

Form **990**
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 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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CRAZY HORSE MEMORIAL FOUNDATION
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 12151 AVENUE OF THE CHIEFS
 City or town, state or province, country, and ZIP or foreign postal code: CRAZY HORSE, SD 577308900

D Employer identification number: 46-0220678
E Telephone number: (605) 673-4681
G Gross receipts \$ 24,331,810

F Name and address of principal officer:
 MONIQUE ZIOLKOWSKI
 12151 AVENUE OF THE CHIEFS
 CUSTER, SD 57730

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CRAZYHORSEMEMORIAL.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1948 **M** State of legal domicile: SD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 OUR MISSION IS EXPLAINED IN SCH O. IN ADDITION TO THE PROGRAM COSTS INCLUDED IN THE 990, WE HAVE INVESTED OVER 49M IN THE MOUNTAIN CARVING AND NATIVE AMERICAN ART/ARTIFACTS DISPLAYED IN THE INDIAN MUSEUM OF NORTH AMERICA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	147
6 Total number of volunteers (estimate if necessary)	6	27
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,482,148	15,535,456
9 Program service revenue (Part VIII, line 2g)	4,606,531	3,835,950
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	442,696	849,331
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158,851	345,630
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,690,226	20,566,367
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,473	156,216
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,495,738	3,304,670
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 964,302		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,143,073	2,806,858
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,799,284	6,267,744
19 Revenue less expenses. Subtract line 18 from line 12	2,890,942	14,298,623

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	86,667,068	99,392,674
21 Total liabilities (Part X, line 26)	6,170,837	4,242,810
22 Net assets or fund balances. Subtract line 21 from line 20	80,496,231	95,149,864

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: 2021-02-02

MONIQUE ZIOLKOWSKI CEO/DIR OF MNTN
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-02-02
 Check if self-employed PTIN: P00479382

Firm's name ▶ KETEL THORSTENSON LLP Firm's EIN ▶ 46-0257538

Firm's address ▶ PO BOX 3140 Phone no. (605) 342-5630
 RAPID CITY, SD 577093140

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:

THE MISSION OF CRAZY HORSE MEMORIAL FOUNDATION IS TO PROTECT AND PRESERVE THE CULTURE, TRADITION, AND LIVING HERITAGE OF THE INDIGENOUS PEOPLE OF NORTH AMERICA. CRAZY HORSE MEMORIAL REMAINS COMMITTED TO THE PROMISE SCULPTOR KORCZAK ZIOLKOWSKI MADE TO CHIEF HENRY STANDING BEAR AND OTHER NATIVE ELDERS IN RESPONSE TO THEIR INVITATION TO CARVE AND MAINTAIN A MONUMENT CELEBRATING NATIVE AMERICAN CULTURE. TODAY, CRAZY HORSE MEMORIAL STANDS AS A BEACON TO THE WORLD WITH OVER ONE MILLION PEOPLE VISITING EACH YEAR. THE ICONIC MONUMENT RAISES INTEREST AND WELCOMES ALL TO VISIT, LEARN, AND BE INSPIRED BY THE CULTURE, TRADITIONS, AND WISDOM OF NATIVE AMERICANS. SINCE ITS FOUNDING IN 1948, THE CRAZY HORSE MEMORIAL FOUNDATION HAS DEMONSTRATED ITS COMMITMENT TO FULFILLING THE MISSION THROUGH THREE MAJOR PROJECTS - THE WORLD'S LARGEST SCULPTURE IN PROGRESS OF LAKOTA LEADER CRAZY HORSE, THE INDIAN MUSEUM OF NORTH AMERICA, AND THE INDIAN UNIVERSITY OF NORTH AMERICA, AND WHEN PRACTICAL, A MEDICAL TRAININ

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 [X] No
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 [X] No
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 \$ 3,957,931 including grants of \$ 156,216) (Revenue \$ 3,858,904)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,957,931

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
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		No
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 "Yes," complete Schedule D, Part I		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	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		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
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)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16 with input fields and checkboxes. Includes sub-questions like 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16.

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



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; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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? 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? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 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? 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, DC 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MONIQUE ZIOLKOWSKI 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730 (605) 673-4681

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

1b Sub-Total	▶		
c Total from continuation sheets to Part VII, Section A	▶		
d Total (add lines 1b and 1c)	▶	729,445	133,381

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
MARK ZIOLKOWSKI, 707 LINCOLN CUSTER, SD 57730	FORESTRY/ROCK	118,108

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1
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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,535,456		
	g Noncash contributions included in lines 1a - 1f:\$	1g	728,360		
	h Total. Add lines 1a-1f		15,535,456		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a ADMISSIONS		900099	3,819,840	3,819,840		
b MISCELLANEOUS INCOME		900099	13,198			13,198
c INDIAN UNIVERSITY FEES		611710	2,912	2,912		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			3,835,950			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			265,116		265,116	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			159,351		159,351	
	6a Gross rents	6a	(i) Real	90,122			
			(ii) Personal				
		b Less: rental expenses	6b	53,970			
		c Rental income or (loss)	6c	36,152			
	d Net rental income or (loss)			36,152	36,152		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,269,033			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	3,684,818			
		c Gain or (loss)	7c	584,215			
	d Net gain or (loss)			584,215		584,215	
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a		175,746			
			9b	26,500			
c Net income or (loss) from gaming activities				149,246		149,246	
10a Gross sales of inventory, less returns and allowances	10a		1,036				
		10b	155				
	c Net income or (loss) from sales of inventory			881		881	
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				20,566,367	3,858,904	1,172,007	

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	140,426	140,426		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,790	15,790		
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	829,709	285,408	451,891	92,410
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	1,849,653	1,207,771	185,485	456,397
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	64,978	41,739	7,752	15,487
9 Other employee benefits	342,186	204,727	57,852	79,607
10 Payroll taxes	218,144	123,724	49,533	44,887
11 Fees for services (non-employees):				
a Management				
b Legal	34,231		34,231	
c Accounting	30,582		30,582	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,020		66,020	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	142,854	58,030	74,029	10,795
12 Advertising and promotion	371,612	245,294	4,465	121,853
13 Office expenses	528,329	262,017	196,771	69,541
14 Information technology				
15 Royalties				
16 Occupancy	494,370	434,681	55,143	4,546
17 Travel	66,966	10,052	2,105	54,809
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	698,507	649,612	34,925	13,970
23 Insurance	18,254	14,602	3,652	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CULTURAL CENTER PROGRAM	161,481	161,481		
b EQUIPMENT REPAIRS	60,180	58,410	1,770	
c PROMOTIONAL MEALS/FOOD	57,002	39,901	17,101	
d LICENSES AND OTHER TAXES	35,690	4,266	31,424	
e All other expenses	40,780		40,780	
25 Total functional expenses. Add lines 1 through 24e	6,267,744	3,957,931	1,345,511	964,302
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,808,046	1	3,538,059
	2 Savings and temporary cash investments	2,635,228	2	9,933,190
	3 Pledges and grants receivable, net	215,304	3	217,414
	4 Accounts receivable, net	125,996	4	60,418
	5 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		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		7	
	8 Inventories for sale or use	269,298	8	558,732
	9 Prepaid expenses and deferred charges	174,439	9	170,958
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	72,175,062		
	b Less: accumulated depreciation	11,808,418		
	11 Investments—publicly traded securities	15,906,892	11	16,051,534
	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	8,513,299	15	8,495,725
16 Total assets. Add lines 1 through 15 (must equal line 34)	86,667,068	16	99,392,674	
Liabilities	17 Accounts payable and accrued expenses	809,106	17	670,103
	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	1,049,859	24	689,572
	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	4,311,872	25	2,883,135
	26 Total liabilities. Add lines 17 through 25	6,170,837	26	4,242,810
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	67,955,657	27	74,299,411
	28 Net assets with donor restrictions	12,540,574	28	20,850,453
	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	80,496,231	32	95,149,864	
33 Total liabilities and net assets/fund balances	86,667,068	33	99,392,674	

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	20,566,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,267,744
3	Revenue less expenses. Subtract line 2 from line 1	3	14,298,623
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,496,231
5	Net unrealized gains (losses) on investments	5	355,010
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,149,864

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 46-0220678

Name: CRAZY HORSE MEMORIAL FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE COLOSSAL MOUNTAIN CARVING OF CRAZY HORSE (TASUNKE WITCO C.1840-1877) RIDING HIS STEED OUT OF THE GRANITE OF THE BLACK HILLS (HE SAPA) GESTURING FORWARD AS HE PROCLAIMS, "MY LANDS ARE WHERE MY DEAD LIE BURIED," WILL BE 641 FEET LONG AND 563 FEET HIGH WHEN COMPLETE. CRAZY HORSE'S COMPLETED HEAD CURRENTLY STANDS 87 FEET AND 6 INCHES HIGH. COMPARISONS TO OTHER FAMOUS LANDMARKS PROVIDE PERSPECTIVE, FOR EXAMPLE, THE STATUE OF LIBERTY IS 305 FEET TALL, THE WASHINGTON MONUMENT IS 554 FEET AND 7 INCHES HIGH, AND THE GREAT PYRAMID OF GIZA IN EGYPT STANDS 455 FEET TALL. THE CURRENT PHASE OF THE WORK IS CARVING CRAZY HORSE'S LEFT HAND, LEFT FOREARM, HAIRLINE, AND RIGHT SHOULDER, AND PART OF THE HORSE'S MANE AND HEAD. THIS PHASE IS EXPECTED TO BE FINISHED IN 5 TO 10 YEARS. THE MOUNTAIN CREW USES LABOR-INTENSIVE TECHNIQUES FOR THIS DELICATE PHASE OF CARVING. THE CHANGES ON THE MONUMENTAL SCULPTURE ARE BECOMING MORE AND MORE VISIBLE FROM THE VISITOR CENTER, WHICH IS ABOUT ONE MILE AWAY. CRAZY HORSE MEMORIAL IS AN ACTIVE MOUNTAIN CARVING SITE AND A MODERN WONDER OF THE WORLD. AT FIRST IT MAY SEEM THAT THE GREAT CARVING IS THE WHOLE POINT OF CRAZY HORSE MEMORIAL FOUNDATION. THE CARVING IS CERTAINLY CENTRAL AS A MARVEL OF LANDSCAPE, ART, AND ENGINEERING, BUT THE SHARED VISION TO HONOR AND PRESERVE THE CULTURE OF AMERICAN INDIANS INVOLVES FAR MORE. CRAZY HORSE MEMORIAL FOUNDATION IS NOT MERELY AN ENDURING TRIBUTE, BUT ALSO A LIVING MEMORIAL, EDUCATING ALL WHO ENCOUNTER IT. THE EDUCATIONAL AND CULTURAL PROGRAMS AND ACTIVITIES OF CRAZY HORSE MEMORIAL FOUNDATION'S INDIAN MUSEUM OF NORTH AMERICA, NATIVE AMERICAN AND EDUCATIONAL CULTURAL CENTER, AND THE INDIAN UNIVERSITY OF NORTH AMERICA EXEMPLIFY THE MEMORIAL'S EDUCATIONAL AND HUMANITARIAN PURPOSE. THE INDIAN MUSEUM OF NORTH AMERICA IS HOME TO AN EXTRAORDINARY COLLECTION OF ART AND ARTIFACTS REFLECTING THE DIVERSE HISTORIES AND CONTEMPORARY CULTURES OF NATIVE AMERICANS THROUGHOUT NORTH AMERICA. THE MUSEUM WAS OFFICIALLY DEDICATED ON MAY 30, 1973, AND IT HAS GROWN SINCE ITS HUMBLE BEGINNINGS. EXHIBITS ARE CURRENTLY CHOSEN FROM OVER 11,000 ACCESSIONED PIECES OF ART AND ARTIFACTS REPRESENTING HUNDREDS OF NATIVE CULTURES THROUGHOUT NORTH AMERICA. THE INDIAN MUSEUM OF NORTH AMERICA'S CULTURAL PROGRAMS COME ALIVE THROUGH ITS EXHIBITS, NATIVE ARTISTS, MUSIC, DANCE, AND NUMEROUS EDUCATIONAL OPPORTUNITIES FOR VISITORS OF ALL AGES. NATIVE ARTISTS, NATIONAL AND LOCAL NATIVE PERFORMERS, AND LECTURERS OF VARIOUS BACKGROUNDS AND DISCIPLINES OFFERED CULTURAL PROGRAMS DURING THE 2020 SUMMER SEASON. THE VISITING PUBLIC CAN ACTUALLY EXPERIENCE THREE MUSEUMS OF CRAZY HORSE MEMORIAL. THE MOUNTAIN CARVING GALLERY AND THE ZIOLKOWSKI FAMILY LIFE MUSEUM COMPLIMENT THE INDIAN UNIVERSITY OF NORTH AMERICA SHARING THE FULL STORY OF THE MEMORIAL. CRAZY HORSE MEMORIAL IS COMMITTED TO THE PAST, PRESENT, AND FUTURE OF NATIVE NATIONS. THE COMMITMENT TO THE FUTURE IS SPECIFICALLY REALIZED THROUGH THE INDIAN UNIVERSITY OF NORTH AMERICA, WHERE HIGHER EDUCATION, INTERNSHIP EXPERIENCES, AND NUMEROUS RESOURCES ARE PROVIDED TO NATIVE YOUTH, GUIDING THEM IN SUCCESSFULLY COMPLETING THEIR HIGHER EDUCATIONAL GOALS AND LIFE DREAMS. THE UNIVERSITY'S FIRST ACADEMIC PROGRAM COMMENCED IN THE SUMMER OF 2010 IN A NEWLY CONSTRUCTED INSTRUCTIONAL AND RESIDENTIAL FACILITY. THE SUMMER SEMESTER UNIVERSITY PROGRAMS, TITLED 7TH GEN, OFFER ACCEPTED STUDENTS THE OPPORTUNITY TO COMPLETE THEIR FIRST SEMESTER COLLEGE AT THE INDIAN UNIVERSITY OF NORTH AMERICA AND RECEIVE EXTENDED STUDENT SUCCESS COACHING THROUGH COLLEGE COMPLETION, REGARDLESS OF WHERE THEY CONTINUE THEIR COLLEGE STUDIES. THE UPPER LEVEL 7TH GEN PROGRAM EXTENDS 3-6 CREDIT HOURS TO EACH STUDENT INCLUDING AN EXPERIENTIAL LEADERSHIP CLASS. CRAZY HORSE MEMORIAL FOUNDATION FUNDS THE STUDENT TUITION, BOOKS, STUDENT PAID INTERNSHIPS, THE MAJORITY OF THE STUDENT FOOD AND LODGING COSTS, FACULTY AND STAFF SALARIES, AND FACULTY FOOD AND LODGING. IN THE FALL OF 2020, THE INDIAN UNIVERSITY OF NORTH AMERICA EXPANDED TO INCLUDE A NEW HIGHER EDUCATION PARTNER AND A NEW ACADEMIC PROGRAM. THE INDIAN UNIVERSITY'S FIRST, FULL HIGHER EDUCATION PROGRAM WAS DEVELOPED AND DELIVERED THROUGH A 15 CREDIT HOUR CERTIFICATE IN LEADERSHIP AND SUSTAINABILITY IN PARTNERSHIP WITH SOUTH DAKOTA STATE UNIVERSITY. THE PROGRAM IS TITLED, WIZIPAN, WHICH IN LAKOTA MEANS, "THE HEART OF ALL THAT IS" - A FITTING REFERENCE TO A DISTINCTIVE PROGRAM OFFERED IN THE BLACK HILLS OF SOUTH DAKOTA. ENROLLED STUDENTS LEARNED ABOUT LEADERSHIP AND SUSTAINABILITY THROUGH A HISTORIC FRAMEWORK AND AN INDIGENOUS LENS. THE PROGRAM STRATEGICALLY LEADS STUDENTS THROUGH AN ACADEMIC AND CULTURAL EXPERIENCE INVOLVING CARE OF SELF, CARE OF COMMUNITY, CARE OF THE ENVIRONMENT, AND CARE OF CULTURE. THESE ARE THE MAINSTAYS OF THE WIZIPAN PROGRAM. THE DISTINCTIVE PROGRAMS OF THE INDIAN UNIVERSITY OF NORTH AMERICA ARE UNLIKE ANY HIGHER EDUCATION EXPERIENCE IN THE WORLD. SINCE THE UNIVERSITY'S INCEPTION IN 2010, OVER 300 STUDENTS FROM OVER 40 DIFFERENT NATIVE NATIONS HAVE ENROLLED IN 7TH GEN AND WIZIPAN AND HAVE BENEFITTED FROM THE STUDENT SUCCESS COACHING WHICH ENSUES. THE OVER-ARCHING GOALS OF THE INDIAN UNIVERSITY OF NORTH AMERICA INCLUDE ENGAGING STUDENTS IN A NATIVE-FOCUSED ACADEMIC EXPERIENCE AND COMMUNITY DEMONSTRATING THE VITALITY OF THE NATIVE AMERICAN PEOPLE AND PROVIDING THE NECESSARY STUDENT SUPPORT TO INCREASE COLLEGE PERSISTENCE AND COLLEGE COMPLETION RATES OF NATIVE AMERICAN STUDENTS. ANNUALLY, WHILE OFFERING STUDENT SUCCESS COACHING, THE INDIAN UNIVERSITY FACULTY AND STAFF RESEARCH THE HIGHER EDUCATION STATUS OF STUDENTS WHO SUCCESSFULLY COMPLETED ACADEMIC PROGRAMS AND CONTINUED THEIR STUDIES AT OVER 50 DIFFERENT COLLEGES AND UNIVERSITIES THROUGHOUT THE UNITED STATES. OVER THE PAST TEN YEARS, THE COMBINED COLLEGE PERSISTENCE/COLLEGE GRADUATION RATE OF RESPONDENTS HAS RANGED FROM 72-87%. COLLEGE GRADUATES ARE CURRENTLY EMPLOYED AS TEACHERS, NURSES, ATHLETIC TRAINERS, LAW ENFORCEMENT, COUNSELORS, MUSEUM PROFESSIONALS, A DENTAL HYGIENIST, AND IN NUMEROUS PROFESSIONAL BUSINESS CAREERS. MANY OF THE NATIVE STUDENTS WHO STARTED THEIR HIGHER EDUCATION JOURNEYS AT CRAZY HORSE MEMORIAL ARE PURSUING GRADUATE DEGREES. NATIVE AMERICAN STUDENTS REMAIN AMONG THE MOST VULNERABLE IN OUR NATION'S EDUCATION SYSTEM, 35% OF NATIVE AMERICAN STUDENTS ARE RAISED IN IMPOVERISHMENT. NATIVE STUDENTS REPRESENT ONLY 1% OF THE U.S. UNDERGRADUATE STUDENT POPULATION AND LESS THAN 1% OF THE GRADUATE STUDENT POPULATION. ONLY 17% OF NATIVE HIGH SCHOOL STUDENTS CONTINUE THEIR EDUCATION, CITING FUNDING AND GEOGRAPHIC ISOLATION AS THEIR TOP REASONS FOR NOT ATTENDING COLLEGE. AND, OF THE NATIVE STUDENTS WHO ATTEND COLLEGE, GRADUATION RATES ARE 20% LOWER OR MORE THAN NON-NATIVE STUDENTS. NATIVE AMERICANS, ESPECIALLY THOSE IN SOUTH DAKOTA, ARE A DISADVANTAGED POPULATION WITH FEW POSSESSING COLLEGE EDUCATIONS. THE UNIVERSITY IS COMMITTED TO PARTNERSHIPS WHICH PROVIDE FRESH APPROACHES TO LEARNING, TO COMPREHENSIVE, STRONG STUDENT SUPPORT BEYOND WHAT IS FOUND IN TRADITIONAL MAIN STREAM HIGHER EDUCATION, TO EXPERIENTIAL LEARNING, AND TO DEVELOPING A NEW NATIVE NARRATIVE WHICH VALIDATES, EMPOWERS, AND INSPIRES THE STUDENTS WHO ATTEND. CRAZY HORSE MEMORIAL FOUNDATION ACCEPTS NO GOVERNMENT FUNDING FOR ITS PROGRAMS OR ACTIVITIES. THE MEMORIAL IS SUSTAINED SOLELY THROUGH CONTRIBUTIONS AND ADMISSIONS TO THE MEMORIAL. CHARITABLE GIFTS ARE RECEIVED FROM INDIVIDUALS THROUGHOUT THE UNITED STATES AND THE WORLD, GIVING TESTIMONY TO THE FACT THAT CRAZY HORSE MEMORIAL FOUNDATION IS AN EDUCATIONAL AND HUMANITARIAN PUBLIC CHARITY OF INTERNATIONAL SCOPE. IT IS IMPORTANT FOR DONORS TO KNOW THAT THE FY2020 MOUNTAIN CARVING EXPENSES OF 2,922,712 ARE CAPITALIZED AND THEREFORE, REVEALED AS AN ASSET RATHER THAN A PROGRAM EXPENSE ON THE FORM 990. AS A RESULT, PROGRAM EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES IN FY2020 ARE 63% ON THE FORM 990. WITH THE MOUNTAIN CARVING EXPENSES ADDED, THE PERCENTAGE IS 75%. CONSIDERING THE ACCRUAL METHOD OF ACCOUNTING USED BY CRAZY HORSE MEMORIAL, THE 990 SHOWS IT COST 6 CENTS TO RAISE A DOLLAR IN FY2020. WHEN COMPUTING EXPENSE AGAINST ACTUAL CHARITABLE GIFTS RECEIVED IN FY2020, THE COST TO RAISE A DOLLAR WAS 14 CENTS. CRAZY HORSE MEMORIAL FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS AND LED BY AN EXECUTIVE MANAGEMENT TEAM COMPRISED OF THE CEO AND A PRESIDENT/COO. EACH EXECUTIVE LEADER HAS DISTINCTIVE RESPONSIBILITIES, MANY OF WHICH ARE ATTRIBUTED TO THE MOUNTAIN CARVING, MUSEUMS, AND UNIVERISTY IN ADDITION TO MANAGEMENT AND FUNDRAISING.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
LAURIE BECVAR COO/PRESIDEN	50.00			X				169,052	0	57,965
JADWIGA ZIOLKOWSKI CEO/SECR/DIR	40.00	X		X				200,000	0	18,893
MONIQUE ZIOLKOWSKI CEO/DIR OF M	40.00	X		X				200,000	0	18,893
JOSEPH KONKOL VP FINANCE	50.00			X				86,557	0	22,522
VAUGHN ZIOLKOWSKI DIRECTOR	1.00	X						73,836	0	15,108
MARY ABU-GHAZALEH DIRECTOR	1.00	X						0	0	0
ROGER BROER DIRECTOR	1.00	X						0	0	0
DELLA BURNS DIRECTOR	1.00	X						0	0	0
JOE DOBBS CHAIRMAN	1.00	X		X				0	0	0
F JOSEPH DUBRAY DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
DR SIDNEY GOSS VICE CHAIRMA	1.00	X		X				0	0	0
DR RICHARD GOWEN DIRECTOR	1.00	X						0	0	0
BISHOP ROBERT GRUSS DIRECTOR	1.00	X						0	0	0
STEVEN HELMERS DIRECTOR	1.00	X						0	0	0
MARK HUTCHINGS DIRECTOR	1.00	X						0	0	0
ALEXANDER ZEPHIER III DIRECTOR	1.00	X						0	0	0
KAY JORGENSEN DIRECTOR	1.00	X						0	0	0
DAVID OLSON DIRECTOR	1.00	X						0	0	0
JEREMY PATTERSON DIRECTOR	1.00	X						0	0	0
GARY RENNER DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
AMANDA SCOTT DIRECTOR	1.00	X						0	0	0
MARY SCULL DIRECTOR	1.00	X						0	0	0
WES SHELTON DIRECTOR	1.00	X						0	0	0
LLOYD SOHL TREASURER	1.00	X		X				0	0	0
IVAN SORBEL DIRECTOR	1.00	X						0	0	0
RICHARD TOBIAS DIRECTOR	1.00	X						0	0	0
DR LAUREL VERMILLION DIRECTOR	1.00	X						0	0	0
DAN WARREN DIRECTOR	1.00	X						0	0	0
TROY WATSON DIRECTOR	1.00	X						0	0	0

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number
 46-0220678

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 or 990-EZ).)
- 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 **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 in 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,734,886	7,049,294	7,333,090	4,482,148	15,535,456	38,134,874
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	4,617,027	4,880,942	4,744,537	4,579,444	3,912,874	22,734,824
3 Gross receipts from activities that are not an unrelated trade or business under section 513	244,060	253,649	253,768	267,908	189,980	1,209,365
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	8,595,973	12,183,885	12,331,395	9,329,500	19,638,310	62,079,063
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	995,102	3,529,854	1,146,101	1,718,888	11,636,760	19,026,705
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.	464,499	472,610	3,095,564	32,667	434,606	4,499,946
c Add lines 7a and 7b.	1,459,601	4,002,464	4,241,665	1,751,555	12,071,366	23,526,651
8 Public support. (Subtract line 7c from line 6.)						38,552,412

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	8,595,973	12,183,885	12,331,395	9,329,500	19,638,310	62,079,063
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	228,232	194,795	279,523	437,629	424,467	1,564,646
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	228,232	194,795	279,523	437,629	424,467	1,564,646
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,824,205	12,378,680	12,610,918	9,767,129	20,062,777	63,643,709

14 First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	60.580 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	70.940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	2.000 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3.000 %

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) 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>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):	1	
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 46-0220678

Name: CRAZY HORSE MEMORIAL FOUNDATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number
46-0220678

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? Yes 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? Yes 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 (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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 7,700

(ii) Assets included in Form 990, Part X ▶ \$ 52,235,358

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a 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 are a 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 programs
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	4,469,829	5,077,081	4,637,645	4,075,948	3,749,746
b Contributions	54,724	12,353	258,183	5,361	9,648
c Net investment earnings, gains, and losses	416,573	85,895	288,253	556,336	316,440
d Grants or scholarships					
e Other expenditures for facilities and programs	496,800	705,500	107,000		114
f Administrative expenses					
g End of year balance	4,444,326	4,469,829	5,077,081	4,637,645	4,075,948

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 3.100 %
 - b** Permanent endowment ▶ 67.420 %
 - c** Temporarily restricted endowment ▶ 29.480 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		4,055,863		4,055,863
b Buildings		13,962,714	5,919,910	8,042,804
c Leasehold improvements				
d Equipment		9,898,904	5,888,508	4,010,396
e Other		44,257,581		44,257,581
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				60,366,644

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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)ARTIFACTS AND ARTWORK	7,737,335
(2)COPYRIGHTS AND TRADEMARKS, NET	391,813
(3)BRONZES	290,442
(4)BOOKS FOR LIBRARY, NET	76,135
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,495,725

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,883,135

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

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	20,935,982
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	355,010	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	80,625	
e	Add lines 2a through 2d			2e 435,635
3	Subtract line 2e from line 1			3 20,500,347
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	66,020	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 66,020
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 20,566,367

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	6,282,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	80,625	
e	Add lines 2a through 2d			2e 80,625
3	Subtract line 2e from line 1			3 6,201,724
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	66,020	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 66,020
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 6,267,744

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 46-0220678

Name: CRAZY HORSE MEMORIAL FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	THE COLLECTION CONTAINS THE CRAZY HORSE MEMORIAL MOUNTAIN CARVING AND NATIVE AMERICAN ART AND ARTIFACTS WHICH PROTECT AND PRESERVE THE CULTURE, TRADITION, AND LIVING HERITAGE OF THE NORTH AMERICAN INDIANS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE EARNINGS OF THE ENDOWMENT FUNDS ARE TO BE USED BY THE FOUNDATION TO MEET THE AREA OF GREATEST NEED IN SUPPORT OF THE OVERALL FOUNDATION MISSION OF HONORING THE CULTURE, TRADITION, AND LIVING HERITAGE OF NORTH AMERICAN INDIANS. IT IS THE HOPE OF THE FOUNDATION THAT THE ENDOWMENT WILL GROW TO A LEVEL THAT WILL SUSTAIN OPERATIONS AND CREATE LESS RELIANCE ON ANNUAL CONTRIBUTIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED A "PRIVATE FOUNDATION" UNDER SECTION 509(A). AT SEPTEMBER 30, 2020 AND 2019, THE FOUNDATION BELIEVES NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR LIABILITIES, OR INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS EXIST.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CAMPGROUND RENTAL EXPENSE 53,970 INVENTORY COST OF SALES 155 COST OF FUNDRAISING 26,500

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	CAMPGROUND RENTAL EXPENSE 53,970 INVENTORY COST OF SALES 155 COST OF FUNDRAISING 26,500

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number 46-0220678

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. All States

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			175,746
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			26,500	26,500
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				26,500
8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶					149,246

9 Enter the state(s) in which the organization conducts gaming activities: SD

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: THE RAFFLE SALES ARE SOLD AT ONE SITE, AND THERE IS NO NEED FOR

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.000 %
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MONIQUE ZIOLKOWSKI

Address ▶ 12151 AVENUE OF THE CHIEFS CRAZY HORSE, SD 57730

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ JOE KONKOL

Gaming manager compensation ▶ \$ 500

Description of services provided ▶ RECONCILES TICKETS SOLD TO CASH RECEIVED

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 the latest information.

Name of the organization CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number 46-0220678

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
3 Enter total number of other organizations listed in the line 1 table

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CASH	11	15,790			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	CRAZY HORSE MEMORIAL FOUNDATION MADE 127,480 IN SCHOLARSHIP CONTRIBUTIONS TO VARIOUS ACCREDITED COLLEGES AND UNIVERSITIES WITH THE REQUIREMENT THAT SCHOLARSHIPS BE AWARDED TO NATIVE AMERICAN STUDENTS TO HELP THEM FURTHER THEIR COLLEGE EDUCATION. CRAZY HORSE MEMORIAL FOUNDATION REQUIRES A REPORT OF THE NAMES OF THE SCHOLARSHIP RECIPIENTS TO ENSURE THE SCHOLARSHIPS PROVIDED BY CRAZY HORSE MEMORIAL FOUNDATION ARE SUPPORTING NATIVE AMERICAN STUDENTS. OTHER CONTRIBUTIONS ARE GIVEN TO CHARITABLE ORGANIZATIONS WITH MISSIONS COMPLEMENTING CRAZY HORSE MEMORIAL FOUNDATION. CORRESPONDENCE IS RECEIVED VERIFYING THE FUNDS WILL BE USED AS INTENDED.

Additional Data

Software ID:

Software Version:

EIN: 46-0220678

Name: CRAZY HORSE MEMORIAL FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN DAKOTA VO-TECH 800 MICKELSON DR RAPID CITY, SD 57703	46-0340050	GOV	10,000				SCHOLARSHIP
OGLALA LAKOTA COLLEGE PO BOX 490 KYLE, SD 57752	23-7135915	3	42,000				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA STATE UNIVERSITY 815 MEDARY AVE BOX 525 BROOKINGS, SD 57007	46-0273801	GOV	12,600				SCHOLARSHIP
UNIVERSITY OF SOUTH DAKOTA PO BOX 5555 VERMILLION, SD 57069	46-6018891	GOV	16,890				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SITTING BULL COLLEGE RR1 FT YATES, ND 58538	23-7373765	GOV	10,000				SCHOLARSHIP
SOUTH DAKOTA PARKS & WILDLIFE 523 E CAPITOL AVE PIERRE, SD 57501	46-0387968	GOV	10,000				CONTRIBUTION

Schedule J
(Form 990)

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

2019

Open to Public Inspection

Name of the organization
CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number
46-0220678

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing 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.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAURIE BECVAR COO/PRESIDENT	(i)	169,052			45,072	12,893	227,017	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JADWIGA ZIOLKOWSKI CEO/SECR/DIR PUB AFF	(i)	200,000			6,000	12,893	218,893	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 MONIQUE ZIOLKOWSKI CEO/DIR OF MNTN	(i)	200,000			6,000	12,893	218,893	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number

46-0220678

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KORCZAK'S HERITAGE	FAMILY	159,351	TRADEMARK		No
(2) MARK ZIOLKOWSKI	FAMILY	118,108	INDEP. CONTRACTOR		No
(3) ADAM ZIOLKOWSKI	FAMILY	45,146	PAYROLL		No
(4) DEIADRA ZIOLKOWSKI	FAMILY	40,440	PAYROLL		No
(5) CALEB ZIOLKOWSKI	FAMILY	47,484	PAYROLL		No
(6) ALISHA HERMAN	FAMILY	25,899	PAYROLL		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	SEE SCHEDULE O, PART VII FOR ADDITIONAL INFORMATION REGARDING THE ZIOLKOWSKI FAMILY INVOLVEMENT IN THE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number
46-0220678

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	X	14	8,435	COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPLEX-REP/EQU</u>)	X	18	711,656	COST
26 Other ▶ (<u>SUPPLIES</u>)	X	4	8,269	COST
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 IV, Donee Acknowledgement

29	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

CRAZY HORSE MEMORIAL FOUNDATION

Employer identification number

46-0220678

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE MISSION OF CRAZY HORSE MEMORIAL FOUNDATION IS TO PROTECT AND PRESERVE THE CULTURE, TRADITION, AND LIVING HERITAGE OF THE INDIGENOUS PEOPLE OF NORTH AMERICA. CRAZY HORSE MEMORIAL REMAINS COMMITTED TO THE PROMISE SCULPTOR KORCZAK ZIOLKOWSKI MADE TO CHIEF HENRY STANDING BEAR AND OTHER NATIVE ELDERS IN RESPONSE TO THEIR INVITATION TO CARVE AND MAINTAIN A MONUMENT CELEBRATING NATIVE AMERICAN CULTURE. TODAY, CRAZY HORSE MEMORIAL STANDS AS A BEACON TO THE WORLD WITH OVER ONE MILLION PEOPLE VISITING EACH YEAR. THE ICONIC MONUMENT RAISES INTEREST AND WELCOMES ALL TO VISIT, LEARN, AND BE INSPIRED BY THE CULTURE, TRADITIONS, AND WISDOM OF NATIVE AMERICANS. SINCE ITS FOUNDING IN 1948, THE CRAZY HORSE MEMORIAL FOUNDATION HAS DEMONSTRATED ITS COMMITMENT TO FULFILLING THE MISSION THROUGH THREE MAJOR PROJECTS - THE WORLD'S LARGEST SCULPTURE IN PROGRESS OF LAKOTA LEADER CRAZY HORSE, THE INDIAN MUSEUM OF NORTH AMERICA, AND THE INDIAN UNIVERSITY OF NORTH AMERICA, AND WHEN PRACTICAL, A MEDICAL TRAINING CENTER. EACH IS EXPLAINED BELOW.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>THE COLOSSAL MOUNTAIN CARVING OF CRAZY HORSE (TASUNKE WITCO C.1840-1877) RIDING HIS STEED OUT OF THE GRANITE OF THE BLACK HILLS (HE SAPA)GESTURING FORWARD AS HE PROCLAIMS, "MY LAND S ARE WHERE MY DEAD LIE BURIED," WILL BE 641 FEET LONG AND 563 FEET HIGH WHEN COMPLETE. CR AZY HORSE'S COMPLETED HEAD CURRENTLY STANDS 87 FEET AND 6 INCHES HIGH. COMPARISONS TO OTHE R FAMOUS LANDMARKS PROVIDE PERSPECTIVE, FOR EXAMPLE, THE STATUE OF LIBERTY IS 305 FEET TAL L, THE WASHINGTON MONUMENT IS 554 FEET AND 7 INCHES HIGH, AND THE GREAT PYRAMID OF GIZA IN EGYPT STANDS 455 FEET TALL. THE CURRENT PHASE OF THE WORK IS CARVING CRAZY HORSE'S LEFT H AND, LEFT FOREARM, HAIRLINE, AND RIGHT SHOULDER, AND PART OF THE HORSE'S MANE AND HEAD. TH IS PHASE IS EXPECTED TO BE FINISHED IN 5 TO 10 YEARS. THE MOUNTAIN CREW USES LABOR- INTENS IVE TECHNIQUES FOR THIS DELICATE PHASE OF CARVING. THE CHANGES ON THE MONUMENTAL SCULPTURE ARE BECOMING MORE AND MORE VISIBLE FROM THE VISITOR CENTER, WHICH IS ABOUT ONE MILE AWAY. CRAZY HORSE MEMORIAL IS AN ACTIVE MOUNTAIN CARVING SITE AND A MODERN WONDER OF THE WORLD. AT FIRST IT MAY SEEM THAT THE GREAT CARVING IS THE WHOLE POINT OF CRAZY HORSE MEMORIAL FO UNDAION. THE CARVING IS CERTAINLY CENTRAL AS A MARVEL OF LANDSCAPE, ART, AND ENGINEERING, BUT THE SHARED VISION TO HONOR AND PRESERVE THE CULTURE OF AMERICAN INDIANS INVOLVES FAR MORE. CRAZY HORSE MEMORIAL FOUNDATION IS NOT MERELY AN ENDURING TRIBUTE, BUT ALSO A LIVING MEMORIAL, EDUCATING ALL WHO ENCOUNTER IT. THE EDUCATIONAL AND CULTURAL PROGRAMS AND ACTIV ITIES OF CRAZY HORSE MEMORIAL FOUNDATION'S INDIAN MUSEUM OF NORTH AMERICA, NATIVE AMERICAN AND EDUCATIONAL CULTURAL CENTER, AND THE INDIAN UNIVERSITY OF NORTH AMERICA EXEMPLIFY THE MEMORIAL'S EDUCATIONAL AND HUMANITARIAN PURPOSE. THE INDIAN MUSEUM OF NORTH AMERICA IS HO ME TO AN EXTRAORDINARY COLLECTION OF ART AND ARTIFACTS REFLECTING THE DIVERSE HISTORIES AN D CONTEMPORARY CULTURES OF NATIVE AMERICANS THROUGHOUT NORTH AMERICA. THE MUSEUM WAS OFFIC IALLY DEDICATED ON MAY 30, 1973, AND IT HAS GROWN SINCE ITS HUMBLE BEGINNINGS. EXHIBITS AR E CURRENTLY CHOSEN FROM OVER 11,000 ACCESSIONED PIECES OF ART AND ARTIFACTS REPRESENTING H UNDREDS OF NATIVE CULTURES THROUGHOUT NORTH AMERICA. THE INDIAN MUSEUM OF NORTH AMERICA'S CULTURAL PROGRAMS COME ALIVE THROUGH ITS EXHIBITS, NATIVE ARTISTS, MUSIC, DANCE, AND NUMER OUS EDUCATIONAL OPPORTUNITIES FOR VISITORS OF ALL AGES. NATIVE ARTISTS, NATIONAL AND LOCAL NATIVE PERFORMERS, AND LECTURERS OF VARIOUS BACKGROUNDS AND DISCIPLINES OFFERED CULTURAL PROGRAMS DURING THE 2020 SUMMER SEASON. THE VISITING PUBLIC CAN ACTUALLY EXPERIENCE THREE MUSEUMS OF CRAZY HORSE MEMORIAL. THE MOUNTAIN CARVING GALLERY AND THE ZIOLKOWSKI FAMILY LI FE MUSEUM COMPLIMENT THE INDIAN UNIVERSITY OF NORTH AMERICA SHARING THE FULL STORY OF THE MEMORIAL. CRAZY HORSE MEMORIAL IS COMMITTED TO THE PAST, PRESENT, AND FUTURE OF NATIVE NAT IONS. THE COMMITMENT TO THE FUTURE IS SPECIFICALLY REALIZED THROUGH THE INDIAN UNIVERSITY OF NORTH AMERICA, WHERE HIGHER</p>

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<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>EDUCATION, INTERNSHIP EXPERIENCES, AND NUMEROUS RESOURCES ARE PROVIDED TO NATIVE YOUTH, GUIDING THEM IN SUCCESSFULLY COMPLETING THEIR HIGHER EDUCATIONAL GOALS AND LIFE DREAMS. THE UNIVERSITY'S FIRST ACADEMIC PROGRAM COMMENCED IN THE SUMMER OF 2010 IN A NEWLY CONSTRUCTED INSTRUCTIONAL AND RESIDENTIAL FACILITY. THE SUMMER SEMESTER UNIVERSITY PROGRAMS, TITLED 7TH GEN, OFFER ACCEPTED STUDENTS THE OPPORTUNITY TO COMPLETE THEIR FIRST SEMESTER COLLEGE AT THE INDIAN UNIVERSITY OF NORTH AMERICA AND RECEIVE EXTENDED STUDENT SUCCESS COACHING THROUGH COLLEGE COMPLETION, REGARDLESS OF WHERE THEY CONTINUE THEIR COLLEGE STUDIES. THE UPPER LEVEL 7TH GEN PROGRAM EXTENDS 3-6 CREDIT HOURS TO EACH STUDENT INCLUDING AN EXPERIENTIAL LEADERSHIP CLASS. CRAZY HORSE MEMORIAL FOUNDATION FUNDS THE STUDENT TUITION, BOOKS, STUDENT PAID INTERNSHIPS, THE MAJORITY OF THE STUDENT FOOD AND LODGING COSTS, FACULTY AND STAFF SALARIES, AND FACULTY FOOD AND LODGING. IN THE FALL OF 2020, THE INDIAN UNIVERSITY OF NORTH AMERICA EXPANDED TO INCLUDE A NEW HIGHER EDUCATION PARTNER AND A NEW ACADEMIC PROGRAM. THE INDIAN UNIVERSITY'S FIRST, FULL HIGHER EDUCATION PROGRAM WAS DEVELOPED AND DELIVERED THROUGH A 15 CREDIT HOUR CERTIFICATE IN LEADERSHIP AND SUSTAINABILITY IN PARTNERSHIP WITH SOUTH DAKOTA STATE UNIVERSITY. THE PROGRAM IS TITLED, WIZIPAN, WHICH IN LAKOTA MEANS, "THE HEART OF ALL THAT IS" - A FITTING REFERENCE TO A DISTINCTIVE PROGRAM OFFERED IN THE BLACK HILLS OF SOUTH DAKOTA. ENROLLED STUDENTS LEARNED ABOUT LEADERSHIP AND SUSTAINABILITY THROUGH A HISTORIC FRAMEWORK AND AN INDIGENOUS LENS. THE PROGRAM STRATEGICALLY LEADS STUDENTS THROUGH AN ACADEMIC AND CULTURAL EXPERIENCE INVOLVING CARE OF SELF, CARE OF COMMUNITY, CARE OF THE ENVIRONMENT, AND CARE OF CULTURE. THESE ARE THE MAINSTAYS OF THE WIZIPAN PROGRAM. THE DISTINCTIVE PROGRAMS OF THE INDIAN UNIVERSITY OF NORTH AMERICA ARE UNLIKE ANY HIGHER EDUCATION EXPERIENCE IN THE WORLD. SINCE THE UNIVERSITY'S INCEPTION IN 2010, OVER 300 STUDENTS FROM OVER 40 DIFFERENT NATIVE NATIONS HAVE ENROLLED IN 7TH GEN AND WIZIPAN AND HAVE BENEFITED FROM THE STUDENT SUCCESS COACHING WHICH ENSUES. THE OVER-ARCHING GOALS OF THE INDIAN UNIVERSITY OF NORTH AMERICA INCLUDE ENGAGING STUDENTS IN A NATIVE-FOCUSED ACADEMIC EXPERIENCE AND COMMUNITY DEMONSTRATING THE VITALITY OF THE NATIVE AMERICAN PEOPLE AND PROVIDING THE NECESSARY STUDENT SUPPORT TO INCREASE COLLEGE PERSISTENCE AND COLLEGE COMPLETION RATES OF NATIVE AMERICAN STUDENTS. ANNUALLY, WHILE OFFERING STUDENT SUCCESS COACHING, THE INDIAN UNIVERSITY FACULTY AND STAFF RESEARCH THE HIGHER EDUCATION STATUS OF STUDENTS WHO SUCCESSFULLY COMPLETED ACADEMIC PROGRAMS AND CONTINUED THEIR STUDIES AT OVER 50 DIFFERENT COLLEGES AND UNIVERSITIES THROUGHOUT THE UNITED STATES. OVER THE PAST TEN YEARS, THE COMBINED COLLEGE PERSISTENCE/COLLEGE GRADUATION RATE OF RESPONDENTS HAS RANGED FROM 72-87%. COLLEGE GRADUATES ARE CURRENTLY EMPLOYED AS TEACHERS, NURSES, ATHLETIC TRAINERS, LAW ENFORCEMENT, COUNSELORS, MUSEUM PROFESSORS,</p>

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<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>NALS, A DENTALY HYGIENIST, AND IN NUMEROUS PROFESSIONAL BUSINESS CAREERS. MANY OF THE NATIVE STUDENTS WHO STARTED THEIR HIGHER EDUCATION JOURNEYS AT CRAZY HORSE MEMORIAL ARE PURSUING GRADUATE DEGREES. NATIVE AMERICAN STUDENTS REMAIN AMONG THE MOST VULNERABLE IN OUR NATION'S EDUCATION SYSTEM, 35% OF NATIVE AMERICAN STUDENTS ARE RAISED IN IMPOVERISHMENT. NATIVE STUDENTS REPRESENT ONLY 1% OF THE U.S. UNDERGRADUATE STUDENT POPULATION AND LESS THAN 1% OF THE GRADUATE STUDENT POPULATION. ONLY 17% OF NATIVE HIGH SCHOOL STUDENTS CONTINUE THEIR EDUCATION, CITING FUNDING AND GEOGRAPHIC ISOLATION AS THEIR TOP REASONS FOR NOT ATTENDING COLLEGE. AND, OF THE NATIVE STUDENTS WHO ATTEND COLLEGE, GRADUATION RATES ARE 20% LOWER OR MORE THAN NON-NATIVE STUDENTS. NATIVE AMERICANS, ESPECIALLY THOSE IN SOUTH DAKOTA, ARE A DISADVANTAGED POPULATION WITH FEW POSSESSING COLLEGE EDUCATIONS. THE UNIVERSITY IS COMMITTED TO PARTNERSHIPS WHICH PROVIDE FRESH APPROACHES TO LEARNING, TO COMPREHENSIVE, STRONG STUDENT SUPPORT BEYOND WHAT IS FOUND IN TRADITIONAL MAINSTREAM HIGHER EDUCATION, TO EXPERIENTIAL LEARNING, AND TO DEVELOPING A NEW NATIVE NARRATIVE WHICH VALIDATES, EMPOWERS, AND INSPIRES THE STUDENTS WHO ATTEND. CRAZY HORSE MEMORIAL FOUNDATION ACCEPTS NO GOVERNMENT FUNDING FOR ITS PROGRAMS OR ACTIVITIES. THE MEMORIAL IS SUSTAINED SOLELY THROUGH CONTRIBUTIONS AND ADMISSIONS TO THE MEMORIAL. CHARITABLE GIFTS ARE RECEIVED FROM INDIVIDUALS THROUGHOUT THE UNITED STATES AND THE WORLD, GIVING TESTIMONY TO THE FACT THAT CRAZY HORSE MEMORIAL FOUNDATION IS AN EDUCATIONAL AND HUMANITARIAN PUBLIC CHARITY OF INTERNATIONAL SCOPE. IT IS IMPORTANT FOR DONORS TO KNOW THAT THE FY2020 MOUNTAIN CARVING EXPENSES OF 2,922,712 ARE CAPITALIZED AND THEREFORE, REVEALED AS AN ASSET RATHER THAN A PROGRAM EXPENSE ON THE FORM 990. AS A RESULT, PROGRAM EXPENSES AS A PERCENTAGE OF TOTAL EXPENSES IN FY2020 ARE 63% ON THE FORM 990. WITH THE MOUNTAIN CARVING EXPENSES ADDED, THE PERCENTAGE IS 75%. CONSIDERING THE ACCRUAL METHOD OF ACCOUNTING USED BY CRAZY HORSE MEMORIAL, THE 990 SHOWS IT COST 6 CENTS TO RAISE A DOLLAR IN FY2020. WHEN COMPUTING EXPENSE AGAINST ACTUAL CHARITABLE GIFTS RECEIVED IN FY2020, THE COST TO RAISE A DOLLAR WAS 14 CENTS. CRAZY HORSE MEMORIAL FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS AND LED BY AN EXECUTIVE MANAGEMENT TEAM COMPRISED OF THE CEO AND A PRESIDENT/COO. EACH EXECUTIVE LEADER HAS DISTINCTIVE RESPONSIBILITIES, MANY OF WHICH ARE ATTRIBUTED TO THE MOUNTAIN CARVING, MUSEUMS, AND UNIVERSITY IN ADDITION TO MANAGEMENT AND FUNDRAISING.</p>

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FORM 990, PAGE 6, PART VI, LINE 2	MONIQUE ZIOLKOWSKI JADWIGA ZIOLKOWSKI CEO/DIRECTOR CEO/DIRECTOR FAMILY RELATIONSHIP MONIQUE ZIOLKOWSKI VAUGHN ZIOLKOWSKI CEO/DIRECTOR DIRECTOR FAMILY RELATIONSHIP JADWIGA ZIOLKOWSKI VAUGHN ZIOLKOWSKI CEO/DIRECTOR DIRECTOR FAMILY RELATIONSHIP

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FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY A LICENSED CPA. MANAGEMENT PROVIDES A COPY OF THE COMPLETED FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD IN A TIMELY MANNER TO ALLOW THE COMMITTEE THE OPPORTUNITY TO CONDUCT AN IN-DEPTH REVIEW BEFORE IT IS FILED. THE VP OF FINANCE AND PRESIDENT/COO CONSULT WITH THE AUDIT COMMITTEE ON THE CONTENTS OF THE 990. THE AUDIT COMMITTEE REPORTS ITS FINDINGS TO THE BOARD OF DIRECTORS. ALL BOARD MEMBERS RECEIVE THE 990 PRIOR TO FILING WITH THE IRS.

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FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS THE BOARD OF DIRECTORS AND OTHER KEY EMPLOYEES. THE POLICY AND THE ACCOMPANYING ANNUAL DISCLOSURE FORMS ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. AT THE BEGINNING OF EACH MEETING, THE CHAIRMAN OF THE BOARD INQUIRES IF ANY MEMBER HAS A CONFLICT OF INTEREST WITH THE AGENDA AND IF SO WHAT THE CONFLICT IS. IF THERE IS A CONFLICT OF INTEREST, THE BOARD WILL DECIDE WHETHER TO PROCEED WITH THE ITEM AND IF SO, THE MEMBER WITH THE CONFLICT IS EXCLUDED FROM VOTING. ALL BOARD MEMBERS ARE ALSO REQUIRED TO DISCLOSE TO THE BOARD CHAIRMAN ANY POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE OUTSIDE OF SCHEDULED MEETINGS. FINALLY, IN SEPTEMBER OF EACH YEAR, ALL BOARD MEMBERS COMPLETE AND SIGN A WRITTEN CONFLICT OF INTEREST DISCLOSURE.

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FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CEO AND PRESIDENT/COO IS BASED ON A YEARLY PERFORMANCE REVIEW PERFORMED BY THE COMPENSATION AND PERSONNEL COMMITTEE, WHICH IS COMPOSED OF INDEPENDENT BOARD MEMBERS. THE COMPENSATION AND PERSONNEL COMMITTEE ALSO REVIEWS SALARIES FOR COMPARABLE POSITIONS ON A NATIONAL LEVEL OF OTHER NONPROFIT AND GOVERNMENTAL ORGANIZATIONS TO ASSIST IN DETERMINING THE CEO'S AND THE PRESIDENT/COO'S COMPENSATION. ADDITIONAL STATISTICS ANALYZED INCLUDE THE ECONOMIC RESEARCH INSTITUTE EXECUTIVE COMPENSATION SURVEY DATA AND GUIDESTAR'S ANNUAL NONPROFIT COMPENSATION REPORT.

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FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION FOR EMPLOYEES OF THE FOUNDATION, TO INCLUDE THE VP OF FINANCE, IS THAT THE COMPENSATION AND PERSONNEL COMMITTEE ANNUALLY APPROVES A PERCENTAGE RANGE FOR AN OVERALL INCREASE IN COMPENSATION. THIS RANGE IS BASED ON A REVIEW OF THE PROPOSED BUDGET FOR THE UPCOMING YEAR AND THEIR KNOWLEDGE OF OTHER ORGANIZATIONS IN THE AREA.

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FORM 990, PAGE 6, PART VI, LINE 17	MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA, DIST OF COLUMBIA

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FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AFTER RECEIVING THE REQUEST, ITEMS WILL EITHER BE MAILED OR BE AVAILABLE FOR PICK UP. THE FORM 990 IS ALSO MADE PUBLIC TO THE WORLD AT WWW.GUIDESTAR.ORG FOR ANYONE WHO SETS UP A FREE ACCOUNT.

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FORM 990, PART VII	<p>IN CALENDAR YEAR 2019, THE VP OF FINANCE'S REPORTABLE COMPENSATION WAS PAID BY THE FOUNDATION AND PARTIALLY REIMBURSED BY KORCZAK'S HERITAGE, A COMPANY OWNED BY THE ZIOLKOWSKI FAMILY, FOR ACTUAL TIME SPENT ON KORCZAK'S HERITAGE ACTIVITIES. BEGINNING IN JANUARY 2020, THE VP OF FINANCE'S COMPENSATION WAS NO LONGER SHARED BY CRAZY HORSE MEMORIAL FOUNDATION AND KORCZAK'S HERITAGE. THE VP OF FINANCE) IS SOLELY EMPLOYED BY CRAZY HORSE MEMORIAL FOUNDATION. THE FOUNDATION WAS CREATED BY KORCZAK ZIOLKOWSKI IN 1948. HIS FAMILY GREW UP SHARING HIS DREAM AND HELPING HIM ON THE MOUNTAIN AND IN THE VISITOR CENTER. KORCZAK INSTILLED IN HIS FAMILY THE KNOWLEDGE AND SKILLS NECESSARY TO COMPLETE HIS WORK, AS WELL AS A STRONG BELIEF IN CRAZY HORSE. SINCE HIS DEATH IN 1982, HIS WIFE RUTH (WHO PASSED AWAY IN 2014) AND MANY OF HIS CHILDREN AND GRANDCHILDREN CONTINUE TO MAKE HIS DREAM A REALITY. ALTHOUGH THEIR INVOLVEMENT IN THE FOUNDATION IS SIGNIFICANT, THEY ARE SUPPORTED BY ADDITIONAL INDEPENDENT BOARD MEMBERS AND MANAGEMENT AND STAFF WHO GUIDE AND DIRECT THE FOUNDATION'S MISSION.</p>

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FORM 990, PART XI, LINE 9	CAMPGROUND RENTAL EXPENSE 53,970 INVENTORY COST OF SALES 155 COST OF FUNDRAISING 26,500 CAMPGROUND RENTAL EXPENSE -53,970 INVENTORY COST OF SALES -155 COST OF FUNDRAISING -26,500