Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2012 Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning $07/01/12$ , and ending $06/30/3$	13							
<u>—</u> В	Check if appl	0 Name of an agentum		D Employ	er identification number					
П	Address cha	Tribal Youth, Inc.								
Ħ	Name chang	Doing Business As UNITY, Inc. 73-1010390								
片	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number					
닏	Initial return	500 N. BROADWAY #10		405	<del>-236-2800</del>					
$\square$	Terminated	Crty, town or post office, state, and ZIP code								
$\Box$	Amended ref	oklahoma city ok 73102		G Gross rece	ipts \$ 467,728					
$\Box$	Application p	F Name and address of principal officer	AMAN TANKARA		offiliates? Yes X No					
Ш	Application p	J.R. Cook	H(a) isthisag	s a group return for affiliates? Yes No						
		P.O. Box 800	H(b) Are all aff	filiates included	Yes No					
		Oklahoma City OK 73101	If "No	o," attach a list	(see instructions)					
	Tax-exempt	status X 501(c)(3) 501(c) ( ) (Insert no ) 4947(a)(1) or 527	_							
<u>J</u>	Website.		H(c) Group ex	emption numbe	ır <b>&gt;</b>					
ĸ	Form of org	anization X Corporation Trust Association Other ► L	ear of formation		M State of legal domicile					
F	Part I	Summary								
		efly describe the organization's mission or most significant activities								
(Q)		To foster the spirtual, mental, physical, and social deve								
3	و	Indian and Alaskan Native youth and to help build a str	ong, unif:	ied, an	d					
era		self-reliant Native America through greater youth involve	vement.							
ò	2 CH	neck this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25%	of its net assets	S	_					
20	3 Nu	umber of voting members of the governing body (Part VI, line 1a)		3	9					
ieśl	4 No	imber of independent voting members of the governing body (Part VI, line 1b)		4	9					
ĭ₹	5 To	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	4					
Ö	्रे <b>) 6</b> To	otal number of volunteers (estimate if necessary)		6	0					
	<b>7a</b> To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0					
2	b Ne	et unrelated business taxable income from Form 990-T, line 34	<b>5</b> 2	7b	0					
0		A b. A see and see to (On AVIII has Ab)	Prior Ye	8,975	Current Year 460,452					
Revender A Minitary intiges & Sovernance	8 C	ontributions and grants (Part VIII, line 1h)		0,913	100,432					
/en	9 Pr	ogram service revenue (Part VIII, line 2g)		-4	4,611					
æ	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0,200	2,665						
	111 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,171	467,728					
_		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<del>, , , , , , , , , , , , , , , , , , , </del>	0					
		rants and similar amounts paid (Part IX, column (A), lines 1–3) enefits paid to or for members (Part IX, column (A), line 4)			0					
	45 0	alanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,544	331,483						
enses	15 Sa	rofessional fundraising fees (Part IX, column (A), line 11e)		0,011	0					
ĕ	b To	otal fundraising expenses (Part IX, column (A), line 25).								
Expe	17 0	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24&RECEIVED	32	9,469	191,259					
	~	otal expenses. Add lines 13–17 (must equal Part IX, column (A), time 25)		5,013	522,742					
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), time 25) evenue less expenses. Subtract line 18 from line 12		5,842	-55,014					
6	<b>8</b>	AUG 0 8 ZU13 12	Beginning of Cu		End of Year					
ets	를 20 Td	otal assets (Part X, line 16)	33	3,202	223,229					
A86	집 21 To	otal liabilities (Part X, line 26)	5	4,959	0					
Net Assets or	된 22 N	et assets or fund balances Subtract line 21 from line 20	27	8,243	223,229					
	Part II	Signature Block								
		ities of perjury, I declare that I have examined this return, including accompanying schedules and statements		of my knowled	dge and belief, it is					
t	лие, соптес	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		11/	<del></del>					
		Mary Kim Titla // (01)	<del>                                     </del>		3/01/13					
Si	gn	Signature of officer Executive Director as of		Date						
H	ere				ive Director -					
			rough 06/	30/13	<del></del>					
_	.	Print/Type preparer's name  Autumn L. Williams  Autumn L. Williams  Autumn L. Williams	Date	Check	If PTIN					
Pa	į.	Autumn L. Williams Autumn L. Williams		0/13 self-em						
	eparer	Firm's name Casey J. Russell CPA Inc.		Firm's EIN	73-1349920					
Us	se Only	2812 NW 57th St Ste 102	1		405 605 0540					
_		Firm's address		Phone no	405-607-8743					
_	<u> </u>	discuss this return with the preparer shown above? (see instructions)		<del></del>	Yes No					
Fo DA		rk Reduction Act Notice, see the separate instructions.	,	0/	Form <b>990</b> (2012)					

	<u>United National I</u>		<u>/3-1010390</u>	Page 2
	tatement of Program Servi	· · · · · · · · · · · · · · · · · · ·		
		a response to any question in this	Part III	
To foste Indian	and Alaskan Native	mental,physical, and e youth and to help b ca through greater y	uild a strong, unifi	
prior Form 9	inization undertake any significant pri 190 or 990-EZ? Inche these new services on Schedu	ogram services during the year which were	not listed on the	Yes X No
services?	inization cease conducting, or make	significant changes in how it conducts, any	program	Yes X No
4 Describe the expenses S	e organization's program service acc	omplishments for each of its three largest parations are required to report the amount program service reported		
These c	Inc. sponsors educ	70,675 including grants of \$ cational and training cences are the main val.		
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	am services (Describe in Schedule		) (Payanya f	,
(Expenses	ram service expenses	ding grants of \$ 470,675	) (Revenue \$	
Juan progr	00: 1:00 0AP0:1003 P			

	THE TY CHECKIST OF REQUIRED OCHECUTES			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	No
-	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł		
	"Yes," complete Schedule D, Part I	_ 6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		Į	
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	[		77
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	v	
_	complete Schedule D, Part VI	<u>11a</u>	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	x
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	- (		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.5
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا بر ا	,	•
00 -	If "Yes," complete Schedule G, Part III	19		X
20a		20a		
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### -Form 990 (2012) United National Indian 73-1010390 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes." complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

X Form 990 (2012)

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Га	Check if Cahadula O cantains a reasonable to any question in this Part V				П
	Check if Schedule O contains a response to any question in this Part V			Vaa	LU.
4.	Enter the number recented in Box 2 of Form 1006. Enter 10 if not applicable	10		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a  1b	1		,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	10 1	1		į.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1c	X	J
2-	reportable gaming (gambling) winnings to prize winners?	1	16		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a			'
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		'
b			20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a 3b		
b 4a		orth	30		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	ai .	4a		x
<b>h</b>	,		40		
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	ounte			ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ounts	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		150		-
Va	organization solicit any contributions that were not tax deductible as chantable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	nr.	Oa		
	gifts were not tax deductible?	,	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	le.			
_	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		·		
•	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	··-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				<u> </u>
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		_		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ļ	]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter		]	ļ	
а	Gross income from members or shareholders	11a			,
b	Gross income from other sources (Do not net amounts due or paid to other sources		7		,
	against amounts due or received from them )	11b	J		İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	)41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	
	the organization is licensed to issue qualified health plans	13b			·
c	Enter the amount of reserves on hand	13c			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	L	X
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	<u> </u>	L
DAA			Fo	m 99	0 (2012)

73-1010390 -Form 990 (2012) United National Indian Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section\_A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure OK List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

P.O. Box 800

OK 73101

State the name, physical address, and telephone number of the person who possesses the books and records of the

and financial statements available to the public during the tax year

organization > Pat Hunter

Oklahoma City

Form 990 (2012)	United	National	Indian
01111 330 (20 [2]		Mactonat	

73-1010390

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unit	Pos check ess pe nd a d	rson i	than on is both a ir/trusted	an e)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(WZ 1835-IIIGG)	organization and related organizations
(1)Loretta Tuell						$\Box$				
	0.00					1 1			_	_
Chairwoman	0.00	X		X				0	0	0
(2) Mel Pervais										
	0.00	ĺ		ĺ		[ [				
ViceChair	0.00	X		X				0	0	0
(3) Jan English										
	0.00	1						· ·		
Treasurer	0.00	X		X				0	0	
(4) Greg Mendoza										
	0.00					1 1				
Secretary	0.00	X		X				0	0	0
(5) Mary Kim Titla										
	0.00	1		X		1 1				
Trustee	0.00	X		Λ				0	0	0
(6) Dr. Darrell Meas	е			Γ		] ]			-	
	0.00			ļ	1	1 1				
Trustee	0.00	X						0	0	0
(7) Jarred Massy		T								
_	0.00									
Trustee	0.00	X						0	0	0
(8) Amira Madison		$\top$				$\Box$				
	0.00					1				
Trustee	0.00	X						1 0	0	O
(9) J.R. Cook			$\Box$							
	30.00									
Executive Di	0.00	X		X				j 0	0	o
(10)										
(11)		-	<u> </u>	$\vdash$		+				

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	ey Er	nplo	yees	s, aı	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(8) Average hours per week (list any hours for related	of	x, unle ficer a	Pos check ess pe ind a d	rson i irecto	than o is both or/truste	an 90)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	<b>(</b> , <u></u>		and related organizations
(12)											
(13)								,			
(14)			<del> </del>								
(15)											
(16)		1									,,,,,,
(17)											
(18)											
(19)					<u></u>						
1b	Sub-total Sub-total		<u> </u>	<u> </u>	Ц	<u> </u>		<b>•</b>			
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				<b>&gt;</b>			
2	Total number of individuals (in reportable compensation from			to th	nose	liste	d abo	ove)	who received more than \$1	00,000 in	
3	Did the organization list any fo	rmer officer, dire	ctor,	or tr	uste	e, ke	y em	ıploy	yee, or highest compensated	<u> </u>	Yes No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	a 1a, is the sum o	f rep	ortat	ole co	omp	ensa	tion		m the	3 X
5	Did any person listed on line 1 for services rendered to the or									dividual	5 X
	ion B. Independent Contractor Complete this table for your five						nt no		atom that recovered more than	en \$100,000 of	
1	compensation from the organi	zation Report con							ar year ending with or within	the organization's tax year	(C)
	Name and	(A) d business address							Descrip	(B) otton of services	(C) Compensation
								+			
	<del></del>	<del>-</del> -						-			
		<del>-</del>		-				<del> </del>			
		<del></del>									
2	Total number of independent or received more than \$100,000								e listed above) who	0	000

						o any question in the		(C)	(D)
,						Total revenue	(B) Related or exempt	Unrelated business	Revenue excluded from tax
							function revenue	revenue	under sections 512, 513, or 514
ম ম	- <u></u> -	Federated camp	paigns	1a			10101100		012, 010, 01014
Contributions, Gifts, Grants and Other Similar Amounts		Membership due		1b					
E,G	С	Fundraising eve	nts	1c					
¥ H		Related organiza		1d					
S,E	е	Government grants (co	ſ	1e					
P.S.	f	All other contributions,	gifts, grants,						
ള림		and similar amounts no	ot included above	_1f	460,452				
털	g	Noncash contributions	included in lines 1a-1	f \$					
	<u>h</u>	Total. Add lines	1a-1f		<u> </u>	460,452			
Program Service Revenue					Busn. Code		<del>-</del>		<del></del>
e e	2a								
e e	b						<del></del>		<del></del>
ξ	C				<u> </u>		<del></del>		
န္မ	d								
Ta	е				<del></del>		- <u>-</u> -		<del></del>
ĝ		All other program		ne					<del></del>
-		Total. Add lines	_		<b>▶</b>			<u> </u>	
	3	Investment income and other similar		viaenas,	interest,	4,611	4,611		
	4	Income from inv	•	womnt t	and proceeds	1,011	4,011		· · · · · · · · · · · · · · · · · · ·
	4 5	Royalties	estinent of tax-	exempt t	ond proceeds	<del> </del>	<u> </u>		
	3	Toyanes	(ı) Real		(ii) Personal		·		
	6a	Gross rents	() ((0)	<del>-  -</del>	() / 0.100/10.			Ì	
	b	Less rental exps							I
	c	Rental inc or (loss)							
	d	Net rental incom	ne or (loss)	-	<u> </u>				
	7a	Gross amount from	(i) Secunties		(u) Other		· · -		
		sales of assets  other than inventory				1			,
	b	Less cost or other	-			ļ			
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss	5)						
0	8a	Gross income from	n fundraising even	ts [	<del></del>				
'n		(not including \$		İ					
eve.		of contributions rej	ported on line 1c)						
F		See Part IV, line 1	8	a					
Other Revenue		Less direct exp		ь∟					
J		Net income or (			vents 🕨	ļ			
	9a	Gross income from							
		See Part IV, line 1		a					
		Less direct exp		b _		<b>∤</b>			
		Net income or (I		ng activit	ies <u> </u>	<del>                                     </del>	<del></del>	<del></del>	<del></del>
	10a	Gross sales of	-			1			
		returns and allow		a -		<b> </b>			
		Less cost of go		b L	utory •	t t			·
	<u>c</u>	Net income or (I	ioss) from sales ellaneous Revenue	oi inven	Busn. Code	<del>  </del>	<del></del> -		
	11a				Busit Code	2,665	2,665		
	11a b	Other Inco	·me			2,000		<del></del>	<del></del>
	C					-			
	d	All other revenu	e						
	e	Total. Add lines			<u> </u>	2,665			
	12	Total revenue.			•	467,728	7,276	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) propagation

<del>Je</del> cu	On 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			e column (A)	X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	<b>-</b>				Í
2	organizations in the U.S. See Part IV, line 21	<del></del>			
2	Grants and other assistance to individuals in				
2	the U S See Part IV, line 22 Grants and other assistance to governments,			<del> </del>	
3					1
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees			Į	
6	Compensation not included above, to disqualified		<del></del>	-	-
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	258,898	258,898		<del></del>
8	Pension plan accruals and contributions (include			<del></del>	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	72,585	72,585		<del></del>
10	Payroll taxes		,		
11	Fees for services (non-employees)				
а	Management	26,794	26,794		
b					
С	Accounting	13,000		13,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	Ì	-	1	
	(A) amount, list line 11g expenses on Schedule O)	89,138	89,087	51	
12	Advertising and promotion				
13	Office expenses	9,022	1,543	7,479	
14	Information technology				
15	Royalties				
16	Occupancy	22,920	<del></del> _	22,920	
17	Travel	7,744		7,744	<del></del>
18	Payments of travel or entertainment expenses		04 566	İ	
	for any federal, state, or local public officials	21,768	21,768		
19	Conferences, conventions, and meetings	<del></del>	<del></del>		
20	Interest	<del> </del>	<del></del>		
21	Payments to affiliates	70		70	
22	Depreciation, depletion, and amortization	803	<del></del>	803	
23	Insurance	803		803	
24	Other expenses I ternize expenses not covered			[	
	above (List miscellaneous expenses in line 24e. If				•
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
_	(A) amount, list line 24e expenses on Scriedule O )	<del> </del>			<del> </del>
a h		<del>                                     </del>		<del></del>	<del></del>
p		<del>                                     </del>	<del></del>		
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	522,742	470,675	52,067	0
26	Joint costs. Complete this line only if the	===/:-=			<u>_</u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		1		
	following SOD 08.2 (ASC 058-720)				

Form 990 (2012) United National Indian Part X Balance Sheet

P	art X	Balance Sheet							
		Check if Schedule O contains a response to any q	uestion	n this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest bearing			92,835		173,817		
	2	Savings and temporary cash investments			77,910	2	29,997		
	3	Pledges and grants receivable, net				_ 3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from current and former offi	cers, dır	ectors,					
		trustees, key employees, and highest compensated emp							
		Complete Part II of Schedule L				5			
	6	Loans and other receivables from other disqualified personal	ons (as	defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a							
		sponsoring organizations of section 501(c)(9) voluntary e	mployee	es' beneficiary					
ស		organizations (see instructions) Complete Part II of Scho	6						
Assets	7	Notes and loans receivable, net				_ 7			
Ä	8	Inventones for sale or use				8			
	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost or							
		other basis Complete Part VI of Schedule D	10a	126,968					
	b	Less accumulated depreciation	10b	126,968	71	10c			
	11	Investments—publicly traded securities				_11			
	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	162,386		19,415				
	16	Total assets. Add lines 1 through 15 (must equal line 34	)		333,202	_ 16	223,229		
	17	Accounts payable and accrued expenses			54,959	17			
	18	Grants payable	,		18				
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		}		20			
	21	Escrow or custodial account liability Complete Part IV of	le D		21	<del></del>			
es	22	Loans and other payables to current and former officers,		s,					
Liabilities		trustees, key employees, highest compensated employe	es, and						
iab		disqualified persons Complete Part II of Schedule L		Ì		22			
_	23	Secured mortgages and notes payable to unrelated third	•			23			
	24	Unsecured notes and loans payable to unrelated third pa				24			
	25	Other liabilities (including federal income tax, payables to							
		parties, and other liabilities not included on lines 17-24)	Complet	te Part X					
	l	of Schedule D			F4 0F0	25	<del></del>		
	26	Total liabilities. Add lines 17 through 25		<u> </u>	54,959	26	0		
"	ļ	Organizations that follow SFAS 117 (ASC 958), chec	k here I	▶ 🗓 and		Ì			
Š		complete lines 27 through 29, and lines 33 and 34.			247,466		100 450		
lan	27	Unrestricted net assets			30,777	-	192,452		
ĕ	28	Temporanly restricted net assets			30,777	28	30,777		
Ĕ	29	Permanently restricted net assets		k bass b 🗀 and	· · · · · · · · · · · · · · · · · · ·	29	<del>                                     </del>		
ř		•	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and						
Net Assets or Fund Balances	20	complete lines 30 through 34.							
<b>SS</b>	30	Capital stock or trust principal, or current funds	6.00	<b>!</b>		30	<del></del>		
ţ	31	Paid-in or capital surplus, or land, building, or equipment		undo		31	<del> </del> -		
ž	32	Retained earnings, endowment, accumulated income, or	omer N	inus	278,243	32	223,229		
	33	Total net assets or fund balances		}	333,202		223,229		
	34	Total liabilities and net assets/fund balances			333,202	<u> 34</u>	Form <b>990</b> (2012		

orm	1990 (2012) United National	Indian	73-1010390				Pag	je 12
Pa	art XI Reconciliation of Net Ass	ets						
	Check if Schedule O contains	a response to any questio	n ın this Part XI					
1	Total revenue (must equal Part VIII, column (	A), line 12)		1		46	7,7	728
2	Total expenses (must equal Part IX, column (	(A), line 25)		2		52	2, -	742
3	Revenue less expenses Subtract line 2 from	line 1		3		-5	5, (	014
4	Net assets or fund balances at beginning of y	ear (must equal Part X, line 3	3, column (A))	4		27	8,7	243
5	Net unrealized gains (losses) on investments			5				
6	Donated services and use of facilities			6				
7	Investment expenses			7				
8	Pnor penod adjustments			8				
9	Other changes in net assets or fund balances	s (explain in Schedule O)		9				
10	Net assets or fund balances at end of year C	• •	st equal Part X, line					
	33, column (B))	• • • • • • • • • • • • • • • • • • • •	•	10		22	3,2	229
Pa	art XII Financial Statements and	Reporting						
	Check if Schedule O contains		n ın this Part XII					
		<u> </u>				$\neg \top_{i}$	es	No
1	Accounting method used to prepare the Form	n 990 🔲 Cash 🕱	Accrual Other				$\neg$	
	If the organization changed its method of acc						1	
	Schedule O	<b>y,</b>	, ,		ļ	-		Ì
2a	Were the organization's financial statements	compiled or reviewed by an in	dependent accountant?			2a		X
	If "Yes." check a box below to indicate whether							
	reviewed on a separate basis, consolidated b		,			ŀ		-
	Separate basis Consolidated ba		ed and separate basis			1	- 1	
h	Were the organization's financial statements	L-J	•			2b	X	
-	If "Yes," check a box below to indicate whether	• • •						
	separate basis, consolidated basis, or both		,				1	
	Separate basis Consolidated basis	asis Both consolidate	ed and separate basis					
c	If "Yes" to line 2a or 2b, does the organization		•					
·	of the audit, review, or compilation of its final		-			2c	x	
	If the organization changed either its oversigh				<u> </u>			
	Schedule O	it process or selection proces	o daming and tank your, orquine in			-		ł
32	As a result of a federal award, was the organ	ization required to undergo an	audit or audits as set forth in		-			
Ja	the Single Audit Act and OMB Circular A-133		dual of dualo do oct form in			3a		x
h	If "Yes," did the organization undergo the req		nanization did not undergo the			<del></del>	$\dashv$	
J	required audit or audits, explain why in Scher	· · · · · · · · · · · · · · · · · · ·	•			3h		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

United National Indian Tribal Youth, Inc.

Employer Identification number 73-1010390

Pá	ırt I	Reaso	on for Public Charity	Status (All organizations r	must co	mplete t	his par	t) See	ınstrı	uctions	S			
he (	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2	$\Box$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	П	•	•	in conjunction with a hospital des				(A)(iii).	Enter th	e hospi	tal's name.			
		city, and state	•	,						•				
5		• .		a college or university owned or	operated	by a gove	mmenta	l unit de	scnbed	ın				
	_	-	b)(1)(A)(iv). (Complete Part I		•	,								
6	$\Box$	•		·	tion 170/	b)(1)(A)(v	۸.							
7	Ħ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
•	ш	described in section 170(b)(1)(A)(vi). (Complete Part II )												
8			, ,, ,, ,, ,	'0(b)(1)(A)(vi). (Complete Part II	١									
9	X	•		more than 33 1/3% of its suppor		atabutione	membe	archin fa	ae and	aross				
9		-	•	of functions—subject to certain ex						-				
		•	•	l unrelated business taxable inco	-					ito				
		• • • • • • • • • • • • • • • • • • • •	₹	1975 See section 509(a)(2).	-		וו נפאן ווי	uiii busii	icsscs					
40	$\Box$		•		-	•	n)/4)							
10 44	H	•	•	cclusively to test for public safety cclusively for the benefit of, to pe				00001011	tho					
11	Ш									tion				
				d organizations described in sect						uon				
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated												
_	$\Box$	a Type					d				onany integr	ateu		
е	Ш	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
				man one of more publicly suppo	ileu olyai	iizalions (	escriber	ı III Seci	011 503	(a)(1)				
		or section 509	. , , ,	mination from the IDS that it is a	Tuno I Tu	mall of T	م الله		_					
f		-		mination from the IRS that it is a	турет, ту	pe II, or I	ype iii si	upportin	9					
			check this box										Ш	
g		_	- · · · · · · · · · · · · · · · · · · ·	on accepted any gift or contribution	on from al	ny or the								
		following pen											1	
				itrols, either alone or together wit	th persons	s describe	d in (ii) a	ind				Yes	No	
		` '	v, the governing body of the s	• •							11g(		╄	
			member of a person describe								11g(		-	
		• •	ontrolled entity of a person de	., ,,							11g	iiı)		
h		Provide the f	ollowing information about the	e supported organization(s)	1				T					
(		e of supported	(ii) EIN	(iii) Type of organization	1 . ,	organization sted in your	, , ,	rou notify rization in	(vi) organizat	s the	(vii) Amou		etary	
	OI	ganization	<u> </u>	(described on lines 1–9 above or IRC section		document?	col (i)		(i) organı	zed in the	50	pport		
				(see instructions))	<u> </u>	r		ort?	U	32				
					Yes	No	Yes	No	Yes	No				
<b>(A)</b>														
		_			<del>                                     </del>				-					
B)														
		-			-			<del> </del>						
(C)														
'D'			<del> </del>		-				-	├				
D)														
(E)								-						
					<u> </u>									
Tota	<u>.l</u>		<u>                                     </u>	<u></u>	<u> </u>	<u>l.                                      </u>	l			L I				

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

Schedule A (Form 990 or 990-EZ) 2012

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	talls to quality	under the tests	s listed below, p	nease complete	e rail III.)				
-	tion A. Public Support	(0) 0000	(h) 2000	(a) 2010	(d) 2011	(a) 2011	, T	(f) Total		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d</b> ) 2011	(e) 2012	<del>-</del>	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u></u>								
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
	tion B. Total Support									
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carned on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10		<u>1</u>	ļ				<del></del>		
12	Gross receipts from related activities, etc. (						12	<del></del>		
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)				
_	organization, check this box and stop here							<u> </u>		
Sec	tion C. Computation of Public Su	<del></del>			<u>.</u>	<del></del>	1 44 1			
14	Public support percentage for 2012 (line 6,			(f))			14	<u>%</u>		
15	Public support percentage from 2011 Sche			0	4 (00)	al. Ab.a	15	<u>%</u>		
16a	33 1/3% support test—2012. 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							▶ □		
					ic 22 1/2% or more	•				
b	33 1/3% support test—2011. If the organic check this box and stop here. The organiz				13 33 173 /8 OF HIGH	-,		▶□		
470					or 16h and line 1	1 <b>4</b> is		ا ا		
174		10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
		Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization									
b	10%-facts-and-circumstances test—2011. 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 <b>stop here</b> .  Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	•	ets the Tacts-and-C	arcumstances tes	t the organization	quames as a publ	wy		▶ □		
40	supported organization  Private foundation. If the organization did	not check a hov o	n line 13 16a 16h	17a or 17h checl	this hox and see			F [		
18	instructions	HOLOHECK & DOX O		,a, or 170, Grea	. and box and sec			<b>▶</b> □		
	madactions									

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality_under the	teoto notou be	sion, piedee co	inplete r art ir j		
-	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	343,722	610,972	538,478	488,975	460,452	2,442,599
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	18,000	37,334	1,572	10,196	7,276	74,378
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	361,722	648,306	540,050	499,171	467,728	2,516,977
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	received from other than disqualified persons that exceed the greater of \$5,000						
С	or 1% of the amount on line 13 for the year Add lines 7a and 7b	13,000				<del></del> +	13,000 13,000
8	Public support (Subtract line 7c from	13,000					13,000
Ū	line 6)	ľ					2,503,977
Sec	ction B. Total Support	L - —,		<u>_</u>		·· <del>·····</del>	
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	361,722	648,306	540,050	499,171	467,728	2,516,977
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12)	361,722	648,306	540,050	499,171	467,728	2,516,977
14	First five years. If the Form 990 is for the	-	econd, third, fourth	n, or fifth tax year as	a section 501(c)(	3)	. □
500	organization, check this box and stop here ction C. Computation of Public Su						
15	Public support percentage for 2012 (line 8,	<del></del>			·	15	99.48%
16	Public support percentage for 2012 (line o,		•	'//		16	95.06%
	ction D. Computation of Investme					1.01	33.00 %
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))						
18	Investment income percentage from 2011 Schedule A, Part III, line 17						
19a	· · · · · · · · · · · · · · · · · · ·			4, and line 15 is mo	re than 33 1/3%, a		%_
þ	17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  33 1/3% support tests—2011. 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	s box and <b>stop her</b> e	. The organization	qualifies as a public	cly supported orga	nızatıon	▶ [
20_	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box an	d see instructions		▶

Schedule A (Form 990 or 990-EZ) 2012 United National Indian

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

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

Sche	dule D (Form 990) 2012 United Nat					73-10103				age 2
Pa	rt III Organizations Maintaining C							(continue	<u>ed)</u>	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d	Loan or	exchange prog	rams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and exp	lain how they	further the org	anızatıon's ex	empt purpose in F	Part			
	XIII	•	-							
5	During the year, did the organization solicit or red	ceive donation	ns of art, histo	ncal treasures	, or other simi	lar		_	_	_
	assets to be sold to raise funds rather than to be	maintained a	as part of the o	organization's o	collection?			Ye		No
Pa	rt IV Escrow and Custodial Arran				zation ans	wered "Yes" to	o Form 990	ጋ, Part IV	<i>'</i> ,	
	line 9, or reported an amount	on Form 9	90, Part X,	line 21						
1a	Is the organization an agent, trustee, custodian of	or other intern	nediary for cor	ntributions or o	ther assets no	ot			_	,
	ıncluded on Form 990, Part X?							∐ Ye	s L	No
b	If "Yes," explain the arrangement in Part XIII and	complete the	e following tab	le						
								Amount		
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			1
	Did the organization include an amount on Form							∐ Ye	's 📙	No
	If "Yes," explain the arrangement in Part XIII Ch						/ line 40			
Pa	art V Endowment Funds. Complet							(2) 524		
_		(a) Current year	(	b) Prior year	(c) Two yea	rs back (d) II	ree years back	(e) Four	r years t	Dack
1a	• • •			-				<del> </del>		
b	Contributions							-		
С	Net investment earnings, gains, and									
	losses							<del></del>		
a	Grants or scholarships									
е	Other expenditures for facilities and									
	programs Administrative expenses							<del> </del>		
' -	End of year balance					-				
9 2	Provide the estimated percentage of the current	vear end hal:	ance (line 1a	column (a)) be	ld as					
a	Board designated or quasi-endowment	% %	unoc (o 19,	00.0 (4),						
h	Permanent endowment ▶ %									
c	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possession	on of the orga	nization that a	re held and ad	Iministered for	r the				
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizations lis	ted as require	ed on Schedul	e R?				3b		
4	Describe in Part XIII the intended uses of the or									
Pa	art VI Land, Buildings, and Equip	ment. See	Form 990,	Part X, line	<u>: 10.</u>					
	Description of property	, ,	r other basis	(b) Cost or		(c) Accumulat	l l	(d) Book	value	
	- <del></del>	(inve	stment)	(oth	er)	depreciation	<u> </u>			
1a	Land	<u> </u>			60 404		404			
	Buildings			-	63,484	63	3,484			
C	Leasehold improvements			<del> </del>			<u> </u>			
d		<del></del>		<del> </del>	62 404	63	3,484		—	
	Other  Add lines 1a through 1e (Column (d) must equ	al Form 000	Dart Y colum	(R) line 10/a	63,484	6.3	,404			

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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(10)(11)

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

che	dule D (Form 990) 2012 United National Indian	73	3-1010390	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, ,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )			
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	enses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	r )	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		

Part XIII Supplemental Information

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

Schedule D (Form 990) 2012 United National Indian

Pant Supplemental Information (continued)

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SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

United National Indian Tribal Youth, Inc.

Employer Identification number 73-1010390

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

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

Form 990, Part IX, Line 11g - Other Fees for Services Description

	Program	Service	Mgt &	General	Fundraisi	.ng			
Conference General									
	\$	87,087	\$	0	\$	0			
Golda Cook	Golda Cook Scholarship Award								
	\$	2,000	\$	0	\$	0			
NFL Gala									
	\$	0	\$	0	\$	0			
Bank Charges - General									
	\$	0	\$	51	\$	0			
Form 990,	Part XI,	Line 9 - Other	Changes	in Net Assets	Explanation				
Rounding					\$	0			
Rounding	Rounding \$ 0								