

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN INDIAN YOUTH RUNNING STRONG INC		D Employer identification number 54-1594578
	Doing business as RUNNING STRONG FOR AMERICAN INDI		E Telephone number (703) 317-9881
	Number and street (or P.O. box if mail is not delivered to street address) 8301 RICHMOND HIGHWAY	Room/suite 200	G Gross receipts \$ 10,548,151.
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22309		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: BRYAN L. KRIZEK SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.INDIANYOUTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1990
M State of legal domicile: VA			

Part I Summary

Activities & Governance	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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,442,277.	Current Year 10,186,054.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,881.	182,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,229.	31,916.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,571,387.	10,400,074.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,335,629.	8,337,278.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	531,405.	423,308.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	188,115.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,401,854.	1,310,382.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,268,888.	10,070,968.	
19 Revenue less expenses. Subtract line 18 from line 12	302,499.	329,106.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,607,581.	End of Year 10,051,622.
	21 Total liabilities (Part X, line 26)	158,247.	145,907.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,449,334.	9,905,715.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/21/25			
	BRYAN L. KRIZEK, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name AARON M. FOX	Preparer's signature AARON M. FOX	Date 11/20/25	Check <input type="checkbox"/> if self-employed	PTIN P01365820
	Firm's name CBIZ ADVISORS, LLC	Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036	Firm's EIN 88-1478669	Phone no. 202-227-4000	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,792,003. including grants of \$ 4,089,456.) (Revenue \$)

FOOD, GARDEN, WATER AND BASIC NEED:

ALL CHILDREN NEED TO HAVE ACCESS TO HEALTHY FOOD, CLEAN WATER, AND SAFE HOMES 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. RUNNING STRONG CONTINUED OUR SUPPORT FOR CRITICAL NEEDS WITH FOOD AND WATER CONNECTIONS, AS WELL AS WITH THOUSANDS OF BRAND-NEW IN-KIND ITEMS TO COMMUNITIES ACROSS THE COUNTRY.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 4,506,028. including grants of \$ 3,845,408.) (Revenue \$)

YOUTH, LANGUAGE AND CULTURE:

RUNNING STRONG WHOLEHEARTEDLY ADVOCATES FOR NATIVE YOUTH PROSPERITY AND ACADEMIC SUCCESS. IN FY25, WE SUPPORTED TODAY WE FOLLOW TOMORROW WE LEAD'S YOUTH SUMMER CAMP ON THE NAVAJO NATION IN ARIZONA, HO'OLA'S SUMMER CAMP PROGRAMMING IN NATIVE HAWAIIAN COMMUNITIES, ROCK HILL SCHOOL DISTRICT'S CATAWBA YOUTH COUNCIL FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, OCETI WAKAN'S YOUTH PROGRAMS ON PINE RIDGE INDIAN RESERVATION, THE STUDENTS AT HASKELL UNIVERSITY AMIDST FEDERAL FUNDING CUTS TO CRITICAL PROGRAMMING, AND THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION'S SUMMERTIME NATIVE STORYTELLING WORKSHOP FOR NATIVE YOUTH IN LAWRENCE, KANSAS, AND SURROUNDING AREAS.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 471,547. including grants of \$ 402,414.) (Revenue \$)

DREAMSTARTER PROGRAM DREAMSTARTER, DREAMSTARTER TEACHER, DREAMSTARTER CREATIVE, DREAMSTARTER SCHOLARSHIP, KEEP THE DREAM ALIVE, DREAMSTARTER GOLD.

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 SUPPORT NATIVE YOUTH IN PURSUIT OF THEIR DREAMS THROUGH A COMBINATION OF FINANCIAL SUPPORT, HANDS-ON MENTORSHIP, COMMUNICATIONS TRAINING, AND NETWORKING. RUNNING STRONG RECOGNIZES THAT TODAY'S NATIVE YOUTH ARE OUR FUTURE LEADERS AND DESPITE THE MANY CHALLENGES THAT NATIVE YOUTH FACE, WE CAN HELP THEM FOLLOW THEIR DREAMS. EACH YEAR, 10 NATIVE YOUTH ARE SELECTED AND THROUGH MENTORSHIP, NETWORKING, AND FINANCIAL ASSISTANCE, HELPS THEM REALIZE

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 9,769,578.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and gambling winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax filings, and organizational compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, WA, IL, KS, KY, MD, MA, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BIEU DO, CFO - (703) 317-9086
8301 RICHMOND HIGHWAY, SUITE 200, ALEXANDRIA, VA 22309

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 the instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN L. KRIZEK PRESIDENT/CEO	3.00 57.00	X		X				0.	406,570.	58,117.
(2) PAUL E. KRIZEK, ESQ. VICE PRESIDENT/GENERAL COU	3.00 42.00			X				0.	300,608.	23,980.
(3) BIEU DO CFO	3.00 57.00			X				0.	147,746.	23,743.
(4) NHI HO CAO SECRETARY	3.00 42.00			X				0.	80,649.	26,581.
(5) JAMES J. O'BRIEN, ESQ CHAIRMAN	0.28 1.72	X		X				0.	0.	0.
(6) THOMAS M. O'BRIEN TREASURER	0.15 0.85	X		X				0.	0.	0.
(7) LORETTA AFRAID OF BEAR COOK DIRECTOR	0.15 0.85	X						0.	0.	0.
(8) ROBERT J. HISEL, JR. DIRECTOR	0.15 0.85	X						0.	0.	0.
(9) REAR ADMIRAL ERIC C. JONES DIRECTOR	0.15 0.85	X						0.	0.	0.
(10) ASHLEY SHULTZ DIRECTOR	0.15 0.85	X						0.	0.	0.
(11) ELAYNE SILVERSMITH DIRECTOR	0.15 0.85	X						0.	0.	0.
(12) REV. DR. KETLEN A. SOLAK DIRECTOR	0.15 0.85	X						0.	0.	0.
(13) FRANK STITELY, CPA DIRECTOR	0.15 0.85	X						0.	0.	0.
(14) COLONEL JOHN F. WILLIAMS DIRECTOR	0.15 0.85	X						0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 54,250.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 7,441,192.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,690,612.				
	g Noncash contributions included in lines 1a-1f	1g \$ 4,141,192.				
	h Total. Add lines 1a-1f		10,186,054.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		76,927.		76,927.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		7a	253,254.			
		b Less: cost or other basis and sales expenses	7b	148,077.		
		c Gain or (loss)	7c	105,177.		
	d Net gain or (loss)		105,177.		105,177.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a SALE INCOME	900099	31,916.		31,916.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		31,916.			
12 Total revenue. See instructions		10,400,074.	0.	0.	214,020.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,319,278.	8,319,278.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,000.	18,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	320,461.	320,461.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,955.	19,955.		
9 Other employee benefits	55,321.	55,321.		
10 Payroll taxes	27,571.	27,571.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	60,698.	38,148.	22,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,699.		6,699.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	93,513.	85,618.		7,895.
12 Advertising and promotion	131,384.	360.		131,024.
13 Office expenses	246,809.	190,825.	6,788.	49,196.
14 Information technology				
15 Royalties				
16 Occupancy	123,046.	82,798.	40,248.	
17 Travel	285,024.	274,237.	10,787.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	266,293.	266,293.		
23 Insurance	66,603.	66,603.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	21,606.		21,606.	
b MISCELLANEOUS EXPENSES	8,707.	4,110.	4,597.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,070,968.	9,769,578.	113,275.	188,115.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	563,031.	1	261,491.
	2	Savings and temporary cash investments	69,777.	2	78,318.
	3	Pledges and grants receivable, net	168,311.	3	731,409.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	55,000.	7	124,375.
	8	Inventories for sale or use	46,482.	8	42,389.
	9	Prepaid expenses and deferred charges	0.	9	15,350.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,886,302.		
	10b	Less: accumulated depreciation	10b 833,407.		
			6,274,333.	10c	6,052,895.
	11	Investments - publicly traded securities	2,430,147.	11	2,744,895.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	500.	15	500.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,607,581.	16	10,051,622.	
Liabilities	17	Accounts payable and accrued expenses	130,875.	17	95,014.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,372.	25	50,893.
	26	Total liabilities. Add lines 17 through 25	158,247.	26	145,907.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	9,402,412.	27	9,178,212.
	28	Net assets with donor restrictions	46,922.	28	727,503.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	9,449,334.	32	9,905,715.	
33	Total liabilities and net assets/fund balances	9,607,581.	33	10,051,622.	

Part XI Reconciliation 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	10,400,074.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,070,968.
3	Revenue less expenses. Subtract line 2 from line 1	3	329,106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,449,334.
5	Net unrealized gains (losses) on investments	5	127,275.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,905,715.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG INC

Employer identification number

54-1594578

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7016850.	9073591.	9543018.	8442277.	10186054.	44261790.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7016850.	9073591.	9543018.	8442277.	10186054.	44261790.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						824,368.
6 Public support. Subtract line 5 from line 4.						43437422.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7016850.	9073591.	9543018.	8442277.	10186054.	44261790.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,273.	54,019.	61,676.	64,849.	76,927.	298,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,889.	3,336.	1,949.	7,187.		24,361.
11 Total support. Add lines 7 through 10						44584895.

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	97.43 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.55 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

TOUR INCOME

APPLICATION FEES

2020 AMOUNT: \$ 11,889.

2021 AMOUNT: \$ 2,335.

2022 AMOUNT: \$ 1,949.

2023 AMOUNT: \$ 1,625.

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 1,001.

2023 AMOUNT: \$ 5,562.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

AMERICAN INDIAN YOUTH RUNNING STRONG INC

54-1594578

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization AMERICAN INDIAN YOUTH RUNNING STRONG INC	Employer identification number 54-1594578
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ <u>7,441,192.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN INDIAN YOUTH RUNNING STRONG INC	Employer identification number 54-1594578
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD, SCHOOL SUPPLIES, CLOTHING, AND HYGIENE _____ _____ _____	\$ 4,141,192.	06/30/25
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

AMERICAN INDIAN YOUTH RUNNING STRONG INC

54-1594578

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG INC

Employer identification number

54-1594578

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations? _____
- (ii) Related organizations? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,392,293.	507,882.	5,884,411.
c Leasehold improvements				
d Equipment		494,009.	325,525.	168,484.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,052,895.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	50,893.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	50,893.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,545,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	127,275.	
b	Donated services and use of facilities	2b	25,004.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	152,279.	
3	Subtract line 2e from line 1	3	10,393,375.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,699.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	6,699.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,400,074.	

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

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

1	Total expenses and losses per audited financial statements		1	10,089,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,004.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	25,004.	
3	Subtract line 2e from line 1	3	10,064,269.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,699.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	6,699.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,070,968.	

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

PART X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN TAX POSITIONS TAKEN FOR THE YEAR ENDED JUNE 30, 2025, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE I
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AFRAID OF BEAR AMERICAN HORSE TIOPAYE - 401 NEARS STREET - CHADRON, NE 69337	82-2743919	501(C)(3)	112,670.	0.			CULTURE PROGRAMS
ALPINE SCHOOL DISTRICT 575 N 100 E AMERICAN FORK, UT 84003	87-6000478	501(C)(3)	10,000.	0.			DREAMSTARTER
AMERICAN INDIAN ARTISTS, INC. 288 EAST 10TH STREET NEW YORK, NY 10009	13-3515233	501(C)(3)	10,000.	0.			DREAMSTARTER
THE BEBELA PROJECT 118 S. WILLOW STREET EAGLE BUTTE, SD 57625	81-0780366	501(C)(3)	0.	130,240.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
BILLOUKE STRONG 751 REMO CREEK ROAD GARRYOWEN, MT 59031	85-1013604	501(C)(3)	0.	112,559.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - 101 CHEYENNE AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	38,449.	FMV	BACKPACKS, COATS	CRITICAL AMERICAN INDIAN NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **54.**

3 Enter total number of other organizations listed in the line 1 table **13.**

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE LAKE RANCHERIA P.O. BOX 428 BLUE LAKE, CA 95525	68-0078113	TRIBAL GOVERNMENT	0.	45,048.	FMV	BACKPACKS, COATS	CRITICAL AMERICAN INDIAN NEEDS
BRAVE HEART SOCIETY 300 MAIN STREET LAKE ANDER, SD 57356	54-1594578	OTHER	1,266,067.	12,810.	FMV	BACKPACKS	CULTURAL PROGRAMS
BRAVESTADL 492 SYDNEY STREET SE ATLANTA, GA 30312	83-2801266	FOR-PROFIT ENTIT	24,250.	0.			CIVIC ENGAGEMENT
THE BRIDGE FOUNDATION 239 ANNANDALE ROAD BILLINGS, MT 59105	81-4399499	501(C)(3)	10,000.	33,156.	FMV	BACKPACKS	DREAMSTARTER
BRUSHY CHEROKEE ACTION ASSOCIATION 465406 E. 1010 ROAD SALLISAW, OK 74955	32-0263934	501(C)(3)	5,000.	442,468.	FMV	BACKPACKS, COATS, HYGIENE KITS, FOOD BOXES	HOLIDAY PROGRAMS AND CRITICAL AMERICAN INDIAN NEEDS
CHEYENNE RIVER RESERVATION DISTRICTS - CHEYENNE RIVER RESERVATION - EAGLE BUTTE, SD 57625	46-0217757	TRIBAL GOVERNMENT	27,108.	459,387.	FMV	FOOD BOXES, BACKPACK FOOD	SUMMER FOOD PROGRAM
CROW RESERVATION DISTRICTS CROW RESERVATION CROW AGENCY, MT 59022	93-4598210	TRIBAL GOVERNMENT	0.	141,072.	FMV	FOOD BOXES	CRITICAL AMERICAN INDIAN NEEDS
DENVER INDIAN CENTER 4407 MORRISON ROAD DENVER, CO 80239	84-0922797	501(C)(3)	0.	35,436.	FMV	BACKPACKS, COATS	CRITICAL AMERICAN INDIAN NEEDS
DEPT. OF INDIAN WORK/INTERFAITH ACTION - 1880 RANDOLPH AVE - SAINT PAUL, MN 55105	41-0694741	501(C)(3)	0.	125,619.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRY CREEK RANCHERIA 1450 AIRPORT BLVD., SUITE 100 SANTA ROSA, CA 95403	94-2422476	TRIBAL GOVERNMENT	0.	49,225.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
EARTH LAW CENTER 530 MAIN AVENUE, UNIT F DURANGO, CO 81301	32-0258388	501(C)(3)	15,000.	0.			DREAMSTARTER, ENVIRONMENTAL JUSTICE
KUCHEE LANGUAGE PROJECT 1006 SOUTH MAIN STREET SAPULPA, OK 74066	45-3975380	501(C)(3)	30,000.	0.			LANGUAGE REVITALIZATION
GREENVILLE RANCHERIA TRIBAL HEALTH 1425 MONTGOMERY ROAD RED BLUFF, CA 96080	68-0052490	TRIBAL GOVERNMENT	0.	93,887.	FMV	COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
HABEMATOLEL POMO OF UPPER LAKE P.O. BOX 879 UPPER LAKE, CA 95485	94-2407883	TRIBAL GOVERNMENT	0.	33,553.	FMV	BACKPACKS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
HO'OLA 61-4127 KALOOLOO DRIVE KAMUELA, HI 96743	93-2875208	501(C)(3)	40,000.	8,711.	FMV	BACKPACKS	YOUTH, CULTURAL PROGRAMS
INDIGENOUS HEALTH & WELLNESS CONNECTIONS - 225 E. GREENWOOD AVENUE - MIDVALE, UT 84047	85-1539550	C CORP	10,000.	0.			DREAMSTARTER
INDIGENOUS PEOPLES COUNCIL ON BIOCOLONIALISM - P.O. BOX 76 - NIXON, NV 89424	88-0425570	C CORP	10,000.	12,810.	FMV	BACKPACKS	DREAMSTARTER, ENVIRONMENTAL JUSTICE
IOWA TRIBE OF KS & NE BOYS AND GIRLS CLUB - 2169 IOWA DRIVE - WHITE CLOUD, KS 66046	63-0489646	TRIBAL GOVERNMENT	0.	99,828.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - P.O. BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	25,000.	0.			EDUCATION/SCHOOL SUPPORT
KOI NATION 705 COLLEGE AVENUE SANTA ROSA, CA 95404	68-0466730	TRIBAL GOVERNMENT	0.	6,278.	FMV	BACKPACKS, COATS	CRITICAL AMERICAN INDIAN NEEDS
LINDY WATERS III FOUNDATION 605 BLUE FISH COURT NORMAN, OK 73069	88-1283259	C CORP	10,000.	0.			DREAMSTARTER, EDUCATIONAL SUPPORT
LOCAL ENVIRONMENTAL ACTION DEMANDED AGENCY, INC. - 19289 SOUTH 4403 DRIVE - VINITA, OK 74301	73-1592485	501(C)(3)	10,000.	0.			DREAMSTARTER, ENVIRONMENTAL JUSTICE
MENOMINEE INDIAN SCHOOL DISTRICT N530 5TH 47-55 KESHENA, WI 54135	39-1248910	501(C)(3)	0.	234,317.	FMV	BACKPACKS, COATS, HYGIENE KITS, BACKPACK FOOD	CRITICAL AMERICAN INDIAN NEEDS
MONTESSORI AMERICAN INDIAN CHILDCARE CENTER - 1909 IVE AVE E - SAINT PAUL, MN 55119	81-4526053	FOR-PROFIT ENTIT	5,000.	2,306.	FMV	BACKPACKS	EDUCATION/SCHOOL SUPPORT
MULDROW CHEROKEE COMMUNITY ORGANIZATION - P.O. BOX 904 - MULDRON, OK 74948	20-4784755	501(C)(3)	0.	242,275.	FMV	BACKPACKS, COATS, HYGIENE KITS, FOOD BOXES	CRITICAL AMERICAN INDIAN NEEDS
NATION FORD LAND TRUST P.O. BOX 1273 FORT MILL, SC 29716	57-0890903	501(C)(3)	10,000.	0.			DREAMSTARTER
NATIVE AMERICAN COUNCIL OF TRIBES 1600 N NORTH DRIVE SIOUX FALLS, SD 57104	46-0424521	C CORP	8,275.	0.			COMMUNITY EVENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN JOURNALISTS ASSOCIATION - 395 W LINDSEY STREET - NORMAN, OK 73019	52-6105010	C CORP	10,000.	0.			DREAMSTARTER
NEBO SCHOOL DISTRICT 1175 E. FLOWETTE DRIVE SPANISH FORK, UT 84660	87-6000505	501(C)(3)	15,000.	76,552.	FMV	BACKPACKS, COATS, HYGIENE KITS	DREAMSTARTER, EDUCATIONAL SUPPORT
NORTHERN ARIZONA PRIDE ASSOCIATION 1300 S MILTON ROAD, SUITE 212 FLAGSTAFF, AZ 86001	86-0974341	501(C)(3)	20,000.	0.			DREAMSTARTER, COMMUNITY EVENTS
NORTHERN ARIZONA UNIVERSITY FOUNDATION - P.O. BOX 4094 - FLAGSTAFF, AZ 86011	86-0193726	C CORP	25,000.	0.			DREAMSTARTER
OYATE TECA PROJECT 57 WARPALA AVENUE KYLE, SD 57752	46-0438929	501(C)(3)	892,463.	691,553.	FMV	BACKPACKS, COATS, HYGIENE KITS, FOOD BOXES	YOUTH CENTER, EDUCATION SUPPORT, CULTURAL PROGRAMMING, GARDENING AND FOOD
PENSAR ACADEMY 6135 N BLACK CANYON HWY PHOENIX, AZ 85105	47-3676800	501(C)(3)	4,970.	2,306.	FMV	BACKPACKS	EDUCATION/SCHOOL SUPPORT
PINE RIDGE RESERVATION DISTRICTS PINE RIDGE INDIAN RESERVATION PINE RIDGE, SD 57770	46-0217222	TRIBAL GOVERNMENT	1,165,602.	5,998.	FMV	FOOD BOXES	WATER, HEAT MATCH, FOOD SECURITY, CRITICAL INKIND ASSISTANCE
THE RAICES COLLAS 9205 LAMBRIGHT ROAD HOUSTON, TX 77075	93-3265455	501(C)(3)	10,000.	0.			DREAMSTARTER
REMEMBER THE REMOVAL LEGACY 648 GREEN COUNTRY DRIVE TAHLEQUAH, OK 74464	85-3673429	501(C)(3)	10,000.	0.			DREAMSTARTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK HILL SCHOOL DISTRICT 386 E BLACK STREET ROCK HILL, SC 29730	57-6000842	501(C)(3)	20,000.	0.			YOUTH, EDUCATION
ROUND VALLEY UNIFIED SCHOOL DISTRICT - 76280 HIGH SCHOOL STREET - COVELO, CA 95628	90-1085351	501(C)(3)	9,537.	0.			CULTURE PROGRAMS, EDUCATION SUPPORT
RURAL COMMUNITIES INITIATIVE FOUNDATION - 474894 STATE HIGHWAY, SUITE 101 - MULDROW, OK 74948	83-2668521	501(C)(3)	0.	92,828.	FMV	BACKPACKS, COATS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
SACRED HEALING CIRCLE 24467 OAK MEADOWS COURT KEYSTONE, SD 57751	55-1261804	501(C)(3)	25,000.	45,262.	FMV	COATS	DREAMSTARTER, CULTURE PROGRAMS
SAN PASQUAL BAND OF MISSION INDIANS - 16410 MUKEYAAY WAY - VALLEY CENTER, CA 92082	95-3469382	TRIBAL GOVERNMENT	0.	39,942.	FMV	BACKPACKS, HYGIENE KITS	CRITICAL AMERICAN INDIAN NEEDS
SHE CARRIES HER HOUSE PRODUCTIONS, INC. - 4275 W 4TH STREET, UNIT 310 - RENO, NV 89523	87-1576685	FOR-PROFIT ENTIT	57,888.	0.			YOUTH, MEDIA, COMMUNITY EVENTS
SCHOOL DISTRICT OF BOWLER 500 ALMON STREET BOWLER, WI 54416	39-0992999	501(C)(3)	5,000.	23,813.		BACKPACKS, HYGIENE KITS	EDUCATION/SCHOOL SUPPORT
SLIM BUTTES AGRICULTURAL DEVELOPMENT PROGRAM - P.O. BOX 3014 - PINE RIDGE, SD 57770	20-8332945	501(C)(3)	9,847.	0.			GARDENING PROGRAMS
SUMMIT SCHOOL DISTRICT P.O. BOX 791 SUMMIT, SD 57266	46-6002856	501(C)(3)	0.	17,955.	FMV	BACKPACKS, COATS	CRITICAL AMERICAN INDIAN NEEDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THROUGH FISCATAWAY EYES 7750 POMFRET ROAD LA PLATA, MD 20646	86-3615040	501(C)3	40,000.	98,132.	FMV	BACKPACKS, COATS, HYGIENE KITS	DREAMSTARTER, CULTURE PROGRAMS, HOLIDAY
TLINGIT AND HAIDA INDIANS OF ALASKA - WASHINGTON CHAPTER - P.O. BOX 55774 - SHORELINE, WA 98113	91-0891385	501(C)3	10,000.	0.			DREAMSTARTER
TRIANGLE NATIVE AMERICAN SOCIETY 711 HILLSBOROUGH STREET, SUITE 102 RALEIGH, NC 27603	58-1674687	501(C)3	10,000.	0.			DREAMSTARTER
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DRIVE DURANGO, CO 81301	81-4076368	C CORP	10,000.	0.			DREAMSTARTER
TODAY WE FOLLOW TOMORROW WE LEAD P.O. BOX 3732 CHINLE, AZ 86503	46-3206765	501(C)3	15,000.	72,564.	FMV	BACKPACKS, COATS	SUMMER AND HOLIDAY YOUTH PROGRAMS
TURTLE FUNDING FOUNDATION 427 OLD SOLDIERS ROAD SOUTHAMPTON, NY 11968	81-3719806	C CORP	10,000.	13,510.	FMV	HYGIENE KITS	DREAMSTARTER
UNDERScore MEDIA COLLABORATION, INC. - 1200 NW NAITO OKWY, SUITE 490 - PORTLAND, OR 97209	83-3178910	501(C)3	10,000.	0.			DREAMSTARTER
UNIVERSITY OF WISCONSIN STEVENS POINT - 2100 MAIN STREET - STEVENS POINT, WI 54481	39-1805963	501(C)3	20,000.	0.			DREAMSTARTER
VISION MAKER MEDIA 301 S 13TH STREET, SUITE 101 LINCOLN, NE 68506	47-0596952	501(C)3	10,000.	0.			DREAMSTARTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKPALA SCHOOL 12250 SD HWY 1806 WAKPALA, SD 57658	46-6001279	501(C)(3)	0.	145,414.	FMV	BACKPACK FOOD	CRITICAL AMERICAN INDIAN NEEDS
WALKER RIVER PAIUTE TRIBE P.O. BOX 220 SCHURZ, NV 89427	88-0139307	TRIBAL GOVERNMENT	0.	424,557.	FMV	FOOD BOXES	CRITICAL AMERICAN INDIAN NEEDS
WAMPUM CONSULTING 210 20TH STREET, APT. 1R BROOKLYN, NY 11232	93-3886205	FOR-PROFIT ENTIT	10,000.	27,019.	FMV	HYGIENE KITS	DREAMSTARTER
WIND RIVER FAMILY & HEALTH CENTER P.O. BOX 1310 RIVERTON, WY 82501	47-5206746	TRIBAL GOVERNMENT	10,000.	0.			DREAMSTARTER
XINEWH-DING, INC. P.O. BOX 1165 HOOPA, CA 95546	92-3018840	501(C)(3)	45,300.	0.			DREAMSTARTER, LANGUAGE REVITALIZATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DREAMSTARTER SCHOLARSHIP	3	10,000.	0.		
DREAMSTARTER AWARD	7	500.	0.		
MICROENTERPRISE DEVELOPMENT	17	5,000.	0.		
DREAMSTARTER CREATIVE	10	2,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT REQUESTS ARE SUBMITTED BY ORGANIZATIONS FOLLOWING RUNNING STRONG'S PUBLISHED GRANT GUIDELINES. RUNNING STRONG CONDUCTS A PRE-GRANT 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG INC

Employer identification number
54-1594578

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>				<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>				<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>		4a	X								
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>		4b	X								
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p>		4c	X								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>											
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p>a The organization?</p>		5a	X								
<p>b Any related organization?</p>		5b	X								
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>											
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p>a The organization?</p>		6a	X								
<p>b Any related organization?</p>		6b	X								
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>											
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>											
		7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>											
		8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>											
		9									

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

Schedule J (Form 990) (Rev. 12-2024)

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, PART I, LINE 3:

THE BOARD OF DIRECTORS IS GUIDED IN TERMS OF DETERMINING APPROPRIATE, FAIR AND REASONABLE COMPENSATION BY WRITTEN COMPENSATION GUIDELINES. THESE GUIDELINES WERE ADOPTED BY THE BOARD OF DIRECTORS TO ESTABLISH A PROCEDURE WHEREBY COMPENSATION IS ASSESSED IN TERMS OF RELEVANT MARKET-BASED CONDITIONS. THE COMPENSATION GUIDELINES ARE BASED ON PROCEDURES SET FORTH IN THE TREASURY REGULATION INTERPRETING INTERNAL REVENUE CODE SECTION 4958.

PURSUANT TO THE COMPENSATION GUIDELINES, THE BOARD OF DIRECTORS REVIEWS APPROPRIATE COMPARABILITY SURVEYS WHICH PRESENT THE COMPENSATION DATA OF OTHER TAX-EXEMPT ORGANIZATIONS WITH SIMILAR MISSIONS AND REVENUES, TO ASSESS WHAT IS ORDINARY AND REASONABLE IN TERMS OF THE RELEVANT MARKET FOR COMPENSATION. THE DATA INCLUDED IN THE COMPARABILITY SURVEYS COMES FROM NUMEROUS SOURCES, SUCH AS ASSOCIATION SURVEYS AND CONSULTANT RESEARCH STUDIES. THE DATA IS FOCUSED ON COMPARABLE TAX-EXEMPT ORGANIZATIONS LOCATED WITHIN THE GREATER WASHINGTON, DC METROPOLITAN AREA.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		2,072,560.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	69	2,068,632.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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.

SCHEDULE M, PART I, COLUMN (B):
THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2025.

SCHEDULE M, PART I, LINE 32B:
ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT ACCEPTANCE POLICY PRIOR TO ACCEPTANCE.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

AMERICAN INDIAN YOUTH RUNNING STRONG INC

Employer identification number

54-1594578

FORM 990, ITEM C, DOING BUSINESS AS:

RUNNING STRONG FOR AMERICAN INDIAN YOUTH

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

FOOD REMAINS A RUNNING STRONG PRIORITY AS WE WORK HARD TO FEED CHILDREN WHO MAY OTHERWISE GO HUNGRY. RUNNING STRONG DONATED 17,339 DRY AND FROZEN FOOD BOXES TO FEED FAMILIES ON THE PINE RIDGE, STANDING ROCK, CHEYENNE RIVER, CHEROKEE, AND CROW RESERVATIONS, ALONG WITH 47,997.25 LBS OF FROZEN HOLIDAY TURKEYS AND 3,917.29 LBS OF HOLIDAY HAMS. EACH FOOD BOX WEIGHED APPROXIMATELY 20-30 LBS. AND HAD ENOUGH NUTRITIOUS FOOD TO FEED A FAMILY OF FOUR OR A WEEK.

AFTER TEACHERS TOLD US STUDENTS RETURNED TO SCHOOL AFTER WEEKENDS AND SCHOOL BREAKS LISTLESS AND HUNGRY, WE STARTED OUR WEEKEND/SCHOOL BREAK BACKPACK FOOD PROGRAM. ON THE MENOMINEE INDIAN RESERVATION WE DONATE 13,500 BAGS FILLED WITH FOOD TO KESHENA PRIMARY SCHOOL CHILDREN OVER WEEKENDS AND SCHOOL BREAKS WHEN THEY DO NOT HAVE ACCESS TO FREE SCHOOL LUNCHEES AND BREAKFASTS (420 STUDENTS PER WEEK). WE ALSO SUPPORT A BACKPACK FOOD PROGRAM ON THE CHEYENNE RIVER & STANDING ROCK RESERVATIONS IN SOUTH DAKOTA, SERVING 6,240 "SMARTSACKS" AND 3,600 "SMARTSACKS" RESPECTIVELY. KIDS WERE NOT ONLY KEPT FROM BEING HUNGRY, THEY BECAME INVOLVED IN BUILDING THE FOOD BAGS AS A WAY TO EARN VOLUNTEER HOURS.

AFTER THE SCHOOL YEAR ENDS, RUNNING STRONG SERVES A HEALTHY SACK LUNCH TO CHEYENNE RIVER KIDS IN THREE 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 19,600 MEALS TO CHILDREN AT 3 SITES OVER 10 WEEKS, SERVING LUNCH AND A TAKE HOME MEAL SAFELY TO AN AVERAGE OF 200 KIDS PER DAY.

RUNNING STRONG ALSO SUPPORTS ORGANIC GARDENING EFFORTS AS COMMUNITIES WORKED TO GROW THEIR OWN FOOD. IN FY25, WE CONTINUED TO INVEST IN THE OYATE TECA MEDICINE ROOT GARDENING PROGRAM, WHICH IS ALSO THE SITE OF ONE OF OUR FIELD OFFICES ON THE PINE RIDGE INDIAN RESERVATION IN SOUTH DAKOTA.

RUNNING STRONG CONTINUES TO PROVIDE FOUNDATIONAL SUPPORT FOR OYATE TECA'S NINE-MONTH GARDEN EDUCATION CLASSES WHICH SHOW HOW TO GROW, HARVEST, PREPARE AND EAT FRESH PRODUCE ON PINE RIDGE. A BIG PART OF THE CLASS IS HANDS-ON INSTRUCTION AND THE TOOLS TO PLAN & PLANT YOUR OWN GARDEN, AND PROVIDING THE TOOLS, SEEDLINGS AND FENCING TO PLANT 95 STUDENT GARDENS ALONG WITH THE EXTENSIVE DEMONSTRATION GARDEN AND GREENHOUSES LOCATED BY THE OYATE TECA COMMUNITY CENTER. IN FY25, OYATE TECA'S GARDENERS GREW 25,000 LBS. OF FRESH PRODUCE WHICH WAS SOLD AT LOCAL FARMERS MARKETS, AS WELL AS GIFTED AND COMPOSTED. GARDEN STUDENTS ALSO SELL THEIR PRODUCE AT THE FARMER'S MARKET, AND SALES OF THEIR OWN GROWN PRODUCE PROVIDED NEEDED INCOME AND INCREASED THE QUALITY OF FOOD OFFERINGS IN THE LOCAL COMMUNITY. THE MEDICINE ROOT GARDEN ALSO CONTINUED TO OPERATE ITS MOBILE MARKET PROGRAM. GIVEN THE SIZE OF THE PINE RIDGE INDIAN RESERVATION, GETTING TO WHERE HIGH-QUALITY FRESH PRODUCE IS AVAILABLE CAN BE VERY CHALLENGING, WITH THE CLOSEST GROCERY STORY NEARLY 80 MILES AWAY, OFF THE RESERVATION. THE MOBILE MARKET, EQUIPPED WITH A GENERATOR, REFRIGERATION, SHELVEING, AND AIR CONDITIONING, TRAVELS OUT TO HARDER TO REACH LOCATIONS ON THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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RESERVATIONS THREE DAYS A WEEK, STOPPING AT THREE LOCATIONS ON THE RESERVATION AND TRAVELING NEARLY 100 MILES TO REACH RESIDENTS. THE MOBILE MARKET OFFERS THE GARDEN PRODUCE FROM THE SUMMER HARVEST AND THE SURPLUS OF PRODUCE FROM THE COMMUNITY GARDENERS WHO GO THROUGH THE GARDEN CLASSES.

WE ALSO CONTINUED OUR LONG-TERM SUPPORT OF SLIM BUTTES AGRICULTURAL DEVELOPMENT PROGRAM, TILLING COMMUNITY GARDENS, DISTRIBUTING OUTDOOR SEEDLINGS AND SEEDS THAT YIELD INDOOR NUTRITION BY THE DAY, HELPING TO MEET THE HEALTHY AND FRESH FOOD NEEDS OF FAMILIES ON THE PINE RIDGE INDIAN RESERVATION.

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 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 FY25, RUNNING STRONG'S PINE RIDGE WATER PROJECT PROVIDED HYDRANTS, WATER CONNECTIONS, PLUMBING REPAIRS AND SEPTIC SYSTEMS TO 2 FAMILIES SO THAT THEY DID NOT HAVE TO CONTINUE TO LIVE WITHOUT WATER. SOME OF THESE OGLALA FAMILIES HAD LIVED WITHOUT RUNNING WATER FOR 20+ YEARS OR HAD TO HAUL IT FROM UP TO 3 MILES AWAY.

RUNNING STRONG IS COMMITTED TO PROVIDING SAFE ENVIRONMENTS FOR NATIVE FAMILIES, INCLUDING THEIR OWN HOMES. WINTERS ON THE PINE RIDGE INDIAN RESERVATION CAN BE BRUTAL WITH WINDCHILL TEMPERATURES AS LOW AS 40 DEGREES BELOW ZERO. IT'S DANGEROUS COLD. TO HELP STRETCH DOLLARS DURING THIS CRITICAL TIME, RUNNING STRONG MATCHES OGLALA FAMILIES 1:4 FOR, OR \$400 MATCHED BY RUNNING STRONG TO EVERY \$100 CONTRIBUTED BY THE FAMILY, TOWARDS FILLING THEIR PROPANE TANKS OR OFFSETTING THE COST OF THEIR HEATING BILLS. THIS FILLED EACH FAMILY'S PROPANE TANK FOR 6 WEEKS DURING THE WINTER. THIS YEAR'S EMERGENCY HEAT MATCH ON PINE RIDGE PROVIDED HEATING ASSISTANCE TO 2,410 FAMILIES.

IN ADDITION TO HEALTHY FOOD, CLEAN WATER, AND SAFE HOMES, IN FY25, RUNNING STRONG ALSO DISTRIBUTED THE FOLLOWING BRAND-NEW ITEMS TO NATIVE AMERICAN COMMUNITIES:

6,000 ELEMENTARY BACKPACKS AND 3,000 JR. HIGH SCHOOL BACKPACKS FILLED WITH AGE-APPROPRIATE SCHOOL SUPPLIES, SO NATIVE STUDENTS HAVE THE TOOLS THEY NEED TO SUCCEED IN SCHOOL.

4,002 ADULT WINTER COATS WITH HOODS, 2,004 KIDS WINTER COATS, 900 INFANT WINTER COATS, 3,000 ADULT WINTER KITS (HAT, GLOVES, SCARF, BLANKET), 3,000 KIDS WINTER KITS, AND 5,044 WINTER SOCKS TO STAY SAFE AND WARM DURING HARSH WINTER WEATHER.

5,004 PAIRS OF ATHLETIC SOCKS WERE DISTRIBUTED TO NATIVE YOUTH JUST IN TIME FOR THE SUMMER MONTHS. ESSENTIAL BASICS INCLUDING 6,000 DENTAL KITS, 3,228 FEMININE HYGIENE KITS, AND 2,000 MATERNAL CARE KITS WERE DONATED FOR BETTER MATERNAL, FEMININE AND ORAL HEALTH, WHICH OFTEN SUFFERS IN IMPOVERISHED COMMUNITIES.

THESE BRAND-NEW ITEMS WERE DONATED TO MEET CRITICAL NEEDS TO 3 COMMUNITY PARTNERS IN 14 STATES ACROSS THE COUNTRY. THESE YOUTH PROGRAM PARTNERS INCLUDED DIRECT DISTRIBUTION ON PINE RIDGE AND CHEYENNE RIVER RESERVATIONS IN SD, THE CHEROKEE NATION IN OK, AND THE CROW NATION IN MT, BIILUKE STRONG, THE BRIDGE FOUNDATION, AND NORTHERN CHEYENNE BOYS & GIRLS CLUB IN MT, BRUSHY CHEROKEE ACTION ASSOCIATION, RURAL COMMUNITIES INITIATIVE FOUNDATION, AND MULDROW CHEROKEE COMMUNITY ORGANIZATION IN OK, DENVER INDIAN CENTER IN CO, IOWA TRIBE OF KS & NE BOYS & GIRLS CLUB IN KS, MENOMINEE SCHOOL DISTRICT AND BOWLER SCHOOL

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DISTRICT IN WI, NEBO TITLE VI INDIAN EDUCATION PROGRAM AND PROVO CITY SCHOOLS IN UT, INTERFAITH ACTION DEPARTMENT OF INDIAN WORK AND MONTESSORI AMERICAN INDIAN CHILDCARE CENTER IN MN, SUMMIT SCHOOL DISTRICT, THE BEBELA PROJECT, BRAVE HEART SOCIETY AND SACRED HEALING CIRCLE IN SD, SACRED HEALING CIRCLE IN WY, THROUGH PISCATAWAY EYES IN MD, WALKER RIVER PAIUTE TRIBE AND INDIGENOUS COUNCIL ON BIOCOLONIALISM IN NV, HO'OLA IN HI, TURTLE FUNDING FOUNDATION AND WAMPUM CONSULTING IN NY, XINEWH:DING, SAN PASQUAL BAND OF MISSION INDIANS, KOI NATION, HABEMATOLEL POMO OF UPPER LAKE, GREENVILLE RANCHERIA TRIBAL HEALTH, GREENVILLE RANCHERIA TRIBAL HEALTH, DRY CREEK RANCHERIA, AND BLUE LAKE RANCHERIA IN CA, AND TODAY WE FOLLOW TOMORROW WE LEAD AND PENSAR ACADEMY IN AZ.	

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

TO HELP NATIVE CHILDREN ENJOY THE HOLIDAYS LIKE ANY OTHER CHILD, ALONG WITH DONATING 3,399 BRAND NEW TOYS TO FAMILIES ON PINE RIDGE, RUNNING STRONG SUPPORTED HOLIDAY PARTIES AND ACTIVITIES FOR SACRED HEALING CIRCLE, THROUGH PISCATAWAY EYES, BRUSHY CHEROKEE ACTION ASSOCIATION, TODAY WE FOLLOW TOMORROW WE LEAD, AND INDIAN YOUTH OF AMERICA.

IN FY25, RUNNING STRONG OPERATED OUR OYATE TA KOLA KU COMMUNITY CENTER THAT WE BUILT ON THE PINE RIDGE INDIAN RESERVATION. THIS 21,000 SQUARE FOOT YOUTH CENTER OPERATES ALL THE YOUTH PROGRAMMING CONDUCTED THROUGH OUR PARTNER AND NEWEST FIELD OFFICE, OYATE TECA PROJECT. IN FY25 1,060 NATIVE YOUTH PARTICIPATED IN YOUTH RECREATION ACTIVITIES IN A BRAND-NEW GYM, FOOD PRESERVATION AND PREPARATION CLASSES IN OUR CLASSROOMS AND COMMERCIAL KITCHEN, GARDEN CLASSES IN CENTER AND ON THE GROUNDS IN THE MEDICINE ROOT GARDEN, ART, AND CULTURE CLASSES SUCH AS BEADING, SEWING, AND REGALIA MAKING. WE HAVE EXPANDED OUR AFTERSCHOOL AND SUMMER PROGRAMS FOR YOUTH AND COMMUNITY MEMBERS, AS WELL AS OUR GARDEN AND FOOD PROGRAMS THAT SERVE THE RESERVATION.

RUNNING STRONG CONTINUES TO SUPPORT CULTURE AND LANGUAGE REVITALIZATION EFFORTS. WE SUPPORTED THE AFRAID OF BEAR/AMERICAN HORSE TIOSPAYE: RITES OF PASSAGE PROGRAM WHERE LAKOTA ELDER MASTER TEACHERS BROUGHT TOGETHER YOUNG WOMEN AND GIRLS TO TEACH THE ART OF MAKING SACRED FOODS, THE PRAYERS AND CEREMONY BEHIND THIS SACRED ART, AS WELL AS DOCUMENTING OTHER CULTURAL TEACHINGS THAT ARE FOUNDATIONAL TO THE OGLALA LAKOTA PEOPLES OF THE PINE RIDGE RESERVATION.

WE CONTINUED TO SUPPORT THE HUPA LANGUAGE IMMERSION NEST, A LANGUAGE REVITALIZATION PROGRAM IN NORTHERN CALIFORNIA, AND ITS YEAR-LONG HUPA LANGUAGE IMMERSION SCHOOL FOR YOUNG CHILDREN AND TODDLERS. WE ALSO SUPPORTED OGLALA LAKOTA SACRED FOODS PREPARATION THROUGH SACRED HEALING CIRCLE, THE CULTURAL REVITALIZATION PROGRAMMING OF THROUGH PISCATAWAY EYES IN MARYLAND AND ROUND VALLEY UNIFIED SCHOOL DISTRICT IN CALIFORNIA, THE HEALING YOUTH OUTREACH WORK OF SHE CARRIES HER HOUSE PRODUCTIONS' FILM REMAINING NATIVE, AND YUCHI LANGUAGE PRESERVATION EFFORTS THROUGH OUR 25-YEAR PARTNERSHIP WITH THE YUCHI LANGUAGE PROJECT IN SAPULPA, OKLAHOMA.

SINCE 1994, RUNNING STRONG HAS SUPPORTED THE BRAVE HEART SOCIETY'S EFFORTS IN THE YANKTON, OGLALA, SICANGU, HUNKPAPA, HUNKPATI, KUL WICASA, SANTEE, SISSETON, MDEWANKTONWAN, SPIRIT LAKE, CHEYENNE RIVER AND SIOUX VALLEY NATIONS. IN FY25, BRAVE HEART SOCIETY CONTINUED ITS WORK INCLUDING THE CONTINUATION OF ITS MNI WIZIPAN WAKAN PROJECT TO MAP OUT TRIBAL WATER RIGHTS, GARDEN TILLING AND PLANTING FOR FOOD SOVEREIGNTY, SOCIAL ACTIVISM AND ISNATI/COMING OF AGE COMING OF AGE

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CEREMONY FOR ADOLESCENT GIRLS. RUNNING STRONG ALSO OWNS THE BRAVE HEART LODGE AND LEASES IT TO THE BRAVE HEARTS FOR \$1/YEAR.

WE SUPPORTED THE POWWOWS OF NATIVE AMERICAN COUNCIL OF TRIBES AND OYATE TECA PROJECT, AS WELL AS THE VIRGINIA TRIBAL SOVEREIGNTY CONFERENCE OF THE RAPAHHANNOCK TRIBE AND FLAGSTAFF PRIDE IN AZ.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THEIR DREAMS FOR THEIR COMMUNITIES
(SEE SCHEDULE O FOR CONTINUATION)

EACH RECEIVING A DREAMSTARTER GRANT OF \$20,000, THE 2025 DREAMSTARTERS RANGED FROM AGE 16 TO 30 AND REPRESENTED 9 DIVERSE TRIBAL COMMUNITIES: CATAWBA INDIAN NATION, SHINNECOCK NATION, TLINGIT & HAIDA, UTE INDIAN TRIBE, NAVAJO NATION, CHICKASAW NATION, LUMBEE TRIBE, OTOE-MISSOURIA, AND NORTHERN ARAPAHO. 2025 MENTOR ORGANIZATIONS INCLUDED INDIGENOUS HEALTH AND WELLNESS CONNECTIONS IN UT, TLINGIT AND HAIDA WASHINGTON CHAPTER, WAMPUM CONSULTING AND TURTLE FUNDING FOUNDATION IN NY, TRIANGLE NATIVE AMERICAN SOCIETY IN NC, LINDY WATERS III FOUNDATION IN OK, NATION FORD LAND TRUST IN SC, THE RAICES COLLAB IN CA, WIND RIVER FAMILY & COMMUNITY HEALTHCARE IN WY, AND VISION MAKER MEDIA IN NE. THIS YEAR'S DREAMSTARTER THEME WAS SEVENTH GENERATION AND DREAMS RANGED FROM COMMUNITY POTTERY WORKSHOPS TO TRADITIONAL PLANT RESTORATION, FROM INCREASING EDUCATIONAL OPPORTUNITIES FOR YOUTH TO FILM AND MEDIA WORKSHOPS. EACH DREAMSTARTER IS ALSO ELIGIBLE TO APPLY FOR A "KEEP THE DREAM ALIVE" GRANT ONCE THEIR GRANT YEAR IS 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.

ADDITIONALLY, WE AWARDED THE 2024 DREAMSTARTERS WITH THE SECOND HALF OF THEIR DREAMSTARTER GRANTS. 2024 DREAMSTARTER ORGANIZATIONS INCLUDED LOCAL ENVIRONMENTAL ACTION DEMANDED AGENCY, INDIGENOUS JOURNALISTS ASSOCIATION AND REMEMBER THE REMOVAL LEGACY IN OK, UNIVERSITY OF WISCONSIN STEVENS POINT IN WI, NORTHERN ARIZONA UNIVERSITY IN AZ, TRIBAL ADAPTIVE ORGANIZATION IN NM, UNDERSCORE NEWS IN OR, ALPINE SCHOOL DISTRICT IN UT, HO'OLA IN HI, THE BRIDGE FOUNDATION IN MT, AND AMERINDA IN NY.

WE ANNOUNCED THE SECOND CLASS OF DREAMSTARTER GOLD GRANT RECIPIENTS, A PROGRAM DESIGNED TO FOSTER NATIVE EXCELLENCE AND SUPPORT THE EXPANDING DREAMS OF OUR DREAMSTARTERS THROUGH \$50,000 GRANTS AND CONTINUED MENTORSHIP TO FIVE NATIVE YOUTH OVER A THREE-YEAR PERIOD. DREAMSTARTER GOLD GRANTS WERE ISSUED TO NORTHERN ARIZONA UNIVERSITY IN AZ TO LAUNCH AN INDIGENOUS TRANS, QUEER, AND TWO SPIRIT RESEARCH CENTER, TO SACRED HEALING CIRCLE IN SD TO CREATE AN ENVIRONMENTALLY SUSTAINABLE SOLAR PANEL, TO THROUGH PISCATAWAY EYES FOR TRIBAL DATA SOVEREIGNTY, TO NEBO SCHOOL DISTRICT TO INCREASE NATIVE STUDENT REPRESENTATION IN NURSING SCHOOLS THROUGH WORKSHOPS AND EDUCATIONAL PROGRAMS, AND TO THE EARTH LAW CENTER FOR FIRST EVER INDIGENOUS YOUTH LED RIGHTS OF NATURE TRIBAL FOR OCEAN JUSTICE.

IN 2017, RUNNING STRONG LAUNCHED DREAMSTARTER TEACHER, A NEW GRANT THAT GIVES NATIVE TEACHERS AND TEACHERS WHO TEACH NATIVE CHILDREN THE OPPORTUNITY TO MAKE A DREAM COME TRUE IN THEIR CLASSROOM. IN FY25, 12 TEACHERS WERE SELECTED WITH DREAMS RANGING FROM SUPPORTING AFTER SCHOOL ENRICHMENT PROGRAMS TO CULTIVATING SCHOOL GARDENS. EACH TEACHER AND THEIR SCHOOL RECEIVED \$5,000. SCHOOLS AWARDED WERE MONTESSORI AMERICAN INDIAN CHILDCARE CENTER IN MN, NEBO SCHOOL DISTRICT IN UT, PENSAR ACADEMY AND MARICOPA CHRISTIAN VILLAGE IN AZ, TEMALPAKH FARM

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CORPORATION IN AZ, TAHLEQUAH PUBLIC SCHOOLS AND SHAWNEE PUBLIC SCHOOLS IN OK, ROUND VALLEY UNIFIED SCHOOL DISTRICT IN CA, MINERAL COUNTY SCHOOL DISTRICT IN NV, CHEROKEE CENTRAL SCHOOLS IN NC, AND THE SCHOOL DISTRICT OF BOWLER IN WI.

IN FALL OF 2021, WE LAUNCHED A NEW DREAMSTARTER COMPANION PROGRAM: DREAMSTARTER CREATIVE. DREAMSTARTER CREATIVE SUPPORTS THE ARTISTIC AND CULTURAL ENDEAVORS OF NATIVE YOUTH BY AWARDING \$2,500 GRANTS TO 10 YOUTH EACH SO THEY CAN CREATE, CONNECT, AND CELEBRATE THEIR CULTURE. IN FY25, 10 MORE NATIVE ARTISTS REPRESENTING 7 TRIBAL COMMUNITIES RECEIVED THIS GRANT.

WE WERE ABLE TO AWARD \$29,507.09 IN SCHOLARSHIPS TO 2 DREAMSTARTERS THROUGH OUR DREAMSTARTER SCHOLARSHIP PROGRAM, DESIGNED TO HELP DREAMSTARTERS PAY FOR TUITION OR STUDENT LOANS FOR UNDERGRADUATE OR GRADUATE SCHOOL.

THIS PAST YEAR, WE OPERATED THE THIRD YEAR OF OUR DREAMSTARTER INCUBATOR PROGRAM, A MICROENTERPRISE DEVELOPMENT INITIATIVE. BY WORKING DIRECTLY WITH RUNNING STRONG TO OPERATE NEW RUNNING STRONG PROGRAMS CREATED IN COLLABORATION WITH DREAMSTARTERS, DREAMSTARTER INCUBATOR PROVIDES DREAMSTARTERS THE INFRASTRUCTURE TO PURSUE THEIR DREAMS ON A LARGER SCALE. THE MICROENTERPRISE DEVELOPMENT PROGRAM, CREATED BY RUNNING STRONG AND A 2019 DREAMSTARTER, AWARDS SMALL \$5,000 NO-INTEREST BUSINESS LOANS TO NATIVE ENTREPRENEURS AND SMALL BUSINESSES.

ADDITIONALLY, WE PROVIDE BUSINESS DEVELOPMENT AND MARKETING WORKSHOPS THROUGHOUT THEIR GRANT YEAR. IN FY25, WE ADMINISTERED 16 \$5,000 NO-INTEREST MICROLOANS TO NATIVE AMERICAN SMALL BUSINESSES: 4 LOANS IN OKLAHOMA, 6 LOANS IN MONTANA, AND 6 LOANS IN SOUTH DAKOTA. 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.

FORM 990, PART VI, SECTION A, LINE 2:
 BRYAN L. KRIZEK, PRESIDENT/CEO, AND PAUL E. KRIZEK, VICE PRESIDENT/GENERAL COUNSEL, HAVE A FAMILY RELATIONSHIP. VOLUNTEER BOARD MEMBERS JAMES J. O'BRIEN, CHAIRMAN, AND THOMAS O'BRIEN, TREASURER, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:
 RUNNING STRONG DOES NOT HAVE A COMMITTEE THAT ACTS ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE INTERNAL REVENUE SERVICE FORM 990 IS PREPARED BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERTISE IN TAX AND AUDIT ISSUES RELATED TO TAX-EXEMPT ORGANIZATIONS. THE FORM 990 IN DRAFT FORM IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS 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 ANY CONCERNS AND RESPONDS TO THE COMMENTS OF DIRECTORS AND OFFICERS PRIOR TO SUBMISSION OF THE FEDERAL FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
 RUNNING STRONG HAS ADOPTED A DETAILED WRITTEN CONFLICT OF INTEREST POLICY WHICH DEFINES CONFLICTS OF INTEREST AND REQUIRES OFFICERS, DIRECTORS, AND

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AR, CA, FL, GA, WA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA
 WV, WI, AK, CO, CT, ME, ND, OH, OK

FORM 990, PART VI, SECTION C, LINE 19:
 RUNNING STRONG MAKES PUBLICLY AVAILABLE ON ITS WEBSITE THE MOST RECENT AUDITED FINANCIAL STATEMENTS FOR THE PRECEDING THREE YEARS AS WELL AS PROVIDING A LINK TO THE GUIDESTAR'S WEBSITE, WHICH POSTS FORMS 990 FOR THE THREE PRECEDING YEARS. UPON REQUEST, RUNNING STRONG ALSO MAKES AVAILABLE COPIES OF ITS ARTICLES OF INCORPORATION, BYLAWS, THE CONFLICT OF INTEREST POLICY, AND COMPENSATION GUIDELINES.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICANS HELPING AMERICANS, INC. - 54-1594577, 8301 RICHMOND HIGHWAY, # 100, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES, INC. - 54-1884868 8301 RICHMOND HIGHWAY, # 900 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
BREAD AND WATER FOR AFRICA, INC. - 54-1884520, 8301 RICHMOND HIGHWAY, # 300, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES OF VIRGINIA - 54-1609844, 8301 RICHMOND HIGHWAY, # 400, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

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

Schedule R (Form 990) (Rev. 1-2025)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 52-1394775, 8301 RICHMOND HIGHWAY, # 999, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	N/A		X
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 8301 RICHMOND HIGHWAY, # 705, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 8301 RICHMOND HGHWY, # 710, ALEXANDRIA, VA 22309	CHARITABLE	KANSAS	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS SCOTTSDALE HOUSING CORPORATION - 54-1990752, 8301 RICHMOND HIGHWAY, # 745, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS POUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 8301 RICHMOND HIGHWAY, # 755, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRSC RESIDENTIAL, INC. - 54-2041807 8301 RICHMOND HIGHWAY, # 800 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS HOUSING PRESERVATION, INC. - 71-1031988 8301 RICHMOND HIGHWAY, # 450 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES/21ST CENTURY CAMPAIGN, INC. - 54-1748859, 8301 RICHMOND HIGHWAY, # 600, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 12A, I	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS PEORIA HOUSING CORPORATION - 46-1511494 8301 RICHMOND HIGHWAY, # 764 ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS SOMERSET PLACE HOUSING CORPORATION - 46-3979740, 8301 RICHMOND HIGHWAY, # 768, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS PALMS HOUSING CORPORATION - 81-0850789 8301 RICHMOND HIGHWAY, # 770 ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS BROOKMONT HOUSING CORPORATION - 81-1158715, 8301 RICHMOND HIGHWAY, # 460, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 10	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

