь	10%-facts-and-circumstances tes						
_	15 is 10% or more, and if the organiz						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.)	)	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	<b>.</b>	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	16					
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f	))	17	
18	Investment income percentage from 2	<b>017</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	<b>33 1/3% support tests—2017.</b> If the						
J	not more than 33 1/3%, check this box	-			•		<b>▶</b> □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)						
	cupper unity or gamma units (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$				
u	governing body of a supported organization?						
h	<u> </u>						
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11b					
	ection B. Type I Supporting Organizations	110					
	ection b. Type I Supporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or						
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	$\sqcup$				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization						
S	ection C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard						
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)					
	The organization satisfied the Activities Test Complete line 2 below	-					
	b						
	c	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$				
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26					

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . . d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation APPLICATION FEES - 2014 AMOUNT \$ 690 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0 2017 AMOUNT \$ SCHEDULE A. PART II. LINE 10. EXPLANATION OF OTHER 0 2018 AMOUNT \$ 0 MISCELLANEOUS - 2014 AMOUNT \$ 31 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0

2017 AMOUNT \$ 0 2018 AMOUNT \$ 0

INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493312033539 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

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

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** AMERICAN INDIAN YOUTH RUNNING STRONG 54-1594578 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2018

_	3111	Organizations Ma	aintaining Col	lections o	of Art, F	listori	ical Tı	eası	ures, or	Other	Similar	Assets	(contii	nued)	
3		the organization's acqu (check all that apply)	uisition, accession	n, and other	records,	check	any of	the fo	llowing t	hat are a	significar	nt use of it	s colle	ection	
а		Public exhibition				d		Loan	or excha	ange prog	grams				
b		Scholarly research				е		Othe	er						
С		Preservation for future	generations												
4	Provid Part X	le a description of the c	organization's col	lections and	explain l	how the	ey furth	er th	e organız	ation's e	xempt pur	rpose in			
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No													
Par	t IV	Escrow and Custo Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ıne 9, oı	reporte	ed an am	ount on	Form	990,	Part
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?														
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	ete the fo	llowing	table		[			Amount			_
С	Begin	nıng balance								1c					_
d	Addıtı	ons during the year								1d					_
e	Distril	outions during the year								1e					_
f	Endin	g balance								1f					_
2a	Did th	e organization include	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	ustodial a	ccount li	ability?	. 🗆 ү	es	□ N	0
b	If "Ye	s," explain the arranger	ment in Part XIII	Check here	e if the ex	xplanat	ion has	been	provided	d in Part	XIII	🗆			
Pai	rt V	Endowment Fund	<b>is.</b> Complete ıf	the organ	ızatıon a	nswer	ed "Y	es" o	n Form	990, Pa	rt IV, line	e 10.			
				(a)Curren	nt year	<b>(b)</b> P	rıor yea	r	(c)Two ye	ears back	(d)Three	years back	(e)F	our yea	rs back
1a	Beginni	ng of year balance .													
		utions													
С	Net inv	estment earnings, gain	s, and losses												
d	Grants	or scholarships	•												
		expenditures for facilitie ograms	es												
		strative expenses .						-							
		year balance						$\dashv$							
_		•			<u></u>	/line 1		(-	)) bald a						
2		le the estimated percer designated or quasi-er		ent year end	Dalance	(iiiie Ti	g, colu	nn (a	i)) neid a	5					
a b		nent endowment >	ido Willelle P												
_		orarily restricted endow	umant 🏲												
С		ercentages on lines 2a,		ld equal 100	7%										
За		ere endowment funds :		-		on tha	t are h	eld an	nd admini	stered fo	r the				
		ızatıon by			5									Yes	No
	(i) un	related organizations					•					<b>⊢</b>	Ba(i)		
		elated organizations .			· •.								a(ii)		
ь 4		s" on 3a(II), are the relance Ibe In Part XIII the Inte	-		•			· •		• •			3b		
	_	Land, Buildings,			ii s endov	WITIETIC	iuiius								
Fall	t VI	Complete if the org			" on For	m 990	. Part	IV. lı	ıne 11a.	See Fo	rm 990.	Part X. lı	ne 10	).	
	Descri	ption of property	(a) Cost or oth (investme	ner basıs	(b) Cost						depreciation			ok valu	e
1a	Land														
b	Building	gs					12	9,905			23,27	78			106,627
С	Leaseh	old improvements													
d	Equipm	ent					10	1,423			61,55	59			39,864
-	Other														
Tota	I. Add I	ines 1a through 1e <i>(Co</i>	olumn (d) must e	qual Form 9	90, Part .	X, colui	nn (B)	. line	10(c))		<b>&gt;</b>				146,491

	Investments—Other Securities. Complete if the org	ganızatı	on ansv	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	Cost	(c) Method of v	
	l derivatives	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Pa	ırt IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment		ok value		(c) Method of v or end-of-year	aluation
(1)					or cha or year	market faide
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )		200 B	170/1		
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	1 990, Pa	rt IV, line IId	see Form 990, P	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5) 						
(6) ————						
(7) ————						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answe	· · ered 'Ye	s' on Fo	rm 990, Part I	▶ V, line 11e or	
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value		
	ncome taxes					
DUE TO AFF (2)	ILIATES			146,439		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the f	<b>▶</b> footnote	to the or	146,439 ganization's fina	ncial statements	s that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740)	Chack he	re if the	text of the foots	ote has been no	ovided in Doct VIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c d 2d

> 2a 2b

2c

2d

4a

4b

Explanation

Page 4

49,181

4,918

4,447,174

4,818,920

4,818,920

4,918

4.823.838

Schedule D (Form 990) 2018

2e

3

4c

5

4,918

4,442,256

2e e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4.918

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b

Add lines **4a** and **4b** . . . . . . . .

4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

b c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

5

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software ID: Software Version:

**EIN:** 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

**Supplemental Information** 

Return Reference Explanation PART X, LINE 2 THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAX POSITIONS TAKEN FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STA TUS

DLN: 93493312033539 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number AMERICAN INDIAN YOUTH RUNNING STRONG 54-1594578 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 35 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>			
Part III Grants and Other Ass Part III can be duplicat	sistance to Do	mestic Individual space is needed	als. Complete if the org	anization answered "Yes"	on Form 990, Part IV, line 22				
(a) Type of grant or assista	1	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental I	information	Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other a	dditional information.			
Return Reference	Explanation								
PART I, LINE 2		T REQUESTS ARE SUBMITTED BY ORGANIZATIONS FOLLOWING RUNNING STRONG'S PUBLISHED GRANT GUIDELINES RUNNING STRONG CONDUCTS A PRE-							

IGRANT REVIEW TO DETERMINE THE CAPABILITY OF THE APPLICANT TO CARRY OUT THE PROJECT WHICH IS TO BE FUNDED BY THE PROPOSED GRANT. IF RUNNING STRONG DECIDES TO AWARD THE GRANT, THE CHARITY ENTERS INTO A WRITTEN GRANT AGREEMENT WITH THE GRANTEE WHICH INCLUDES FINANCIAL REPORTS BY THE GRANTEE AND NARRATIVE REPORTS SETTING FORTH THE OBJECTIVES ACCOMPLISHED BY THE PROJECT THAT IS FUNDED BY THE GRANT. THE STAFF OF RUNNING STRONG REVIEWS THE REPORTS FROM THE GRANTEE TO ASSESS WHETHER THE GRANTEE ADEQUATELY HAS ACCOUNTED FOR THE USE OF GRANT FUNDS

AND THE RESULTS ACHIEVED THROUGH THE PROJECT WHICH IS FUNDED BY THE GRANT. RUNNING STRONG STAFF ALSO FROM TIME TO TIME CONDUCT ON-SITE "FIELD VISITS" TO VISIT THE PROJECT FUNDED BY THE GRANT, TROUBLESHOOT CHALLENGES AND LEARN FROM SUCCESSES. THE PROJECT FUNDED BY THE GRANT

MUST BE CONSISTENT WITH THE CHARITY'S CHARITABLE PURPOSES

# **Additional Data**

BRAVE HEART SOCIETY

LAKE ANDES, SD 57356 BRUSHY - CHEROKEE ACTION

465406 E 1010 ROAD SALLISAW, OK 74955

300 MAIN STREET

ASSOCIATION

**Software Version:** 

54-1594578

32-0263934

**EIN:** 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Software ID:

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)

ce to	Domestic Organiza	tions and Domesti	c Gover
n	(d) Amount of cash	(e) Amount of non-	(f) Meth

201,395

2,500

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governr
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method (book, FM\
•					

501(C)(3)

501(C)(3)

54,448 FMV

(q) Description of

non-cash assistance

SCHOOL SUPPLIES, HYGIENE,

CLOTHING

(h) Purpose of grant or assistance

CRITICAL AMERICAN

CRITICAL AMERICAN

INDIAN NEEDS

INDIAN NEEDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CATAWBA CULTURAL 57-0901191 N/A 59.128 FMV SCHOOL SUPPLIES, HYGIENE. CRITICAL AMERICAN ICI OTHING PRESERVATION PROJECT INDIAN NEEDS 1536 TOM STEVEN ROAD ROCK HILL SC 29730

62.203 FMV

SCHOOL SUPPLIES, HYGIENE.

CLOTHING

CRITICAL AMERICAN

INDIAN NEEDS

35.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

46-0423106

CHEYENNE RIVER YOUTH

EAST LINCOLN DRIVE EAGLE BUTTE, SD 57625

PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 54-1748859 501(C)(3) 24.008 FMV CLOTHING, HYGIENE CHRISTIAN RELIEF SERVICES CRITICAL AMERICAN INC INDIAN NEEDS 8301 RICHMOND HIGHWAY SUITE 900

43,314 FMV

SCHOOL SUPPLIES, HYGIENE,

ICLOTHING

CRITICAL AMERICAN

INDIAN NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ALEXANDRIA, VA 22309
DENVER INDIAN CENTER

4407 MORRISON ROAD

DENVER, CO 80219

84-0922797

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 84-1568837 501(C)(3) 6.566 FMV SCHOOL SUPPLIES, HYGIENE. ICRITICAL AMERICAN DENVER INDIAN FAMILY ICLOTHING RESOURCE CENTER INDIAN NEEDS 4407 MORRISON ROAD

CRITICAL AMERICAN

INDIAN NEEDS

28,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

DENVER, CO 80219 FUCHEE LANGUAGE PROJECT

SAPULPA, OK 74066

1006 SOUTH MAIN STREET

45-3975380

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-1477040 N/A 26.860 FMV SCHOOL SUPPLIES HOOPA TRIBAL EDUCATION CRITICAL AMERICAN ASSOCIATIONHOOPA VALLEY INDIAN NEEDS

BUSINESS COUNCIL PO BOX 428 HOOPA, CA 95546

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

623 JACKSON STREET

SIOUX CITY, IA 51106

INDIAN YOUTH OF AMERICA 52-1150452 501(C)(3) 7,500 18,320 FMV CRITICAL AMERICAN

SCHOOL SUPPLIES, HYGIENE

INDIAN NEEDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-0694741 501(C)(3) 25.000 42.241 FMV SCHOOL SUPPLIES, HYGIENE. ICRITICAL AMERICAN DEPT OF INDIAN CLOTHING WORKINTERFAITH ACTION INDIAN NEEDS 1671 SUMMIT AVENUE

INDIAN NEEDS

SAINT PAUL, MN 55105 39-1248910 N/A 167.940 FMV FOOD CRITICAL AMERICAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KESHENA PRIMARY SCHOOL N530 STATE HIGHWAY 47-55

KESHENA, WI 54135

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 02-0553251 501(C)(3) 9.600 NORTH KOHALA COMMUNITY CRITICAL AMERICAN RESOURCE CENTER INDIAN NEEDS

ICLOTHING

INDIAN NEEDS

55-3393 AKONI PULE
HIGHWAY BOX 519
HAWI, HI 96719

PAWHUSKA PUBLIC SCHOOL 73-6029501 N/A 34.163 FMV SCHOOL SUPPLIES, HYGIENE, CRITICAL AMERICAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2005 E BOUNDARY AVENUE

PAWHUSKA, OK 74056

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-0217222 N/A 635.791 1.201.691 FMV SCHOOL SUPPLIES, HYGIENE. PINE RIDGE RESERVATION CRITICAL AMERICAN CLOTHING, FOOD DISTRICTS INDIAN NEEDS

PINE RIDGE INDIAN RESERVATION PINE RIDGE, SD 57770					
ROUND VALLEY NATIVE AMERICAN STUDIES PROGRAM	94-6002711	LEA-LOCAL EDU ASSOC	10,000		CRITICAL AMERICAN INDIAN NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 276 COVELO, CA 95428

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-1088259 501(C)(3) 18.500 15.309 FMV ICLOTHING SACRED PIPE RESOURCE CRITICAL AMERICAN CENTER INDIAN NEEDS CRITICAL AMERICAN

424 ASHWOOD AVENUE BISMARCK. ND 58504 SLIM BUTTES AGRICULTURAL 20-8332945 N/A 25.788 DEVELOPMENT PROGRAM INDIAN NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 3014

PINE RIDGE, SD 57770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SPIRIT LAKES TRIBAL HEALTH 45-0134494 N/A 34.804 FMV SCHOOL SUPPLIES, CLOTHING CRITICAL AMERICAN DEPARTMENT INDIAN NEEDS

CRITICAL AMERICAN

INDIAN NEEDS

PO BOX 480
FT TOTTEN, ND 58335

SUMMIT SCHOOL DISTRICT 46-6002856 N/A 16,369 FMV SCHOOL SUPPLIES, HYGIENE, 54-6 CLOTHING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 791 SUMMIT, SD 57266

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TAKINI SCHOOL 46-0406180 N/A 3.470 39.049 FMV FOOD CRITICAL AMERICAN HC 77 BOX 517 INDIAN NEEDS

HOWES, SD 57748

\_\_\_\_\_

THREE PRECIOUS MIRACLES
1286 W FALLS CANYON DRIVE
CASA GRANDE, AZ 85122

86-0975231

501(C)(3)

36,891 FMV

SCHOOL SUPPLIES, HYGIENE, CRITICAL AMERICAN INDIAN NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-3206765 N/A 7.500 172.086 FMV CLOTHING, HYGIENE, MEDICAL CRITICAL AMERICAN TODAY WE FOLLOW-SUPPLIES TOMORROW WE LEAD INDIAN NEEDS SUNNYSIDE 98 37-1740092 501(C)(3) 15.000 15.429 FMV ISCHOOL SUPPLIES, CLOTHING CRITICAL AMERICAN

INDIAN NEEDS

CHINLE, AZ 86503 WANKAYA GLUWINTANYAN OTIPI

PO BOX 230 OGLALA, SD 57764

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 93-1164114 501(C)(3) 20,000 WISDOM OF THE FLDERS CRITICAL AMERICAN

34,761 FMV

14,500

INDIAN NEEDS

INDIAN NEEDS

CRITICAL AMERICAN

SCHOOL SUPPLIES, HYGIENE,

ICLOTHING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

5518 SE FLAVEL DRIVE

PORTLAND, OR 97206

NEBO SCHOOL DISTRICT

1175 F FLONETTE DRIVE

SPANISH FORK, UT 84660

87-6000505

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-4399499 501(C)(3) 5.000 10.397 FMV CLOTHING ICRITICAL AMERICAN THE BRIDGE FOUNDATION INDIAN NEEDS

ITNDIAN NEEDS

239 ANNANDALE RD
BILLINGS, MT 59105

TIMBER PROJECT

N/A

6.886

INDIAN NEEDS

CRITICAL AMERICAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

545 COOK ROAD

AWKESASNE, NY 13655

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-3830935 501(C)(3) 12.000 ART MAKER LLC CRITICAL AMERICAN INDIAN NEEDS

ITNDIAN NEEDS

ART MAKER LLC 47-3830935 501(C)(3) 12,000 CRITICAL AMERICAN INDIAN NEEDS SKIATOOK, OK 74070 CRITICAL AMERICAN THE KEYA FOUNDATION 46-0879346 501(C)(3) 37,000 CRITICAL AMERICAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1824

EAGLE BUTTE, SD 57625

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 12.000 UNITED NATIONAL INDIAN 73-1010390 CRITICAL AMERICAN TRIBAL YOUTH INDIAN NEEDS

95 E JUANITA AVENUE SUITE C MESA, AZ 85204					
HASKELL INDIAN NATIONS	63-0489646	N/A	10,000		CRITICAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LAWRENCE, KS 66046

AMERICAN IINDIAN NEEDS UNIVERSITY 155 INDIAN AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AFRAID OF BEAR - AMERICAN 82-2743919 N/A 11.300 CRITICAL AMERICAN HORSE TIOSPAYE INDIAN NEEDS

PO BOX 5475 SONORA, CA 95370 EASTERN BAND OF CHEROKEE 13-3844128 501(C)(3) 12.000 CRITICAL AMERICAN INDIAN NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

400 EAST 161 STREET URBAN RF7

BRONX, NY 10451

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 5.450 ICRITICAL AMERICAN NATIVE AMERICAN COUNCIL 46-0424521 OF TRIBLES INDIAN NEEDS

PO BOX 5911

SIOUX FALLS, SD 57117

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Dat	:a -	DLN: 934	9331	2033	539
Sch	edule J	Compensat	ion Information	ОМ	lB No	1545-0	0047
(For	n 990)	For certain Officers, Directors, <sup>1</sup>	Trustees, Key Employees, and Hig	hest			
		Compens  ▶ Complete if the organization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2(1	18	₹
_		► Attacl	n to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/Form990</u> for	r instructions and the latest infor	nation.		ectio	
	me of the organiza	tion H RUNNING STRONG		Employer identificat	ion nu	ımber	
AME	RICAN INDIAN 100	H RUNNING STRONG		54-1594578			
Pa	rt I Questi	ns Regarding Compensation					
						Yes	No
1a		plate box(es) if the organization provided any o ection A, line 1a Complete Part III to provide ar					
		or charter travel	Housing allowance or residence for	•			
	_	companions	Payments for business use of perso				
		ification and gross-up payments	Health or social club dues or initiation				
	LI Discretion	ary spending account	Personal services (e g , maid, chauf	reur, cner)			
b		es in line 1a are checked, did the organization f Il of the expenses described above? If "No," con		nent or reimbursement	<b>1</b> b		
2		tion require substantiation prior to reimbursing es, officers, including the CEO/Executive Directo		1 1 2 2	2		
	directors, truste	es, officers, including the CEO/Executive Directo	n, regarding the items checked in line	e lar			
3		f any, of the following the filing organization use EO/Executive Director Check all that apply Do		ne			
	_	d organization to establish compensation of the	•	n Part III			
	Componer	tion committee	Written ampleyment centrast				
		tion committee  Int compensation consultant	Written employment contract Compensation survey or study				
		of other organizations	Approval by the board or compensa	tion committee			
4		did any person listed on Form 990, Part VII, Se					
	related organiza	tion					
а	Receive a sever	nce payment or change-of-control payment?			4a		No
b	•	receive payment from, a supplemental nonqua	•		4b		No
С		receive payment from, an equity-based compe f lines 4a-c, list the persons and provide the ap	•	- TTT	4c		No_
	in les to any t	i illes 4a-c, list the persons and provide the ap	plicable amounts for each item in Far	C 111			
	Only 501(c)(3	, 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		d on Form 990, Part VII, Section A, line 1a, did intingent on the revenues of	the organization pay or accrue any				
а	The organization	7			5a		No
b	Any related orga				5b		No
	-	5a or 5b, describe in Part III					
6		d on Form 990, Part VII, Section A, line 1a, did intingent on the net earnings of	the organization pay or accrue any				
а	The organization	7			6a		No
b	Any related orga				6b		No
_	•	6a or 6b, describe in Part III					
7		d on Form 990, Part VII, Section A, line 1a, did escribed in lines 5 and 6 <sup>7</sup> If "Yes," describe in Pa		d	7		No
8		nts reported on Form 990, Part VII, paid or accu itial contract exception described in Regulations		escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	s, did the organization also follow the rebuttable	presumption procedure described in	Regulations section	9		
For I	Danerwork Redi	ction Act Notice, see the Instructions for Fo	orm 990 Cat No. 5	50053T Schedule 1	(Form	990)	2018

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
BRYAN L KRIZEK RESIDENT/CEO	(i)	0	0	0	0	0	0	0
NESIDENT/ CEO	(ii)	220,999	0	0	13,359	15,850	250,208	0
PAUL E KRIZEK ESQ ICE PRESIDENT/GENERAL	(i)	0	0	0	0	0	0	0
OUNSEL	(ii)	204,220	0	0	7,458	15,850	227,528	0
	$\vdash \vdash$							

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312033539 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** AMERICAN INDIAN YOUTH RUNNING STRONG 54-1594578 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household 662,710 FMV Х goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 Χ 1,142,549 FMV 19 Food inventory . . . Х 125.563 FMV 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ ( 74,174 FMV Χ SCHOOL SUPP 26 Other ▶ ( \_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THAT PART I, COLUMN (B) WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2019 PART I. LINE 32B ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT ACCEPTANCE POLICY PRIOR TO ACCEPTANCE Schedule M (Form 990) (2018)

efile GRAPH	IC prir	nt - DO NOT PROCESS As Fil	led Data -		DLN:	93493312033539			
SCHEDUL (Form 990 or EZ)	990-	Complete to provide inf Form 990 or 990-E ▶ At	ormation for Z or to provi tach to Form	ion to Form 990 or 990-EZ for responses to specific questions on ovide any additional information. rm 990 or 990-EZ. 1990 for the latest information.  OMB No 1545  Open to Pu Inspection					
Name B⊱the of AMERICAN INDIAN	<b>ParMizat</b> io NYOUTH R				Employer identi 54-1594578				
Return Reference				Explanation					
PART III, LINE 4A	IDGE L THER ING STH IS TI WORK THERI E HAD 6) MOI AGAIN ER MA ALSO THE P DEGR , RUNI THIS Y , 2,649	L RUNNING STRONG STAFF WORK, LONG-TERM RECOVERY PROGRAM, TEAM MEMBERS' LABOR SOME VOTEN REATED WITH CEMENT TO BE WAT GROUP COMPLETED 16 HOMES TO PLAINS WINTERS) WHILE BOARD DIFFERENT SIZED WINDOWS TO BILE HOMES WHICH WERE BLOWN ALONG WITH WATER MAIN LINE REPAIRED THE OYATE TECA GREEINE RIDGE INDIAN RESERVATION (SEES BELOW ZERO IT'S DANGEROUNING STRONG MATCHES FAMILIES (FAR'S \$108,300 EMERGENCY HEA' OF WHOM WERE CHILDREN (\$100 DEST MONTH" BY ONE OF OUR PIRESTAND SOME COMMENTS TO THE PROGRAM OF STRONG MATCHES (\$100 DEST MONTH" BY ONE OF OUR PIRESTAND SOME COMMENTS TO THE PROGRAM OF WORTH TO THE PROGRAM OF WONTH" BY ONE OF OUR PIRESTAND TO THE PROGRAM OF WONTH" BY ONE OF OUR PIRESTAND TO THE PROGRAM OF WONTH" BY ONE OF OUR PIRESTAND TO THE PROGRAM OF THE PROGRAM OF WONTH" BY ONE OF OUR PIRESTAND TO THE PROGRAM OF WONTH" BY ONE OF OUR PIRESTAND OF THE PROGRAM OF WONTH OF THE PROGRAM OF WONTH OF THE PROGRAM OF TH	M WITH RUNN DLUNTEER C D ALONG WIT FER AND WIN O REPAIR W HING UP WINE BE REPLACE I OFF THEIR REPAIRS AND ART WHEN TI ENHOUSE, W CAN BE BRU US COLD TO TO THE TOR A THE TOR A MATCH PER	NING STRONG PURCHASING CREWS DIDN'T HAVE ANY TOO HE NEW SIDING AND HOUSE VIOLE PROOF) FOR HOMES DEVIVALLS ENOUGH TO KEEP THE DOWS TEMPORARILY SINCE OF THE HOR OF THE	NEEDED MATERIA DLS OR LADDERS WRAPS ("SMART S ASTATED BY THE HEAT IN (CRITIC EACH HOME AND ICLUDED RESETT MES ARE SAFE TO ND RE-CONNECTI THE MOBILE HO THE STORM WIN ERATURES AS LO URING THIS CRIT S THEIR HEATING CE TO 2,734 INDIN	ALS TO MATCH O S WHICH RUNN SIDING WHIC HAIL THE AL IN NOR MOBILE HOM FING SIX ( O LIVE IN ION OF SEW DMES WE NTERS ON W AS 40 ICAL TIME BILLS //IDUALS			

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, BRYAN L KRIZEK, PRESIDENT/CEO AND PAUL E KRIZEK, VICE PRESIDENT/GENERAL COUNSEL HAVE A F
PART VI, AMILY RELATIONSHIP HOWEVER, THEY ARE NOT BOARD MEMBERS NOR COMPENSATED BY AMERICAN INDIAN
SECTION A, YOUTH RUNNING STRONG
LINE 2

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 8B

FORM 990, RUNNING STRONG DOES NOT HAVE A COMMITTEE THAT ACTS ON BEHALF OF THE GOVERNING BODY
PART VI,
SECTION A.

## 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990, PART VI, SECTION B, LINE 11B	THE INTERNAL REVENUE SERVICE FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANT S WITH EXPERTISE IN TAX AND AUDIT ISSUES RELATED TO TAX-EXEMPT ORGANIZATIONS THE DRAFT FO RM 990 IN DRAFT FORM IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS THE DIRECTORS AND OFFICERS 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 AN Y CONCERNS AND RESPONDS TO THE COMMENTS OF DIRECTORS AND OFFICERS PRIOR TO SUBMISSION OF T
	HE FEDERAL FORM 990 TO THE INTERNAL REVENUE SERVICE

## 990 Schedule O, Supplemental Information

ING OF THE BOARD OF DIRECTORS

Return

Reference	
FORM 990,	RUNNING STRONG HAS ADOPTED A DETAILED WRITTEN CONFLICT OF INTEREST POLICY WHICH DEFINES CO
PART VI,	NFLICTS OF INTEREST AND REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES AFFIRMATIVELY AND
SECTION B,	PROMPTLY TO DISCLOSE ALL AND ANY POTENTIAL CONFLICTS COMPLIANCE WITH THE CONFLICT OF INTE
LINE 12C	REST 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 POLIC
	Y THE POLICY REQUIRES ALL PERSONS SUBJECT TO THE POLICY TO PROVIDE ANNUALLY WRITTEN RESPO
	NSES 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 DEVELORS WITH REGARD TO TH

Explanation

EIR DISCLOSURE STATEMENT WHICH IS DISTRIBUTED TO DIRECTORS AND OFFICERS AT THE ANNUAL MEET

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 BOAR D OF DIRECTORS TO ESTABLISH A PROCEDURE WHEREBY COMPENSATION IS ASSESSED IN TERMS OF RELEV ANT MARKET-BASED CONDITIONS THE COMPENSATION GUIDELINES ARE BASED ON PROCEDURES SET FORTH IN THE TREASURY REGULATION INTERPRETING INTERNAL REVENUE CODE SECTION 4958 PURSUANT TO T HE COMPENSATION GUIDELINES, THE BOARD OF DIRECTORS REVIEWS APPROPRIATE COMPARABILITY SURVE YS WHICH PRESENT THE COMPENSATION DATA OF OTHER TAX-EXEMPT ORGANIZATIONS WITH SIMILAR MISS IONS AND REVENUES, TO ASSESS WHAT IS ORDINARY AND REASONABLE IN TERMS OF THE RELEVANT MARK ET FOR COMPENSATION THE DATA INCLUDED IN THE COMPARABILITY SURVEYS COMES FROM NUMEROUS SO URCES, SUCH AS ASSOCIATION SURVEYS AND CONSULTANT RESEARCH STUDIES THE DATA IS FOCUSED ON COMPARABLE TAX-EXEMPT ORGANIZATIONS LOCATED WITHIN THE GREATER WASHINGTON, DC METROPOLITA N AREA

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,
PART VI,
SECTION C,
LINE 19

RUNNING STRONG MAKES PUBLICLY AVAILABLE ON ITS WEBSITE THE MOST RECENT AUDITED FINANCIAL S
TATEMENTS FOR THE PRECEDING THREE YEARS AS WELL AS PROVIDING A LINK TO THE GUIDESTAR'S WEB
SITE, WHICH POSTS FORMS 990 FOR THE THREE PRECEDING YEARS UPON REQUEST, RUNNING STRONG AL
SO MAKES AVAILABLE COPIES OF ITS ARTICLES OF INCORPORATION, BYLAWS, THE CONFLICT OF INTERE
ST POLICY, AND COMPENSATION GUIDELINES

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	312033	539
SCHEDULE R (Form 990)	<b>&gt;</b> 0	Related C	_		s" on Form	990, Part		-		37.		20	1545-004	7
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/				e latest info	ormation.				Open to	o Public ection	:
Name of the organization AMERICAN INDIAN YOUTH RUNNING	STRONG								Emp	loyer identifi	ication	number		
										594578				
Part I Identification	of Disregarded E	ntities Complete If	the organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a)  Name, address, and EIN (if applicable) of disregarded entity			(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total income		(e) End-of-year assets		<b>(f</b> Direct co ent	ntrolling		
Part II Identification related tax-exem	of Related Tax-Ex npt organizations di		ı <b>s</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
See Additional Data Table Name, address, an	<b>(a)</b> d EIN of related organizati	on	Prim	<b>(b)</b> ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) strolled ty?
													Yes	No
For Panerwork Reduction Ac	t Notice see the Inc	structions for Form 9	90			t No 5013	257				Sch	edule R (Form	990) 20	18

(a) Name, address, and EIN related organization	of	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominar Income(related, unrelated, excluded fro tax under sections 512	ed, total incom		(H Disprop alloca	rtionate	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or aging	(k) Percentag ownership
					314/			Yes	No		Yes	No	
t IV Identification of Related Orga because it had one or more relate							wered "Yes	" on F	orm 99	90, Part IV	, lıne	34	
		s a corporatio		st during th	(d) controlling T		(f) Share of total income	Share	(g) of end- year assets	of- Perce	, line	Se (1	3) controll entity?
(a) Name, address, and EIN of	ed organizations treated a	s a corporatio	c) egal nicile or foreign	st during th	(d) controlling T	(e) Type of entity Corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	ection 512( 3) controlli entity?
(a) Name, address, and EIN of	ed organizations treated a	s a corporatio	c) egal nicile or foreign	st during th	(d) controlling T	(e) Type of entity Corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	ection 512( 3) controlle entity?
(a) Name, address, and EIN of	ed organizations treated a	s a corporatio	c) egal nicile or foreign	st during th	(d) controlling T	(e) Type of entity Corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	ection 512( 3) controlle entity?
(a) Name, address, and EIN of	ed organizations treated a	s a corporatio	c) egal nicile or foreign	st during th	(d) controlling T	(e) Type of entity Corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	ection 512( 3) controll entity?
(a) Name, address, and EIN of	ed organizations treated a	s a corporatio	c) egal nicile or foreign	st during th	(d) controlling T	(e) Type of entity Corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	ection 512 3) control entity?

Purchase of assets from related organization(s).

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

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

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

 $\mathbf{m}$  Performance of services or membership or fundraising solicitations by related organization(s) .

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

(a)

Name of related organization

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	1						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	18	a	No						
<b>b</b> Gift, grant, or capital contribution to related organization(s)	11	b Yes							
c Gift, grant, or capital contribution from related organization(s)	. 10	c Yes							
<b>d</b> Loans or loan guarantees to or for related organization(s)	10	t	No						
e Loans or loan guarantees by related organization(s)	16	a	No						
			1						
f Dividends from related organization(s)	11	f	No						
g Sale of assets to related organization(s)	14	ا و	No						

Page 3

No

No

No

No

No

No No

No

No

11

1m 1n Yes

10 Yes

**1**q

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

b	Gift, grant, or capital contribution to related organization(s)	1b	Y
c	Gift, grant, or capital contribution from related organization(s)	1b 1c 1d	Y
d	Loans or loan guarantees to or for related organization(s)	1d	
е	Loans or loan guarantees by related organization(s)	1e	
			П

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2018												0) 2018	



## Software ID: **Software Version:**

**EIN:** 54-1594578

Name: AMERICAN INDIAN YOUTH RUNNING STRONG

Form 990, Schedule R, Part II - Identification of Related			1 7.5		1	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
	000000000000000000000000000000000000000		F04/51/51		leupre	Yes No	
8301 RICHMOND HIGHWAY 100 ALEXANDRIA, VA 22309 54-1594577	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
8301 RICHMOND HIGHWAY 900 ALEXANDRIA, VA 22309	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1884868	CHARITABLE	VA	501(C)(3)	LINE 7	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 300 ALEXANDRIA, VA 22309 54-1884520	5,7,112,7,522		301(0)(0)		SERVICES CHARITIES INC		
8301 RICHMOND HIGHWAY 400 ALEXANDRIA, VA 22309	CHARITABLE	VA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1609844	CHARITABLE	VA	501(C)(3)	LINE 7	N/A	No	
8301 RICHMOND HIGHWAY 999 ALEXANDRIA, VA 22309 52-1394775							
8301 RICHMOND HIGHWAY 705 ALEXANDRIA, VA 22309	CHARITABLE	VA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1922277 8301 RICHMOND HGHWY 710 ALEXANDRIA, VA 22309	CHARITABLE	KS	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1779171	CHARITABLE	DE	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 720 ALEXANDRIA, VA 22309 54-1639377					SERVICES CHARITIES INC		
8301 RICHMOND HIGHWAY 745 ALEXANDRIA, VA 22309	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1990752	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 750 ALEXANDRIA, VA 22309 54-2041806					SERVICES CHARITIES INC		
8301 RICHMOND HIGHWAY 755 ALEXANDRIA, VA 22309	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
8301 RICHMOND HIGHWAY 800 ALEXANDRIA, VA 22309	CHARITABLE	VA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-2041807	CHARITABLE	VA	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 450 ALEXANDRIA, VA 22309 71-1031988	CHARLABLE		301(0)(3)	LINE TO	SERVICES CHARITIES INC		
8301 RICHMOND HIGHWAY 600 ALEXANDRIA, VA 22309	CHARITABLE	VA	501(C)(3)	LINE 12A, I	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
54-1748859	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 764 ALEXANDRIA, VA 22309 46-1511494	CHANTABLE	75	301(0)(3)	LINE TO	SERVICES CHARITIES INC	No	
8301 RICHMOND HIGHWAY 768 ALEXANDRIA, VA 22309	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
46-3979740 8301 RICHMOND HIGHWAY 770 ALEXANDRIA, VA 22309	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES INC	No	
81-0850789	CHARITABLE	VA	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 460 ALEXANDRIA, VA 22309 81-1158715					SERVICES CHARITIES INC		
	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES	No	
8301 RICHMOND HIGHWAY 774 ALEXANDRIA, VA 22309 81-4283891	CHARITABLE	AZ	501(C)(3)	LINE 10	CHRISTIAN RELIEF	No	
8301 RICHMOND HIGHWAY 775 ALEXANDRIA, VA 22309 82-0955164					SERVICES CHARITIES INC		

(d) (e) (f) (a) (b) (c) (q) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code section Public charity Direct controlling Section 512 (b)(13)(state status entity or foreign country) (if section 501(c) controlled (3)) entity? Yes No CHARITABLE VA 501(C)(3) LINE 10 CHRISTIAN RELIEF No SERVICES CHARITIES 8301 RICHMOND HIGHWAY 784 INC

VA

VA

VA

501(C)(3) -

CHARITAB

501(C)(3) -

501(C)(3) -

CHARITAB

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LINE 10

LINE 10

LINE 10

CHRISTIAN RELIEF

ICHRISTIAN RELIEF

CHRISTIAN RELIEF

SERVICES CHARITIES

SERVICES CHARITIES

INC

linc

INC

SERVICES CHARITIES

Nο

No

No

CHARITABLE

CHARITABLE

CHARITABLE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

ALEXANDRIA, VA 22309

8301 RICHMOND HIGHWAY

8301 RICHMOND HIGHWAY ALEXANDRIA, VA 22309

8301 RICHMOND HIGHWAY

ALEXANDRIA, VA 22309

ALEXANDRIA, VA 22309

82-2442874

83-1831460

83-2720270

83-3955056