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. For the 2021 calendar year, or tax year beginning 7 / 01 / 21 and ending 06 / 30 / 22

2021 Open to Public Inspection

OMB No. 1545-0047

	1 01 111	c 2021 calcindar year, or tax year beginning 7 / 0 ± / 2 ± ; and chaing 00 / 30 / 3	44		
В	Check if a	applicable: C Name of organization		D Employe	r identification number
	Address of	change First Nations Development Institut	е	1	MI/
同	Name cha	Doing business as			254491
二		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number 774-7836
-	Initial retu Final retu	·		303-	//4-/830
	terminated			• 0	eipts\$ 42,441,504
	Amended	return F Name and address of principal officer:	1	<b>G</b> Gross rec	eipis\$ 42,441,504
П	Application	n pending   Michael Roberts	H(a) Is this a gro	oup return for	subordinates? Yes X No
ш		MICHAEL RODELCS	H(b) Are all sub	nordinates inc	luded? Yes No
			1 '''		See instructions
_	Toy over	mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	┤		
÷	Website:	`	H(a) Craus ava	annetion numb	<b>N</b>
			H(c) Group exerting $1$		M State of legal domicile: VA
	Part I	Summary	real of formation	903	M State of legal domicile. VA
•	1	Briefly describe the organization's mission or most significant activities:			
Ģ	' '	To strengthen American Indian economies to support h	ealthy Na	 .t i v.e	
anc		communities.	.carcily Iva		
ern		Community Class			
Governance	2	Check this box ▶ if the organization discontinued its operations or disposed of more than	25% of its net a	 Issets	
<u>ფ</u>	1	Number of votion against one of the against the Act (Bott M. For Act)		اما	8
		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			<del></del>
Activities	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		. 5	34
듅		Fotol number of volunteers (estimate if necessary)			7
⋖		Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12			0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
	-	tot amound such occurs in common month of the first and	Prior Yea		Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	30,099	671	40,246,113
	9 F	Program service revenue (Part VIII, line 2g)	237	7,070	160,505
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,433	3,784	2,027,736
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22	2,250	7,150
	1	Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,792	2,775	42,441,504
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,850		11,111,200
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,359	,616	2,976,128
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
be	b 7	Fotal fundraising expenses (Part IX, column (D), line 25) ► 607,644			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,633	3,747	3,454,647
	18 7	Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,843		17,541,975
	19 F	Revenue less expenses. Subtract line 18 from line 12	19,948	3,996	24,899,529
Net Assets or	Ź		Beginning of Cur		End of Year
Sset	20	Total assets (Part X, line 16)	51,116		70,635,759
et A	21	Total liabilities (Part X, line 26)		,986	2,445,638
	•	Net assets or fund balances. Subtract line 21 from line 20	50,000	), <u>138</u>	68,190,121
	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepa			y knowledge and belief, it is
	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepared.	rei nas any know	Teage.	
٠.		St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sig		Signature of officer		Date	
He	re	Michael Roberts Presi	<u>dent</u>		
		Type or print name and title	D-4-	1	□ DTIN
Pai	Ч	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
		Tiffany Knight Tiffany Knight	<u> </u>	/23 self-em	ployed P01725779
	parer Only	Firm's name	F	irm's EIN	
USE	Unity	475 Lincoln St, Ste 200			202 524 5052
		Firm's address Denver, CO 80203		hone no.	303-534-5953
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		7.7
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	•		v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		71	
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	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	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.,		- 22
.0	Part VIII lines to and 902 if "Vas " complete Schodulo C. Part II	18		Х
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	19		Х
20a	Did the appropriate and appropriate for the facilities of the faci	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	Х	

	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	7	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	W		
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	<b>o</b> ,	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			٠,,
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		~
L	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		
С	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	- 25	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	-		
-	complete Schodule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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	<u></u>	<u>.</u>	Ш
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	x	
	reportable damping damping winnings to prize winners?	1 10	ιX	1

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		7	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		v
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and conjugate provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			37
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_^
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans  13b			
C	Enter the amount of reserves on hand	445		37
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Vee" has it filed a Form 720 to report these payments? If "No." provide an explanation on School to O	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	iction
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or		Yes	No
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders or persons other than the governing hody?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing hody?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
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,	ME	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
•-	financial statements available to the public during the tax year.			
20 ml	State the name, address, and telephone number of the person who possesses the organization's books and records			
	nalia Mack 2432 Main Street, 2nd Fl.	77	<i>1</i> 7	026

Form 990 (2021) Firs	t Nations	Development	Institute54-1254	1491

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

1	Check this box if neither the	organization nor an	ny related organization	compensated an	v current officer.	director, or trustee.
	Chook this box in holdren the	organization nor an	iy rolatoa organization	compensated an	y ourrors onloor,	direction, or tradice.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Benny Shendo, J	r. 2.00 0.00	Х		Х				0	0	0
(2) Marguerite Smit										
Vice Chair	0.00	X		X				0	0	0
(3) Susan Jenkins										
Treasurer	2.00	Х		X				0	0	0
(4)Shyla Sheppard										
Secretary	2.00	Х		Х				0	0	0
(5) Chandra Hampson										
Director	2.00	Х						0	0	0
(6) Gelvin Stevenso	n									
Director	2.00	Х						0	0	0
(7)Monica Nuvamsa	0.00									
Director	2.00	Х						0	0	0
(8)Michael Roberts										
President	40.00	Х		Х				221,260	0	16,603
(9)Thalia Mack	40.00									
Finance Officer	40.00			Х				78,714	0	12,497
(10)										
(11)										
										F QQQ (0004)

Pa	rt VII Section A. Officer	s, Directors, Tr	uste	ees,	Key	Em	nploy	ees	, and	Highest Compens	sated Employees (c	continue	ed)			
	(A) Name and title	(B) Average hours per week	offi	x, unle icer ar	ess pe	ition more rson directo	than o	an ee)		(D) Reportable compensation from the	(E) Reportable compensation from related			(F) imated of oth	amount ier	
	Publ	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	9	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)			from t ganization ed orga		s
										000 054					20 1	0.0
С	Subtotal  Total from continuation she	eets to Part VII,	, Se	ction	1 A			<b>&gt;</b>		299,974					29,1	
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (in	ncluding but not	limit	ed to				abo	ve) w	299,974 ho received more th					<u> 29,1</u>	_00
3	reportable compensation from  Did the organization list any for				ucto	o k	01/ 02	onlo	W00	or highest compans	otod				Yes	No
4	employee on line 1a? <i>If</i> "Yes, For any individual listed on lin	" complete Sche	dule	Jfc	or su	ch ii	ndivia	lual					[	3		X
•	organization and related orga		r tha	an \$1	150,0	000?	If "Y	'es,"	" com	plete Schedule J for				4	Х	
5	Did any person listed on line for services rendered to the o	1a receive or ac	ccrue	e con	npen	ısati	on fro	om a	any u	nrelated organization				5		X
	ion B. Independent Contrac	tors													•	
1	Complete this table for your f compensation from the organ	ization. Report of								ear ending with or v	within the organization	n's tax	year.		(C)	
	Name and	(A) I business address	—							Descri	(B) ption of services			Co	(C) mpensati	ion
2	Total number of independent									sted above) who						
DAA	received more than \$100,000	of compensatio	n fro	om th	ne oi	rgan	izatio	n ►	<u> </u>		0	1		Form	990	(2021)

Pa	rt V			<b>of Revenue</b> nedule O con	tains	a respo	onse or no	ote to any line in	this Part VIII		П
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
<b>'</b> 0						10	00	ooti	$\circ$		sections 512-514
ants	1a	Federated camp	paigns		1a						
يَق ق	b	Membership du	es		1b						
ts, Ar	С	Fundraising eve	ents		1c						
흹	d	Related organiz	zations	S	1d						
Sin,	е	Government grants (d	contributi	ions)	1e		866,476				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n			1f	39,	379,637				
들	g	Noncash contributions	include	d in							
Por		lines 1a-1f			1g		158,236	40 046 112			
<u>၀                                    </u>	<u> </u>	Total. Add lines	s 1a–1	<u> </u>				40,246,113			
۵.	2-		-				Business Code		124,075		
<u>Vice</u>	2a						900099		32,830		
že.	b			5 			900099		3,600		
Program Service Revenue	4			nd Other			700077	3,000	3,000		
ogga	u a										
Ā	f	All other progra		vice revenue							
		Total. Add lines						160,505			
		Investment inco						,			
								1,924,405			1,924,405
	4	Income from inv	milar amounts) from investment of tax-exempt bond proceed								
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a	7	,150						
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c	7	,150						
	d	Net rental incom	ne or	(loss)			<u></u>	7,150			7,150
	1 a	sales of assets	sales of assets		(ii)	Other					
•		other than inventory	7a	103,	,331			_			
Revenue	b	Less: cost or other									
eve		basis and sales exps.		100	221						
		Gain or (loss)		103,				102 221			102 221
Other		Net gain or (loss					······ <b>•</b>	103,331			103,331
0	ва	Gross income from									
		(not including \$ of contributions re									
		1c). See Part IV, I	•		8a						
	h	Less: direct exp			8b			-			
		Net income or (				 S					
		Gross income fi		-	1						
		activities. See P	_	_	9a						
	b	Less: direct exp			9b						
		Net income or (			tivities						
	10a	Gross sales of i	invent	ory, less							
		returns and allo	wance	es	10a						
	b	Less: cost of go	ods s	old	10b						
	С	Net income or (	loss) 1	from sales of inv	ventory	<u>′</u>	<u></u>				
ns							Business Code				
e eo	11a	• • • • • • • • • • • • • • • • • • • •									
en	b										
Miscellaneous Revenue	С										
Ē		All other revenu									
		Total revenue					······ <b>P</b>	42,441,504	160,505	0	2.034.886
	. /	LUIAL LEVENIIA	. JUE	a assurance and the second			_	1 44,441,004	1 100,000		4,034,000

	on 501(c)(3) and 501(c)(4) organizations must	complete all columns. All		complete column (A).	[ <del></del> ]
	Check if Schedule O contains a response include amounts reported on lines 6b, 7		(B)	(C)	X
	ot include amounts reported on lines 66, 7 b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		S.C.D. S.	general expenses	САРОПОСО
•	and domestic governments. See Part IV, line 21	9,678,212	9,678,212		
2	Grants and other assistance to domestic	2,0.0,===	5,5.5,===		
	individuals. See Part IV, line 22	1,432,988	1,432,988		
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	359,352	171,063	161,384	26,905
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 067 400	1 501 206	0.41 772	204 040
7	Other salaries and wages	2,067,408	1,501,386	241,773	324,249
8	Pension plan accruals and contributions (include	40 174	25 447	E 017	7 710
^	section 401(k) and 403(b) employer contributions)	48,174 315,427	35,447 225,165	5,017 42,513	7,710 47,749
9 10	Other employee benefits	185,427	128,693	30,004	27,070
11	Payroll taxes Fees for services (nonemployees):	103,707	120,093	30,004	27,070
a h	Management	3,123	2,993	128	2
C	Legal Accounting	3,123	2,000	120	
	Lobbying				
	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	1,946,295	1,865,502	79,483	1,310
12	Advertising and promotion				
13	Office expenses	322,596	193,197	80,841	48,558
14	Information technology	155,129	42,108	68,640	44,381
15	Royalties				
16	Occupancy	80,478	34,801	41,315	4,362
	Travel	224,077	204,103	12,324	7,650
18	Payments of travel or entertainment expenses	3			
	for any federal, state, or local public officials	70 424	60.004	10 050	071
19	Conferences, conventions, and meetings	79,434	68,904	10,259	271
20	Interest	22,423		22,423	
21	Payments to affiliates	20 100		20 100	
22	Depreciation, depletion, and amortization	38,498 24,775		38,498 24,775	
23	Insurance Other expenses. Itemize expenses not covered	24,773		24,773	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Other expenses	307,261	85,578	185,846	35,837
b	Equip. & software maint.	150,067	128,993	21,074	337037
С	Printing & publications	100,491	56,117	12,784	31,590
d		/	, '		,
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,541,975	15,855,250	1,079,081	607,644
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				
DA 4	following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2021)

P	art )	X Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
				_	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	2 10	actic	Bogining of year	1	End of year
	2	Savings and temporary cash investments			1,858,739	2	23,897,884
	3	Savings and temporary cash investments	با ال		5,637,051	3	5,287,813
	4	A a a a unitar una a a incidada a a a t			174,540	4	60,000
	5	Loans and other receivables from any current or form			1/4,540	7	00,000
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these per				5	
	6	Loans and other receivables from other disqualified p					
(O	"	under section 4958(f)(1)), and persons described in s	,			6	
Assets	7					7	
As	8	Notes and loans receivable, net				8	
	9				74,749	9	49,560
	-	Prepaid expenses and deferred charges	1		14,140	9	47,300
	'04	basis. Complete Part VI of Schedule D	102	1,127,270			
	h	Less: accumulated depreciation		352,796	769,884	10c	774,474
	11	Investments—publicly traded securities		,	42,601,161	11	40,566,028
	12	Investments—other securities. See Part IV, line 11			12,001,101	12	40,300,020
	13	Investments—program-related. See Part IV, line 11		·····		13	
	14	latera elle la casa etc				14	
	15					15	
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line	33)		51,116,124	16	70,635,759
	17	Accounts payable and accrued expenses			80,112	17	155,295
	18	Grants payable			1,035,874	18	2,290,343
	19	Deferred revenue		·····	1,033,071	19	2/2/0/313
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	/ of Sche	dule D		21	
(O	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substantial					
ig		controlled entity or family member of any of these per				22	
Ë	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2					
		of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,115,986	26	2,445,638
<u></u>		Organizations that follow FASB ASC 958, check					
Ö		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			19,496,251	27	22,098,800
ä	28			· · · · · · · · · · · · · · · · · · ·	30,503,887	28	46,091,321
ဋ		Organizations that do not follow FASB ASC 958,	check h	ere ▶			
Ē		and complete lines 29 through 33.		_			
Ō	29	One it all the all the set which all an assume at founds				29	
set	30	Paid-in or capital surplus, or land, building, or equipm				30	
As	31	Retained earnings, endowment, accumulated income,				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			50,000,138	32	68,190,121
_	33	Total liabilities and net assets/fund balances	<u> </u>		51,116,124	33	70,635,759

Form **990** (2021)

Form	n 990 (2021) First Nations Development Institute54-1254491				Pag	je <b>12</b>
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	2,44	11,5	04
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	7,54	11,9	<u>75</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	24	1,89	9,5	<u> 29</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50	0,00	0,1	<u>.38</u>
5	Net unrealized gains (losses) on investments	5	-6	5,70	9,5	<u> 46</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	68	3,19	0,1	21
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	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?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
32	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 on Schedule O and describe any steps taken to undergo such audits .

Form **990** (2021)

3b

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

OMB No. 1545-0047

Open to Public

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Inspection

_		+		is Development			/	154-125		_
	art l			/ Status. (All organizatio				is part.) See instr	uctions.	_
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12	, check o	nly one b	ox.)			
1	Ш	A church, co	nvention of churches, or as	sociation of churches described	d in <b>sect</b> i	ion 170(l	o)(1)(A)	(i).		
2	Ш	A school des	scribed in section 170(b)(1)	<b>)(A)(ii).</b> (Attach Schedule E (Fo	orm 990).)	)				
3		A hospital or	a cooperative hospital serv	rice organization described in s	section 1	70(b)(1)(	A)(iii).			
4	П	A medical re	search organization operate	d in conjunction with a hospita	I describe	ed in <b>sec</b>	tion 17	<b>'0(b)(1)(A)(iii).</b> Enter th	e hospital's name,	
	_	city, and stat	e:							
5			ion operated for the benefit	of a college or university owner					in	
6			(b)(1)(A)(iv). (Complete Par	•	acetion	470/b\/4	/ <b>A</b> \/. A			
6	H		=	governmental unit described in				ou fuous the amount will	- II	
7	X	•	section 170(b)(1)(A)(vi).	substantial part of its support f Complete Part II.)	rom a go	vernmen	ai unit	or from the general pul	OIIC	
8	Ш	A community	trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete Pa	art II.)					
9	Ш		or a non-land-grant college	scribed in <b>section 170(b)(1)(A</b> of agriculture (see instructions)	. Enter th					
10		An organizati receipts from support from	ion that normally receives (1 activities related to its exer gross investment income a	npt functions, subject to certain d unrelated business taxable 30, 1975. See <b>section 509(a)</b> (3)	oport from exceptio income (l	ns; and ( less secti	2) no m on 511	nore than 331/3% of its		••
11	П		=	exclusively to test for public sa				(4)		
12	Н	_	=	exclusively for the benefit of, to	-				moses of	
12	Ш	-		tions described in <b>section</b> 509	•					
				escribes the type of supporting						
	а	the suppo	orted organization(s) the pov	perated, supervised, or controlle wer to regularly appoint or elect complete Part IV, Sections A	t a majori		_		giving	
	b			upervised or controlled in conn		th ite eun	norted i	organization(s) by hav	ina	
		control or	r management of the suppo	rting organization vested in the e Part IV, Sections A and C.					=	
	С	Type III its suppo	functionally integrated. A orted organization(s) (see in	supporting organization operat structions). You must complete	ed in cor	nection \	vith, an	d functionally integrated, and E.	d with,	
	d	Type III that is no	non-functionally integrated transfer of the functionally integrated. The	ed. A supporting organization of eorganization generally must see	perated i satisfy a	n connec	tion wit n requii	h its supported organizement and an attentive	` ,	
		_ ·	,	must complete Part IV, Secti						
	е			ceived a written determination for on-functionally integrated support			ıs a Ty	pe i, Type ii, Type iii		
	f		mber of supported organiza	tions						
	g			the supported organization(s).						_
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v	) Amount of monetary	(vi) Amount of	_
(1)		anization	(") = "	(described on lines 1–10		ur governing	(*	support (see	other support (see	
				above (see instructions))	docur	ment?		instructions)	instructions)	
					Yes	No				_
(A)										
(B)										_
(C)										_
(D)										_
(E)										_
										_

990) 2021 First Nations Development Institute54-1254491

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			4 1			
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1112	he	GUO		JUP	y
	include any "unusual grants.")	7,307,859	18,643,524	15,133,860	30,099,671	40,246,113	111,431,027
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	7,307,859	18,643,524	15,133,860	30,099,671	40,246,113	111,431,027
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)						00 075 004
6	Public support. Subtract line 5 from line 4.						28,275,224
<u>6</u>	tion B. Total Support						83,155,803
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	7,307,859	18,643,524	15,133,860	30,099,671	40,246,113	111,431,027
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	7,307,639	10,043,324	13,133,600	30,099,071	10,210,113	111,431,027
	similar sources	302,655	374,256	637,235	1,195,775	1,931,555	4,441,476
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.)		1,525	15,390			16,915
11	<b>Total support.</b> Add lines 7 through 10						115,889,418
12	Gross receipts from related activities, etc						935,671
13	First 5 years. If the Form 990 is for the	•		•		` ' ' '	
<u></u>	organization, check this box and stop he	re					▶
	tion C. Computation of Public	<u> </u>	<del>_</del>				
14	Public support percentage for 2021 (line 6	6, column (f) divide	d by line 11, colu	mn (f))		14	71.75%
15	Public support percentage from 2020 Sch	edule A, Part II, lir	ne 14				69.76%
16a	<b>33 1/3% support test—2021.</b> If the orga				is 33 1/3% or mor	e, check this	<b>▶</b> \\ \[ \sigma \]
	box and <b>stop here.</b> The organization qua						▶ 🗓
b	<b>33 1/3% support test—2020.</b> If the organization this box and <b>stop here.</b> The organization						▶ □
17a							
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the f			-		-	. 🗀
_	organization						▶ ∐
b	10%-facts-and-circumstances test—2	<b>020.</b> If the organiza	ation did not chec	k a box on line 13	, 16a, 16b, or 17a	, and line	
	15 is 10% or more, and if the organizatio				-	-	
	in Part VI how the organization meets the			-			<u> </u>
40	organization						▶ □
18	<b>Private foundation.</b> If the organization d						▶ □
	instructions						P <u></u>

#### Part III

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1112	bhe	<u> </u>		ノロト	ly
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		•			•	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u>Sac</u>	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	(a) 2017	(b) 2016	(c) 2019	(u) 2020	(e) 2021	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	_	, second, third, fou	urth, or fifth tax yea	ar as a section 50	1(c)(3)	. $\vdash$
<u></u>	organization, check this box and stop he						<b></b> <u> </u>
	tion C. Computation of Public			(0)		1.5	1 0/
15	Public support percentage for 2021 (line 8						%
16 Soc	Public support percentage from 2020 Sch						%
	tion D. Computation of Investm			12 column (f)		17	
17 40 I	Investment income percentage for 2021						%
	nvestment income percentage from 2020						%
ıya	33 1/3% support tests—2021. If the org						
b	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2020. If the org	=	=			=	
IJ	line 18 is not more than 33 1/3%, check t						
20	<b>Private foundation.</b> If the organization of	-	•	•		•	
	9		, , , , , , , , , , , , , , , , , , , ,				

#### Supporting Organizations Part IV

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? 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,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

П		Yes	No
		<b>y</b>	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	36		
	10a		
	. 54		
	10b		
che	dule A	(Form 9	90) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Cast	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		1	
			Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sacti	the supported organization(s). ion D. All Type III Supporting Organizations	1 1		
Jecu	ion b. All Type III Supporting Organizations		Yes	No
4	Did the ergenization provide to each of its supported ergenizations, by the last day of the fifth month of the		162	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion 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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	o. no oupported organizations. It is on accombo the direction for played by the organization in this regard.			

Schedule A (Form 990) 2021 FIRST NATIONS DEVELOPMENT			491 Page t
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			
instructions. All other Type III non-functionally integrated supporting organizations m	ust co	mplete Sections A through	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
- Public Inchaction	$\Delta$		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type	e III supporting organization	n
(see instructions).			

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1_	Amounts paid to supported organizations to accomplish exempt purp	oses			
2	Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity		n Co	DV	
3_	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations			
4_	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)			
6_	Other distributions (describe in Part VI). See instructions.				
	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organizations	zation is responsive			
	(provide details in Part VI). See instructions.				
9_	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	T			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required-explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Evenes from 2020				
	Excess from 2021				

DAA Schedule A (Form 990) 2021

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer** identification number

-1254491 Nations First Development Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

First Nations Development Institute

Employer identification number 54-1254491

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.1		\$1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 2		\$ 1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 3		\$ 1,500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Nume, address, and En 1 4	Total Contributions	Person X				
		\$ 5,000,000	Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	\$ 5,000,000  (c)  Total contributions	Noncash (Complete Part II for				
		(c)	Noncash (Complete Part II for noncash contributions.)				
No.		(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for				

First Nations Development Institute

Employer identification number 54-1254491

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 7		\$1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 8		\$ 1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
9		\$ 1,500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	Name, address, and Zii + 4	\$ 4,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.11.		\$ 1,700,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.12.		\$ 1,500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization First Nations Development Institute

Employer identification number 54-1254491

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.13.		\$1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number 54-1254491

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Amazon Stock 6... \$ 5,000,000 12/20/21 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) . . . . . . \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ ...... (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

## SCHEDULE C (Form 990)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

<sup>27</sup> **202**1

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

,	(See separate instructions), then				
	Section 501(c)(4), (5), or (6) organizations: Complete Part I	II.		Employer iden	tification number
INam	ne of organization				
Da	First Nations Devel rt I-A Complete if the organization is exe			54-12544	
<u>га</u> 1		•	· ·		zation.
•	definition of "political campaign activities."	ect political campaign activitie	S III Fait IV. See I	HStructions for	
2	Political campaign activity expenditures. See instructions			▶ ¢	
3	Volunteer hours for political campaign activities. See instructions				
	rt I-B Complete if the organization is exe				
1 1	Enter the amount of any excise tax incurred by the organi			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 49			
3	If the organization incurred a section 4955 tax, did it file F	form 4720 for this year?		······································	☐ Yes ☐ No
	Was a correction made?				
	If "Yes," describe in Part IV.				🗀 🗀 .
	rt I-C Complete if the organization is exe	mpt under section 501	(c), except se	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	tion for section 527 exempt fu	nction		
	activities			▶ \$	
2					
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Er				
	line 17b			<b> ▶</b> \$	
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No
5	Enter the names, addresses and employer identification n	number (EIN) of all section 527	7 political organiza	tions to which the filin	g
	organization made payments. For each organization listed	I, enter the amount paid from	the filing organization	tion's funds. Also ente	r
	the amount of political contributions received that were pr	omptly and directly delivered t	to a separate politi	cal organization, such	
	as a separate segregated fund or a political action commi	ittee (PAC). If additional space	is needed, provid	e information in Part	V.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				rundo. Il riorio, cintor o .	delivered to a separate
					political organization.  If none, enter -0
					ii fiorie, eriter -o
(1)					
(2)					
(2)					
(3)					
(0)					
(4)					
` '					
(5)					
(6)					
		İ	ı		l

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

Sch	nedule C (I	Form 990) 2021 F11St	Nations Development Insti	<u>tute54-125449</u>	⊥ Page ∡
P	art II-A	Complete if the organize section 501(h)).	ation is exempt under section 501(c)(3)	and filed Form 576	8 (election under
A	Check	▶ ☐ if the filing organization b	elongs to an affiliated group (and list in Part IV	each affiliated group n	nember's name,
		address, EIN, expenses,	and share of excess lobbying expenditures).		
В	Check	if the filing organization of	checked box A and "limited control" provisions a	ipply.	MA
		(The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total I	obbying expenditures to influence pul	olic opinion (grassroots lobbying)	0	
			egislative body (direct lobbying)	0	
			nd 1b)	0	
		exempt purpose expenditures		16,934,331	
	e Total	exempt purpose expenditures (add line		16,934,331	
	f Lobby	ing nontaxable amount. Enter the amo			
	colum	ns.	-	996,717	
	If the a	amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over	er \$500,000	20% of the amount on line 1e.		
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$	617,000,000	\$1,000,000.		
	<b>g</b> Grassi	roots nontaxable amount (enter 25% of	of line 1f)	249,179	
	h Subtra	act line 1g from line 1a. If zero or less,	enter -0-	0	
		act line 1f from line 1c. If zero or less,		0	
	j If there	e is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 472	0	
		ng section 4911 tax for this year?			Yes No
			4-Year Averaging Period Under Section 501(	(h)	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total						
2a Lobbying nontaxable amount	498,425	636,305	725,350	996,717	2,856,797						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,285,196						
c Total lobbying expenditures				0							
d Grassroots nontaxable amount	124,606	159,076	181,338	249,179	714,199						
e Grassroots ceiling amount (150% of line 2d, column (e))					1,071,299						
f Grassroots lobbying expenditures				0							

Schedule C (Form 990) 2021

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT fi	led F	orm !	5768		
	• • • • • • • • • • • • • • • • • • • •	(a	a)		(b)	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	U			y		
	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?						
С	Media advertisements?			L			
d	Mailings to members, legislators, or the public?			<u> </u>			
е	Publications, or published or broadcast statements?			<u> </u>			
				<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	.		<u> </u>			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	.		<u> </u>			
	Other activities?			<u> </u>			
•	Total. Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	(5), c	or sec	tion		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1_	<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior				3		
rai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."					ine 3	3, is
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).			l			
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4				
_5	Taxable amount of lobbying and political expenditures. See instructions		5				
Par	rt IV Supplemental Information						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Part II-A,	lines	1 and			

DAA Schedule C (Form 990) 2021

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number Nations Development Institute 54-1254491 First Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X .....

Part	t III Organizations Maintaini	ng Collections of	of Art, Historical	Treasures, or O	ther Similar Ass	ets (coi	าtinเ	ıed)
		ssion, and other record	ds, check any of the fo	ollowing that make sig	gnificant use of its			
a b	Public exhibition Scholarly research Preservation for future generations		- 1	=	Cor	)\/		
<b>4</b> F	Provide a description of the organization's	collections and expla	in how they further the	e organization's exem	pt purpose in Part	y		
<b>5</b> D	During the year, did the organization solic		,	•		П.,		١
			s part of the organization	on's collection?		Yes		No
- Tail		_	s" on Form 990, F	Part IV, line 9, or	reported an amo	unt on F	orm	
	1 1 1 E 000 B ( )/0		•			Yes		No
<b>b</b> If						Amount		
сЕ	Beginning balance				1c			_
e D	Distributions during the year				1e			
f E	Ending balance				1f			
<b>2a</b> [	Did the organization include an amount or	n Form 990, Part X, lir	ne 21, for escrow or cu	ıstodial account liabilit	y?	Yes		No
		III. Check here if the	explanation has been	provided on Part XIII				
Part		1.07	" <b>-</b>	5 / B / B / A 6				
	Complete if the organizat				l	l		
				8,309,586		3,12	<u>.</u> / ,	700
		12,703,952	20,000		3,000,000			
		-812 <i>444</i>	829 022	124 959	181 886			
	Pronto ar achalarahina	012,111	025,022	124,000	101,000			
		11,635	408,269	12,508				
		,		•				
		20,802,663	8,862,790	8,422,037	8,309,586	3,12	27,	700
		urrent year end balan	ce (line 1g, column (a)	) held as:				
b F	Permanent endowment $\triangleright 38.64\%$							
		should equal 100%						
		·	zation that are held an	d administered for the	<u> </u>			
				a aa		\[\bar{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	'es	No
	•							
	III Deleted conscientions					2-(::)		Χ
<b>b</b> If						3b		
<u>4</u> [	Describe in Part XIII the intended uses of	the organization's end	dowment funds.					
Part	, ,	• •			_			
								0
	Description of property	1 , ,	''			(d) Book va	alue	
4 - 1	and .	<u> </u>	,	·	spreciation	27	1 0	01
	b							
	•		04	14,140	Z3U,Z3I	39.	L , C	93
			11	0.243	102.545		7 6	9.8
							. , .	, , 0
	Add lines 1a through 1e. (Column (d) mu		art X, column (B), line	10c.)		774	1,4	74

Part VII	Investments – Other Securities.	n Form 000 Port IV	line 11h See Form 00	O Port V line 12
	Complete if the organization answered "Yes" o  (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(,,	Cost or end-of-ye	
(1) Financial	derivatives	Octio		M/
(2) Closely he	eld equity interests			
(3) Other		00110		
(A)		_		
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	E 000 D ( I) /	" 44 O E 00	00 D ( ) ( )' 1' 40
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 99	90, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.  Complete if the organization answered "Yes" or	n Form 000 Dort IV	ling 11g or 11f Cog E	Corm 000 Dort V
	line 25.	iii Fuiiii 990, Fait IV,	ille Tie Of Til. See F	OIIII 990, Pait A,
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	
	uncertain tax positions. In Part XIII, provide the text of the fo			eports the
organization's	liability for uncertain tax positions under FASB ASC 740. Ch	eck here if the text of the f	ootnote has been provided i	in Part XIII

Pa	art XI Reconciliation of Revenue per Audited Financial Stateme		Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, P.	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	35,731,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
		2a -6,709,546		m\/
b		2b		
С	· · · · · · · · · · · · · · · · · · ·	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	<u>-6,709,546</u>
3	Subtract line 2e from line 1		3	42,441,504
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
		4a	-	
	(	4b		
	Add lines 4a and 4b		4c	40 441 504
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	42,441,504
Pa	art XII Reconciliation of Expenses per Audited Financial Statem		er Ke	eturn.
	Complete if the organization answered "Yes" on Form 990, P			17 541 075
1	Total expenses and losses per audited financial statements		1	17,541,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- 1		
a		2a		
b		2b		
С.		2c		
d		2d		
e	Add lines 2a through 2d		2e	17 5/1 075
3	Subtract line 2e from line 1		3	17,541,975
	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	40		
а	investment expenses not included on Form 990. Part VIII. line 75	4a	-	
		1h   ()		
b	Other (Describe in Part XIII.)	<b>4b</b> 0	1	
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		4c	17 5/11 075
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		1	17,541,975
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.		4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	lines 1b and 2b; Part V, line 4	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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	4c 5	
b c 5 Pae Provide 2; Pae	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Pae Provide 2; Pae	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride 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 any additional information.	4c 5	K, line
b c 5 Paerovii	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5 ; Part )	K, line
b c 5 Paerovii	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5 ; Part )	K, line
b c c 5 Pare Provide P	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c c 5 Pare Provide P	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c c 5 Previous Provious Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c c 5 Previous Provious Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Paerovice Provide Provid	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Paerovice Provide Provid	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Pa	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	ζ, line
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	ζ, line
b c 5 Provide	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Provide	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line
b c 5 Provide	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4 any additional information.	4c 5	K, line

Part XIII	Supplemental	Information (	(continued)					
	Publ	ic.	nsi	000	tion	<b>1</b>	Cor	<b>)</b> //
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				• • • • • • • • • • • • • • • • • • • •				
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#### SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Development Institute

Employer identification number 54-1254491

FILSE NACIONS DEV	CTODUIGIT	TIIDCIL	Juce				1-143117		
Part I General Information on Grants a	nd Assistance	!							
<ol> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's procedures for a procedure.</li> </ol>	stance?				ants or assistance	and	X	Yes	No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	/es" on Fo	rm 990
Part IV, line 21, for any recipient the							answered i	es on re	1111 330,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Pur	pose of grant	
or government	(5) 2	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		assistance	
(1) Absentee Shawnee Tribe of Indian	s o	(п арриоавто)	, ,		outer)				
2025 S Gordon Cooper Dr							Economic	Develor	oment
Shawnee OK 74801	73-0772869	Tribe	15,000						
(2) Aina Momona									
PO Box 376							Economic	Develor	pment
Kaunakakai HI 96729	82-1366588	501c3	10,000						
(3) Aina Momona									
PO Box 376							Economic	Develor	pment
Kaunakakai HI 96729	82-1366588	501c3	10,000						
(4) Ajo Center for Sustainable Agri	cul							_	
PO Box 1790							Economic	Develor	pment
BCIIB AZ 05054	30 3707002	501c3	10,000						
(5) Ajo Center for Sustainable Agri	cul								
PO Box 1790		F01 0	10 000				Economic	Develor	pment
SELIS AZ 03034	38-3909062	501C3	10,000						
(6) Alaska Native Tribal Health Cons	sort						n	D1	
400 Ambassado Dr	92-0162721	E01 ~ 2	10 000				Economic	Develo	ment
Anchorage AK 99508 (7) Albuquerque Area Indian Health B		20163	10,000				+		
7001 Prospect Pl NE	ogar						Economic	Devalor	oment
Albuquerque NM 87110	 85-0255630	501 03	10,000				ECOHOMIC	Develor	JIIICIIC
(8) Aleut Community of St Paul Islar		30103	10,000						
2050 Venia Minor Rd Box 86	7						Economic	Develor	oment.
St Paul Island AK 99660	92-0060403	Tribe	30,000					- · · · · ·	
(9) Aleut Community of St Paul Islam			22,200						
2050 Venia Minor Rd Box 86							Economic	Develor	oment
St Paul Island AK 99660	92-0060403	Tribe	50,000						
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				▶ 248	8	
3 Enter total number of other organizations listed in the									
								-	

#### SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute First Nations

Employer identification number 54-1254491

Part I General Information on Grants an	d Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	□.	
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for me	ance?		de in the United Ctete				Ц Ү	res No
					Complete if the	organization	anguared "V	os" on Form 000
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that							answered i	es on Form 990
• • •			(d) Amount of cash				(b) Durr	upon of grant
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section	grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant ssistance
(1) All Nations Health Center		(if applicable)	grant	TIOTICUSTI USSISTUTICE	otner)	Horicasti assistance	01 43	3331310100
2100 Stephens Avenue Suite 105							Egonomia	Development
<u> </u>	81-0330646	501a 2	10,000				ECOHOMILE	Development
Missoula MT 59801 (2) American Indian Center of Chicago		3010.3	10,000					
3401 W Ainslie St	1						Egonomia	Development
	36-2382840	50102	10,000				ECOHOMILE	Develobilienc
(3) American Indian Family Center	30-2302040	30103	10,000				<del>                                     </del>	
579 Wells St							Egonomia	Development
_ ,	42-1841352	E01a2	23,488				ECOLIORITE	Development
(4) Anchorage Tribes Tlingit and Haid		30103	23,400				+	
•	la 						Egonomia	Development
PO Box 211854 840 N Bragaw St	92-0164829	The bo	15 000				FCOHOURE	Development
Anchorage AK 99521 (5) Arctic Slope Native Assocation Lt		iribe	15,000				+	
PO Box 1232 7000 Uula St	a l						Egonomia	Darralammant
	91-0873623	E01~2	10,000				FCOHOUITG	Development
Utqiagvik AK 99723  (6) Arlee Community Development Corp	91-00/3023	30103	10,000				+	
., -0 - 450							Egonomia	Darralammant
_ ,	77-0591042	E01~2	10,000				FCOHOUITG	Development
	77-0591042	20163	10,000				+	
(7) Aroostook Band of MicMacs							 	Da 1
7 Northern Rd	01-0472707	marilla a	15 000				FCOLOUITC	Development
		Tribe	15,000				+	
(8) Augustine Band of Cahulla Indians	1						Egonom! -	Darralammant
PO Box 846	02 1126460	m 1	20 000				FCOLOUITG	Development
	93-1136462	Tribe	30,000				+	
(9) Augustine Band of Cahulla Indians								D1
PO Box 846	02 1126460	m 1-	20 222				FCOLOWIC	Development
	93-1136462		20,000					
2 Enter total number of section 501(c)(3) and government	=	ed in the lin	e 1 table				•	
3 Enter total number of other organizations listed in the lin	ne 1 table						<b>•</b>	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute Nations

<ul> <li>Part I General Information on Grants</li> <li>Does the organization maintain records to substantia the selection criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's procedures for</li> </ul>	e the amount of the istance?	grants or a						Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient to							anowered i	00 0111 01111 00
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		oose of grant ssistance
(1) Bay Mills Indian Community 12140 W Lakeshore Dr Brimley MI 49715	 38-1970365	Tribe	15,000				Economic	Development
(2) Bear River Band of the Rohnervi 266 Keisner Rd Loleta CA 95551	11e  68-0085465	Tribe	100,000				Economic	Development
(3) Bering Sea Fishermans Association 821 N St Suite 103 Anchorage AK 99501							Economic	Development
(4) Big Valley Rancheria Band of Por 2726 Mission Rancheria Rd Lakeport CA 95453			35,000				Economic	Development
(5) Blackfeet Community College PO Box 819 Browning MT 59417	81-0378943		10,000				Economic	Development
(6) Blackfeet Community College PO Box 819 Browning MT 59417			100,000				Economic	Development
(7) Blackfeet Tribe PO Box 850 Browning MT 59417	81-0212955		15,000				Economic	Development
(8) Blackfeet Tribe PO Box 850							Economic	Development
Browning MT 59417  (9) Blackfeet Tribe PO Box 850	81-0212955		15,000				Economic	Development
Browning MT 59417  2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations listed in the	line 1 table	ed in the lir					_	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Information	on Grants an	d Assistance							
1 Does the organization maintain recor	ds to substantiate	the amount of the	grants or a	ssistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the Describe in Part IV the organization's								٠١	res No
Part II Grants and Other A						Complete if the	organization	answered "Y	es" on Form 99
Part IV, line 21, for a								anoworda 1	00 011 1 01111 00
1 (a) Name and address of organ		(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Purr	oose of grant
or government			section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1	ssistance
(1) Blue Lake Rancheria									_
PO Box 428								Economic	Development
		68-0078113	Tribe	15,000					
(2) Bois Forte Band of Chi	ppewa								
5344 Lakeshore Dr								Economic	Development
Nette Lake MN	55772	41-0954784	Tribe	32,000					
(3) Bois Forte Band of Chi	ppewa								
5344 Lakeshore Dr								Economic	Development
Nette Lake MN	55772	41-0954784	Tribe	15,000					
(4) Brave Heart Society									
300 Main St PO Box 667								Economic	Development
		54-1594578	501c3	30,000					
<b>(5)</b> Bristol Bay Area Healt	h Corporati	on							
PO Box 130								Economic	Development
		92-0044965	501c3	15,000					
<b>(6)</b> Bristol Bay Area Healt	h Corporati	on							
PO Box 130								Economic	Development
Dillingham AK		92-0044965	501c3	15,000					_
(7) Brothertown Indian Nat	ion								
PO Box 2206								Economic	Development
Fond du Lac WI		39-1419745	501c3	10,000					
(8) Buffalo Nations Grassl	ands Allian	ce							
22695 Little Bend Rd								Economic	Development
		86-3303913	501c3	30,000					
<b>(9)</b> California Indian Bask	etweavers A	ss							
428 Main Street								Economic	Development
Woodland CA	95695	68-0290749	501c3	7,500					
2 Enter total number of section 501(c)(	(3) and government	t organizations liste	ed in the lin	e 1 table				<b>&gt;</b>	
3 Enter total number of other organizat	ions listed in the lin	ne 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Development Institute

Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to substantiate								
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m							Y	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient that							answered i	es on ronn 990,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(5) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1 ''	ssistance
(1) California Indian Museum & Cultu:	ral	(рра)						_
5250 Aero Drive							Economic	Development
Santa Rosa CA 95403	94-3244506	501c3	25,000					_
(2) California Indian Museum & Cultu:	ral							
5250 Aero Drive							Economic	Development
Santa Rosa CA 95403	94-3244506	501c3	35,000					
(3) Camp Laugh A Lot								
PO Box 5055							Economic	Development
Custer SD 57730	41-2226965	501c3	12,500					
(4) Can Wigmunke								
PO Box 53							Economic	Development
Martin SD 57551	20-5841872	501c3	25,000					
(5) Can Wigmunke								
PO Box 53							Economic	Development
Martin SD 57551	20-5841872	501c3	15,000					
(6) Cankdeska Cikana Community Colle	ege						1 .	_
PO Box 269							Economic	Development
Fort Totten ND 58335	45-0350756	501c3	10,000					
(7) Carrizo Comecrudo Nation of Texas	S I						1 .	_
1250 Roemer Lane, Unit C							Economic	Development
Floresville TX 78114	75-2830923	501c3	20,000					
(8) Carrizo Comecrudo Nation of Texas	S I						1 .	_
1250 Roemer Lane, Unit C		-01 0	10.000				Economic	Development
Floresville TX 78114	75-2830923	501c3	10,000					
(9) Catawba Indian Nation								D 1
996 Avenue of the Nations			20.000				Economic	Development
Rock Hill SC 29730	57-1001665		32,000	<u> </u>				
2 Enter total number of section 501(c)(3) and governmen	•	ed in the lin	e 1 table				🟲	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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

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Department of the Treasury Internal Revenue Service Name of the organization

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Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m							Y	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient that							answered i	es on rollingso
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(2) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Center of Southwest Culture		(рр)						
505 Marquette Ave NW #1610							Economic	Development
Albuquerque NM 87102	85-2478331	fiscal	35,000					_
(2) Central Council Tlingit & Haida	Ind							
9097 Glacier Highway							Economic	Development
Juneau AK 99801	92-0036505	Tribe	15,000					
(3) Central Oklahoma American Indian	Не							_
4913 W Reno Ave							Economic	Development
Oklahoma City OK 73127	73-0955756	501c3	10,000					
(4) Cherokee Nation								
PO Box 1669							Economic	Development
Tahlequah OK 74465	73-0757033	Tribe	15,000					
(5) Chevak Native Village								
PO Box 140							Economic	Development
Chevak AK 99563	92-0063783	Tribe	15,000					
(6) Cheyenne River Sioux Tribe								
PO Box 590							Economic	Development
Eagle Butte SD 57625	46-0217757	Tribe	15,000					
(7) Cheyenne River Sioux Tribe								
PO Box 590							Economic	Development
Eagle Butte SD 57625	46-0217757	Tribe	25,000					
(8) Cheyenne River Sioux Tribe								
PO Box 590							Economic	Development
Eagle Butte SD 57625	46-0217757	Tribe	30,000					
(9) Chickahominy Indian Tribe								_
8200 Lott Cary Road							Economic	Development
Providence Forge VA 23140	50-1315904						<u></u>	
2 Enter total number of section 501(c)(3) and government	•	ed in the lin	ne 1 table				🕨	
3 Enter total number of other organizations listed in the li	ine 1 table						•	

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

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> Development Institute First Nations

Part I General Information on Grants a	<u>nd Assistance</u>							
<ul> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for m</li> </ul>	tance?	-					🔲 Y	res No
Part II Grants and Other Assistance to					Complete if the	organization	answored "V	os" on Form 000
Part IV, line 21, for any recipient that							answered in	es on ronn 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		oose of grant ssistance
(1) Chickahominy Indian Tribe 8200 Lott Cary Road Providence Forge VA 23140	50-1315904	Tribe	31,962				Economic	Development
(2) Chickaloon Native Village PO Box 1105	30-1313904	- III	31,902				Economic	Development
	92-0120907	Tribe	15,000					
(3) Chief Dull Knife College PO Box 98			10.000				Economic	Development
Lame Deer MT 59043  (4) Children of the Setting Sun Production	81-0351900	501c3/	10,000					
PO Box 1571  Bellingham WA 98227	47-5005550	501c3	25,000				Economic	Development
(5) Chillkat Indian Village		30103	23,000				Economic	Development
	92-0041889	Tribe	20,000					
(6) Chillkat Indian Village HC 60 Box 2207 Haines AK 99827	92-0041889	The idea	15,000				Economic	Development
<b>(7)</b> Chippewa Cree Indians of the Rocl	92-0041889 ky	iribe	15,000					
98 Veterans Park Rd Box Elder MT 59521	81-0242827	Tribe	10,000				Economic	Development
(8) Chippewa Cree Tribe 98 Vererans Park Rd	. 01 0040007	marille a	10,000				Economic	Development
Box Elder MT 59521  (9) Chippewa Cree Tribe	81-0242827	Tribe	10,000					
98 Vererans Park Rd	81-0242827	Tribe	25,000				Economic	Development
2 Enter total number of section 501(c)(3) and governmen	nt organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the li	ne 1 table							

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

Part I General Information on Grants ar	id Assistance	!						
1 Does the organization maintain records to substantiate	the amount of the							Vac
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m			ds in the United States				······· 🔲 ,	Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that								
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Puri	pose of grant
or government		section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	assistance
(1) Chippewa Cree Tribe								
98 Vererans Park Rd							Economic	Development
	81-0242827	Tribe	15,000					
(2) Chippewa Cree Tribe								
98 Vererans Park Rd							Economic	Development
	81-0242827	Tribe	15,000					
(3) Chitimacha Tribe of Louisiana								
155 Chitimacha Loop							Economic	Development
	72-0705406	Tribe	15,000					
(4) Chugach Regional Resources Commis	si							
1840 Bragaw St, Suite 150							Economic	Development
	92-0126412	501c3	27,815					
(5) Chugach Regional Resources Commis	si							
1840 Bragaw Street, Suite 150							Economic	Development
Anchorage AK 99508	92-0126412	501c3	10,000					
(6) Chugachmuit, Inc								
1840 Bragaw St, Suite 10							Economic	Development
	92-0046614	501c3	10,000					
(7) Chugachmuit, Inc								
1840 Bragaw St, Suite 10							Economic	Development
	92-0046614	501c3	10,000					
(8) City of Hoonah								
PO BOX 360							Economic	Development
	92-6001151	gov en	15,000					
<b>(9)</b> Coalition to Stop Violence agains								
4600 Montgomery Blvd NE Suite 202							Economic	Development
Albequerque NM 87109	20-1735061	501c3	17,978					
2 Enter total number of section 501(c)(3) and government	t organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the lin	ne 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to substantiate								V
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m	ance?	 of arant fund	ds in the United State				······· []	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that							anoword i	00 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	oose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Coeur D'Alene Tribe								
PO Box 408							Economic	Development
PO Box 408  Plummer ID 83851  (2) Coeur D'Alene Tribe	82-0255476	Tribe	15,000					
(2) Coeur D'Alene Tribe								
PO Box 408							Economic	Development
	82-0255476	Tribe	15,000					
(9) correge or remomined macron								
PO Box 1179 N172 St Hwy 47/55							Economic	Development
Keshena WI 54135	39-1773613	501C3	10,000					
(4) Colorado River Indian Tribes								
26000 Mohave Rd							Economic	Development
	86-0092226	Tribe	15,000					
(5) Colorado River Indian Tribes								
26600 Mohave Road							Economic	Development
	86-0092226	Tribe	100,000					
(6) Columbia River Inter Tribal Fish	Co							
700 N E Multnomah St, Suite 1200							Economic	Development
Portland OR 97232	93-0695227	501c3	10,000					
(7) Comanche Nation								
PO Box 908	.						Economic	Development
	73-0978251	Tribe	15,000					
(8) Confederated Sarish & Rootenar in	dib .							
PO Box 278							Economic	Development
	81-0230409	Tribe	15,000					
(9) Confederated Tribes of the Umati								_
46411 Timine Way							Economic	Development
Pendleton OR 97801	93-0624734						<u> </u>	
2 Enter total number of section 501(c)(3) and governmen	=	ed in the lin	ne 1 table				🕨	
3 Enter total number of other organizations listed in the li	ne 1 table						▶	

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Development Institute

Part I General Information on Grants a	nd Assistance	!						
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for r							······ 📙 🕻	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answored "V	os" on Form 00
Part IV, line 21, for any recipient th							answered i	es on ronn ss
1 (a) Name and address of organization	(b) EIN		(d) Amount of cash	(e) Amount of		(g) Description of	(h) Puri	oose of grant
or government	(6) EIN	(c) IRC section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Confederated Tribes of Warm Spri	nas	(п аррпсаыс)	3		Other)		1	
PO Box c							Economic	Development
WARM SPRINGS OR 97761	93-0383362	Tribe	20,000					
(2) Consultants for Indian Progress			, , , , , ,					
2304 S 16th Street							Economic	Development
Tacoma WA 98405	42-1709943	fiscal	32,000					-
(3) Cooperation Cannon River			,					
1275 62nd St West							Economic	Development
Northfield MN 55057	82-0855227	fiscal	15,000					_
(4) Cooperation Cannon River								
1275 62nd St West							Economic	Development
Northfield MN 55057	82-0855227	fiscal	10,000					
(5) Cowlitz Indian Tribe								
PO Box 2547							Economic	Development
Longview WA 98632	91-1265477	Tribe	28,000					
(6) Craig Tribal Association								
PO Box 828							Economic	Development
Craig AK 99921	92-0064240	Tribe	15,000					
(7) Crow Tribe of Montana								
PO Box 159							Economic	Development
Crow Agency MT 59022	81-0372588	Tribe	15,000					
(8) Crow Tribe of Montana								
PO Box 159							Economic	Development
Crow Agency MT 59022	81-0372588	Tribe	15,000					
(9) Dakota Rural Action								
PO Box 549							Economic	Development
Brookings SD 57006	46-0398656	fiscal	20,000					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				•	
3 Enter total number of other organizations listed in the	line 1 table						•	

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute First Nations

Part I General Information on Grants a	nd Assistance	!						
1 Does the organization maintain records to substantiate								
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for n	stance?	of arant fund	de in the United State					Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	'es" on Form 99(
Part IV, line 21, for any recipient th							answered i	C3 OH FOHH 330
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	<del>,                                     </del>	(g) Description of	(h) Pur	pose of grant
or government	(4, =	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		issistance
(1) Dakota Wicohan								
PO Box 2							Economic	Development
Morton MN 56270	42-1552956	501c.3	25,000					
(2) Day Eagle Hope Project								
PO Box 1152							Economic	Development
Harlem MT 59526	83-3576145	501c3	10,000					
(3) Delaware Tribe of Indians								
5100 Tuxedo Blvd							Economic	Development
Bartlesville OK 74006	73-0948981	Tribe	15,000					
(4) Denver Family Resource Center								
1633 Fillmore St. GL2							Economic	Development
Denver CO 80206	84-1568837	501c3	10,000					
<b>(5)</b> Denver Indian Family Resource Ce	nte							
1633 Fillmore St. GL2							Economic	Development
Denver CO 80206	84-1568837	501c3	28,000					
(6) Dream of Wild Health								
1308 East Franklin Ave							Economic	Development
Minneapolis MN 55404	41-1632662	501c3	10,000					
(7) Dry Creek Pomo Traditional Dance	rs							
PO Box 766							Economic	Development
Geyserville CA 95441	94-3172760	501c3	15,000					
(8) Dry Creek Pomo Traditional Dance	rs							
PO Box 766							Economic	Development
Geyserville CA 95441	94-3172760	501c3	15,000					
(9) Eastern Pequot Tribal Nation								
391 Norwich Westerley Road							Economic	Development
North Stonington CT 06359	06-1362735	501c3	15,000					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the I								

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Informa	ation on Grants a	nd Assistance							
1 Does the organization maintain	records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and		
the selection criteria used to av 2 Describe in Part IV the organiz	ward the grants or assistants	stance?	of grapt fund	de in the United States				······· 🔲 '	res No
	ner Assistance to					Complete if the	organization	answered "V	es" on Form 99(
	for any recipient th							answered i	es on ronn sa
1 (a) Name and address of		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	pose of grant
or governmen	•	(2) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Eastern Shoshone Tr	ribe		(	<u> </u>		2,			
PO Box 538								Economic	Development
Fort Washakie	WY 82514	83-0261946	Tribe	15,000					_
(2) Eastern Shoshone Tr	ribe								
PO Box 538								Economic	Development
Fort Washakie	WY 82514	83-0261946	Tribe	15,000					
(3) Ekvn Yefolecvlke									
PO Box 148								Economic	Development
Weogufka	AL 35183	81-2293314	501c3	32,000					
(4) Euchee (Yuchi) Lang	guage Project,	In							
PO Box 1204								Economic	Development
Sapulpa	OK 74066	45-3975380	501c3	75,000					
<b>(5)</b> Fast Blackfeet									
PO Box 1752								Economic	Development
Browning	MT 59417	81-3755269	501c3	10,000					
(6) Fast Blackfeet									
PO Box 1752								Economic	Development
Browning	MT 59417	81-3755269	501c3	15,000					
(7) Fast Blackfeet									
PO Box 1752								Economic	Development
	MT 59417	81-3755269	501c3	35,000					
(8) Fast Blackfeet									
PO Box 1752								Economic	Development
	MT 59417	81-3755269	501c3	10,000					
<b>(9)</b> First Alaskans Inst	titute								
								Economic	Development
Anchorage	AK 99501	92-0174854	501c3	25,000					
2 Enter total number of section 5	501(c)(3) and government	nt organizations liste	ed in the lin	ne 1 table					
3 Enter total number of other ord	anizations listed in the	ine 1 table						•	

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Development Institute

Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to substantiate								
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m							L	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	
Part IV, line 21, for any recipient that							answered i	65 0111 01111 990
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Pur	pose of grant
or government	(5) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1 ''	ssistance
(1) First Alaskans Institute		(п арриоадио)			04.0.7			-
606 E Street, #200							Economic	Development
Anchorage AK 99501	92-0174854	501c3	10,000					_
(2) Fond du Lac Band of Lake Superior	r C							
1720 Big Lake Rd							Economic	Development
Cloquet MN 55720	41-0965719	Tribe	15,000					
(3) Forest County Potawatomi Communi	ty							
PO Box 340 5416 Everybody's Rd							Economic	Development
Crandon WI 54520	39-1225059	Tribe	20,000					
(4) Fort Belknap Community Economic 1	Dev							
PO Box 1177							Economic	Development
Harlem MT 59526	47-1275202	501c3	30,000					
(5) Fort Belknap Community Economic 1	Dev							
PO Box 1177							Economic	Development
Harlem MT 59526	47-1275202	501c3	90,000					
(6) Fort Belknap Community Economic 1	Dev							
PO Box 1177							Economic	Development
Harlem MT 59526	47-1275202	501c3	25,000					
(7) Fort Belknap Indian Community								
656 Agency Main St							Economic	Development
Harlem MT 59526	81-0216424	Tribe	15,000					
(8) Fort Belknap Indian Community							1 .	_
656 Agency Main St							Economic	Development
Harlem MT 59526	81-0216424	Tribe	15,000					
(9) Fort Peck Community College								_
PO Box 398							Economic	Development
Poplar MT 59255	81-0374399		· · · · · · · · · · · · · · · · · · ·					
2 Enter total number of section 501(c)(3) and government	•	ed in the lin	ne 1 table				•	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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Name of the organization

irst Nations Development Institute

1 Does the organization maintain records to substantiate			assistance the grantee	es' eligibility for the a	rants or assistance	and	
the selection criteria used to award the grants or assist	ance?						
2 Describe in Part IV the organization's procedures for m					0 1 1 1/ 1/		
Part II Grants and Other Assistance to I							answered "Yes" on Form 990
Part IV, line 21, for any recipient that  (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(D) EIIN	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Fort Peck Tribes Assiniboine and	Si	(ii applicable)	g. a	nonousii useisianes	Other)	nonousii ussistaniss	g. geogranis
PO Box 1027, 501 Medicine Bear Ro							Economic Development
Poplar MT 59255	81-0292623	Tribe	15,000				
(2) Four Bands Community Fund							
101 South Main Street							Economic Development
Eagle Butte SD 57625	46-0456528	501c3	10,000				
(3) Friends of the Akwesasne Freedom	Sc						
PO Box 290							Economic Development
Rooseveltown NY 13683	16-1451492	501c3	10,000				
(4) Goldbelt Heritage Foundation							
One Sealaska Plaza Ste 201							Economic Development
	81-0645819	501c3	75,000				
(5) Great Lakes Inter-Tribal Council	In						_
PO Box 9, 2932 Hwy 47 North							Economic Development
Lac du Flambeau WI 54538	39-1077479	501c3	32,000				
(6) Greenville Rancheria							
1425 Montgomery Rd		m '1	00 000				Economic Development
	68-0052490	Tribe	20,000		1		
(7) Grinding Stone Collective							Branania Barralarmant
8255 88th Ln Glendale NY 11385	86-3022293	E01~2	10 000				Economic Development
Glendale NY 11385 (8) Gwichin Social and Cultural Insti		20163	10,000		+		+
400 C St	l cu						Economic Development
	85-1277134	501~3	25,000				Economic Development
(9) Havasupai Tribe	T2//154	30103	23,000		+		<del> </del>
PO Box 10							Economic Development
_ ,	86-0118596	Tribe	15,000				
2 Enter total number of section 501(c)(3) and governmen							<u> </u>
3 Enter total number of other organizations listed in the li	•						·····

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for r	stance?	of grapt fund	de in the United State				······· 📙 🔰	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient th							answered 1	03 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purr	oose of grant
or government	(3) =	séction (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Ho-Chunk Nation of Wisconsin		(						_
PO Box 667 W9814 Airport Rd							Economic	Development
Black River Falls WI 54615	39-1140880	Tribe	15,000					_
(2) Holani Hana Inc								
Po Box 187							Economic	Development
Hana HI 96713	26-4836145	501c3	100,000					
(3) Hopi Relief								
12129 N 140th Lane							Economic	Development
Surprise AZ 85379	85-2055678	501c3	34,950					
(4) Houlton Band of Maliseet Indians	;							
88 Bell Road							Economic	Development
Littleton ME 04730	01-0374069	Tribe	15,000					
(5) Hualapai Tribe								_
PO Box 179 941 Hualapai Way							Economic	Development
Peach Springs AZ 86434	86-0092282	Tribe	15,000					
(6) Hualapai Tribe of Northwestern A	riz							
PO Box 310							Economic	Development
Peach Springs AZ 86434	86-0092282	Tribe	33,862					
(7) Hui Aloha Aina Momona								_
47540 Ahuimanu Road							Economic	Development
Kaneohe HI 96744	27-3930989	501c3	25,800					
(8) Ilisagvik College								_
PO Box 749							Economic	Development
PO Box 749  Barrow AK 99723	92-0158414	501c3	10,000					
(9) Indian Land Tenure Foundation								
151 Canada Road B2E							Economic	Development
Little Canada MN 55117	86-3303913	fiscal	15,000					
2 Enter total number of section 501(c)(3) and governme	nt organizations list	ed in the lin	ne 1 table				<b></b>	
3 Enter total number of other organizations listed in the	line 1 table						<b>•</b>	

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Part I General Information on Gra  1 Does the organization maintain records to subs	tantiate the amount of the	grants or a						
the selection criteria used to award the grants of Describe in Part IV the organization's procedure	or assistance?	of arant fund	de in the United State				······ []	Yes No
Part II Grants and Other Assistance					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipie							anoworda i	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		oose of grant ssistance
(1) Indian Land Tenure Foundation 151 Canada Road B2E Little Canada MN 55117	n  86-3303913	figgal	15,000				Economic	Development
(2) Indigenous Vision 2390 E Camelback Rd Suite 13 Phoenix AZ 86016							Economic	Development
(3) Indigenous Vision 2390 E Camelback Rd Suite 13 Phoenix AZ 86016							Economic	Development
(4) Indigenous Vision 2390 E Camelback Rd Suite 13 Phoenix AZ 86016							Economic	Development
(5) Indigenous Vision 2390 E Camelback Rd Suite 13 Phoenix AZ 86016							Economic	Development
(6) Infinite Reach PO Box 893900 Mililani HI 96789	83-2973746		32,000				Economic	Development
(7) Iowa Tribe of Kansas and Neb 3345 B Thrasher Road White Cloud KS 66439			15,000				Economic	Development
(8) Ka Ehu PO Box 3064							Economic	Development
Wailuku HI 96793  (9) Kahuli Leo Lea 47430 Hui Nene St	46-0878846	501c3	28,000				Economic	Development
<ul> <li>Kaneohe HI 96744</li> <li>2 Enter total number of section 501(c)(3) and gov</li> <li>3 Enter total number of other organizations listed</li> </ul>	in the line 1 table	ed in the lin					<u> </u> <b>▶</b>	

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	,	, ,
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m	tance?	of grapt fund	de in the United States				······· 🔲 ነ	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient the							answered	03 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(2) =	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Kai Poma		( 1)	-					
190 Sherwood Hill Drive							Economic	Development
Willits CA 95490	88-0548030	501c3	35,000					
(2) Kalispel Tribe of Indians								
PO Box 39							Economic	Development
Usk WA 99180	91-0875018	Tribe	10,000					
(3) Kawerak Inc								
PO Box 948							Economic	Development
Nome AK 99762	92-0047009	501c3	30,000					
(4) Kawerak Inc								
PO Box 948							Economic	Development
Nome AK 99762	92-0047009	501c3	100,000					
(5) Ke Kula Nui O Waimanalo								_
PO Box 723							Economic	Development
Waimanalo HI 96793	82-3955043	501c3	10,000				1	
(6) Ke Kula Nui O Waimanalo								
PO Box 723							Economic	Development
PO Box 723 Waimanalo HI 96793	82-3955043	501c3	25,000					
(7) Ke Kula O Piilani								
875 Lao Vallen Rd							Economic	Development
Wailuku HI 96793	81-2656151	501c3	45,800					
(8) Keres Children's Learning Center								
PO BOX 113							Economic	Development
COCHITI PUEBLO NM 87072	45-4511408	501c3	25,000					
(9) Keres Children's Learning Center								
PO BOX 113							Economic	Development
COCHITI PUEBLO NM 87072	45-4511408	501c3	10,000					
2 Enter total number of section 501(c)(3) and government	nt organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the I	ine 1 table						•	

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Name of the organization

First Nations Development Institute

Part I General Information on Grants ar	nd Assistance	!						
1 Does the organization maintain records to substantiate	the amount of the							
the selection criteria used to award the grants or assist	tance?	f groupt fund	do in the United Ctate				······ 📙 🕻	Yes No
<ul><li>2 Describe in Part IV the organization's procedures for m</li><li>Part II Grants and Other Assistance to</li></ul>	Domostic Ora	or grant lund	as in the United States	S. Covernments	Complete if the	organization	answered "V	oc" on Form 00
Part II Grants and Other Assistance to Part IV, line 21, for any recipient that							answered i	es on Foili 990
1 (a) Name and address of organization	(b) EIN		(d) Amount of cash	(e) Amount of		(g) Description of	(b) Dur	pose of grant
or government	(b) Liiv	(c) IRC section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		issistance
(1) Keres Children's Learning Center		(п аррпсавіе)	9		Other)			
PO BOX 113							Economic	Development
COCHITI PUEBLO NM 87072	45-4511408	501c3	7,500					
(2) Ketchikan Indian Community								
2960 Tongass Ave							Economic	Development
Ketchikan AK 99901	92-6002696	Tribe	15,000					_
(3) Keweenaw Bay Indian Community								
16429 Beartown Rd							Economic	Development
Baraga MI 49908	38-1743340	Tribe	15,000					
(4) Kiowa Gourd Clan								
PO Box 548							Economic	Development
Carnegie OK 73015	82-1940564	Tribe	15,000					
(5) Kiowa Gourd Clan								
PO Box 548							Economic	Development
Carnegie OK 73015	82-1940564	Tribe	10,000					
(6) Kiowa Gourd Clan							<u> </u>	
PO Box 548		m '1	10 000				Economic	Development
Carnegie OK 73015	82-1940564	Tribe	12,000				<del> </del>	
(7) Kiowa Tribe of Oklahoma PO Box 548							Egonomia	Dorrolamment
	82-1940564	Traibo	15,000				FCOHOUITG	Development
Carnegie OK 73015  (8) Knife Chief Buffalo Nation Societ		TITDE	15,000				<u> </u>	
DO D 464	q <sup>y</sup>						Economic	Development
Porcupine SD 57772	82-3278437	501~3	25,000				LCOHOMIC	Development
(9) Knik Tribe	02 3270137	30103	23,000					
1744 Prospect Dr							Economic	Development
Palmer AK 99645	92-0076275	Tribe	34,996					
2 Enter total number of section 501(c)(3) and governmen			a 1 table				<u> </u>	
3 Enter total number of other organizations listed in the li	-						<b></b>	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m							L	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient that							answered i	63 0111 01111 990
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Purr	oose of grant
or government	(b) Env	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) La Posta Band of Mission Indians		(п аррпсавіс)	<u> </u>		Outery			
8 1/2 Crestwood Road							Economic	Development
Boulevard CA 91905	95-3736270	Tribe	10,000					-
(2) Lac Courte Oreilles Band of Lake	Su							
13394 W Trepannia Rd							Economic	Development
Hayward WI 54843	39-1165322	Tribe	15,000					
(3) Lac Courte Oreilles Ojibwa Commu	nit							
13466 W Trepania Rd							Economic	Development
Hayward WI 54843	39-1453493	501c3	10,000					
(4) Lac Vieux Desert Band of Lake Su	per							
PO Box 67							Economic	Development
Lac Du Flambeau WI 54538	39-0817274	Tribe	15,000					
(5) Lakota Wellness Society Inc								
25343 BIA 4, PO Box 7							Economic	Development
Parmelee SD 57566	82-4390032	501c3	10,000					
(6) Lakota Youth Development								
PO Box 277							Economic	Development
Herrick SD 57538	46-0436638	501c3	30,000					
(7) Lakota Youth Development								
PO Box 277							Economic	Development
Herrick SD 57538	46-0436638	501c3	15,000				<u> </u>	
(8) Learning Center at the Euchee Bu	tte							_
PO Box 21							Economic	Development
Leonard OK 74043	46-4825260	501c3	32,000					
(9) Leech Lake Band of Ojibwe							<u>_</u> .	
190 Sailstar Drive NW		_ ,.					Economic	Development
Cass Lake MN 56633	41-1242052		15,000				<u></u>	
2 Enter total number of section 501(c)(3) and governmen	•	ed in the lin	ne 1 table				🕨	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

	on Grants and Assista							
1 Does the organization maintain records the selection criteria used to award the	to substantiate the amount of							Yes No
<ul><li>Describe in Part IV the organization's p</li></ul>	procedures for monitoring the	use of grant fun	ds in the United State	 S.				ies Ino
	sistance to Domestic				Complete if the	organization	answered "Y	es" on Form 990
	recipient that received							
1 (a) Name and address of organize or government			(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant assistance
(1) Lhaq'temish Foundation					,			
2665 Kwina Road							Economic	Development
Bellingham WA	98226 91-1836	621 501c3	15,000					
<b>(2)</b> Lipan Apache Tribe of To	exas							
PO Box 5218							Economic	Development
McAllen TX '	78502 33-11748	840 Tribe	15,000					
(3) Little Priest Tribal Co	llege							
PO Box 270 601 E College	e Dr						Economic	Development
Winnebago NE		962 501c3	10,000					
(4) Lower Brule Sioux Tribe								
PO Box 246							Economic	Development
Lower Brule SD !		351 Tribe	90,000					
(5) Lower Sioux Indian Comm	unity							
PO Box 308							Economic	Development
Morton MN !	56270 41-0991	683 Tribe	20,000					
(6) Lunalilo Home								
501 Kekauluohi Street							Economic	Development
		244 501c3	10,000					
(7) Ma Ka Hana Ka Ike Build								
PO Box 968							Economic	Development
Hana HI 9	96713 02-05568	883 501c3	25,000					
(8) Maidu Summit Consortium								
PO Box 682							Economic	Development
		385 501c3	15,000					
(9) Makoce Agricultural Dev	eopment							_
PO Box 163							Economic	Development
PO Box 163 Porcupine SD !	<u>57772 84-4595</u>	782 501c3	15,000					
2 Enter total number of section 501(c)(3)		s listed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organization	ns listed in the line 1 table						_	

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

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute First Nations

Part I General Information on Grants a	nd Assistance	!						
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and	□,	, ¬,
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m	stance?	of grapt fund	de in the United State				······· 🔲 '	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	as" on Form 990
Part IV, line 21, for any recipient that							answered i	es on ronn sa
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(2) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Makoce Agricultural Deveopment		(п арриоарто)			Guiory			
DO Dogg 163							Economic	Development
Porcupine SD 57772	84-4595782	501c3	25,000					-
(2) Malki Museum, Inc			·					
PO Box 578							Economic	Development
Banning CA 92220	23-7295738	501c3	10,000					_
(3) Maniiliq Association								
PO Box 256,733 2nd Ave							Economic	Development
Kotzebue AK 99752	92-0041461	501c3	10,000					_
(4) Match-e-be-nash-she-wish Band of	Ро							
2872 Mission Drive							Economic	Development
Shelbyville MI 49344	38-3563221	Tribe	15,000					
(5) Mechoopda Indian Tribe								_
125 Mission Ranch Blvd							Economic	Development
Chico CA 95926	68-0226336	Tribe	10,000					
(6) Menominee Indian Tribe of Wiscon	sin							
PO Box 910							Economic	Development
Keshena WI 54135	39-1205576	Tribe	20,000					
(7) Mesa Grande Business Development	Со							_
27236 Highway 78							Economic	Development
Ramona CA 92065	85-5263270	7871	10,000					
(8) Mesa Grande Business Development	Со							_
27236 Highway 78							Economic	Development
Ramona CA 92065	85-5263270	7871	10,000					
(9) Mewinzha Ondaadiziike Wiigaming								
802 Paul Bunyan Drive, Suite 12							Economic	Development
Bemidji MN 56601	46-2523191	501c3	25,000					
2 Enter total number of section 501(c)(3) and governmen	nt organizations list	ed in the lin	ne 1 table				<b>•</b>	
3 Enter total number of other organizations listed in the li	ine 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to substantiate								
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m		f grant fund	de in the United States				······ 📙 <b>`</b>	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	
Part IV, line 21, for any recipient that							anowered i	00 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Puri	oose of grant
or government	, ,	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Mica Group Inc								
5301 Springlake Way							Economic	Development
Baltimore MD 21212	82-1503506	fiscal	25,000					
(2) Mica Group Inc								
5301 Springlake Way							Economic	Development
Baltimore MD 21212	82-1503506	fiscal	15,000					
(3) Miccosukee Tribe of Indians								
PO Box 440021							Economic	Development
	59-0996784	Tribe	15,000					
(4) Minnesota Breastfeeding Coalition	1							
1941 Ashland Ave							Economic	Development
St Paul MN 55104	32-0293108	fiscal	32,000					
<b>(5)</b> Minnesota Indian Women's Sexual <i>i</i>	bu							
1619 Dayton Ave, Ste 303							Economic	Development
St. Paul MN 55104	20-1421325	501c3	20,000					
(6) Mississippi Band of Choctaw India	ns							
PO Box 6001							Economic	Development
Choctaw MS 39350	64-0345731	Tribe	15,000					
(7) Mississippi Band of Choctaw Tribe								
101 Industrial Road							Economic	Development
Choctaw MS 39350	64-0345731	Tribe	15,000					
<b>(8)</b> Missoula Urban Indian Health Cent	er							
2100 Stephens Avenue Suite 105							Economic	Development
Missoula MT 59801	81-0330646	501c3	10,000					
(9) Mni Wiconi Health Clinic								
3904 Lillian Ct							Economic	Development
Mandan ND 58554	81-4411144	501c3	75,000					
2 Enter total number of section 501(c)(3) and governmen	t organizations liste	ed in the lin	ne 1 table				<del></del>	
3 Enter total number of other organizations listed in the li	ne 1 table						_	

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

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irst Nations Development Institute

Part I General Information on Grants ar								
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist	the amount of the	grants or a	assistance, the grantee	s' eligibility for the gr	ants or assistance,	and		Yes No
<ul><li>Describe in Part IV the organization's procedures for m</li></ul>	iance: ionitorina the use o	of grant fun	ds in the United States	S.				162   NO
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that								
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	pose of grant
or government		section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Modoc Tribe of Oklahoma								
22 North Eight Tribes Trail							Economic	Development
Miami OK 74354	73-1183375	Tribe	35,000					
(2) Muscogee (Creek) Nation								
PO Box 580							Economic	Development
	73-0932018	Tribe	15,000					
(3) National Center for American Ind:	ian							
953 E. Juanita Ave							Economic	Development
	95-2627645	501c3	8,000					
(4) National Indian Child Welfare As:	soc							
5100 SW Macadam Ave, Suite 300							Economic	Development
Portland OR 97239	93-0951531	501c3	50,000					
(5) National Indian Youth Leadership	De							
2501 San Pedro, NE Suite 116							Economic	Development
	85-0373602	501c3	21,596					
(6) National Native American Hall of	Fa							
1720 10th Ave S, Suite 4							Economic	Development
	81-3870734	501c3	10,000					
(7) Native American Advancement Found	dat							
PO Box 64877							Economic	Development
	45-2725155	501c3	10,000					
(8) Native American Advancement Found	dat							
PO Box 64877							Economic	Development
Tucson AZ 85/28	45-2725155	501c3	33,000					
(9) Native American Community Board								
PO Box 572							Economic	Development
Lake Andes SD 57356	46-0392867	501c3	34,610					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lir	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Nations Development Institute

Part I General Information on Grants ar								
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	□ ·	Yes No
<ul><li>Describe in Part IV the organization's procedures for m</li></ul>	onitoring the use o	of grant fund	ds in the United States					ies Ino
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that								
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	pose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	nssistance
(1) Native American Community Board								
PO Box 572							Economic	Development
	46-0392867	501c3	20,000					
(2) Native American Community Clinic								
1213 E. Franklin Ave							Economic	Development
<u> </u>	03-0445789	501c3	10,000					
(3) Native American Land Conservancy								
PO Box 3074							Economic	Development
	33-0832220	501c3	10,000					
(4) Native American Land Conservancy								
PO Box 3074							Economic	Development
	33-0832220	501c3	35,000					
(5) Native American Rehabilitation As	sn							
1776 SW Madison St							Economic	Development
	23-7098400	501c3	10,000					
(6) Native American Youth and Family	Ce							
5135 Ne Columbia Blvd							Economic	Development
Portland OR 97218	93-1141536	501c3	10,000					
(7) Native Conservancy								
PO Box 456							Economic	Development
PO Box 456  Cordova AK 99574	30-0131766	501c3	34,425					
INI MACI VC COMBCI VAMC V								
PO Box 456  Cordova AK 99574							Economic	Development
EGI GOVA	30-0131766	501c3	100,000					
(9) Native Village of Eklutna								
26339 Eklutna Village Road							Economic	Development
Chugiak AK 99567	92-0115246	Tribe	15,000					
2 Enter total number of section 501(c)(3) and government	t organizations liste	ed in the lin	ne 1 table				<b>•</b>	
3 Enter total number of other organizations listed in the lin	ne 1 table						•	

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Nations Development Institute

Part I General Information on Grants at								
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and		v □ N-
the selection criteria used to award the grants or assis:  2 Describe in Part IV the organization's procedures for m		of grant fund	ds in the United State	 Q				Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 99
Part IV, line 21, for any recipient that								
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purj	oose of grant
or government		section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Native Village of Georgetown								
5313 Arctic Blvd 104							Economic	Development
Anchorage AK 99518	92-0130299	Tribe	25,000					
(2) Native Village of Port Heiden								
PO Box 49007							Economic	Development
Port Heiden AK 99549	92-0059922	Tribe	15,000					
(3) Native Village of Tazlina								
PO Box 87							Economic	Development
Glennallen AK 99588	92-0068390	Tribe	15,000					
(4) Native Village of Venetie Tribal	Go							
PO Box 81080							Economic	Development
Venetie AK 99781	92-0065694	Tribe	20,000					
(5) NDN Collective Inc								
408 Knollwood Dr							Economic	Development
Rapid City SD 57701	82-3776329	fiscal	15,000					
(6) Nebraska Indian Community College	9							
PO Box 428 1111 Hwy 75							Economic	Development
Macy NE 68039	47-0623553	7871	10,000					
(7) New Mexico Foundation								
8 Calle Medico							Economic	Development
8 Calle Medico Santa Fe NM 87505	85-0311210	501c3	10,000					
(8) New Mexico Foundation								
8 Calle Medico							Economic	Development
8 Calle Medico Santa Fe NM 87505	85-0311210	501c3	10,000					
(9) New Mexico Foundation								
8 Calle Medico							Economic	Development
8 Calle Medico Santa Fe NM 87505	85-0311210	501c3	25,000					
2 Enter total number of section 501(c)(3) and government	t organizations list	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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Department of the Treasury Internal Revenue Service Name of the organization

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Part I General Information on Grants an	nd Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for me							Ц	Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that							answered i	03 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(2) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1 ''	ssistance
(1) New Mexico Foundation		(рра)	-					
8 Calle Medico							Economic	Development
Santa Fe NM 87505	85-0311210	501c3	10,000					-
(2) New Mexico Foundation								
8 Calle Medico							Economic	Development
Santa Fe NM 87505	85-0311210	501c3	32,000					
(3) New Mexico Foundation								
8 Calle Medico							Economic	Development
Santa Fe NM 87505	85-0311210	501c3	10,000					
(4) New Mexico Foundation								_
8 Calle Medico							Economic	Development
Santa Fe NM 87505	85-0311210	501c3	10,000					
(5) Nez Perce Tribe								
PO Box 305							Economic	Development
	82-0255928	Tribe	15,000					
(6) Nkwusm Salish Language School								
PO Box 5							Economic	Development
Arlee MT 59821	30-0086748	501c3	10,000					
(7) Nonprofit Fiscal Services								
623 E 2100 South, Suite B1							Economic	Development
	85-0573960	fiscal	28,000					
(8) Nonprofit Fiscal Services								
623 E 2100 South, Suite B1							Economic	Developnmen
<u> </u>	85-0573960	Fiscal	10,000					
(9) North Dakota Community Foundation	1							
PO Box 387							Economic	Development
	45-0336015						<u> </u>	
2 Enter total number of section 501(c)(3) and government	t organizations liste	ed in the lin	ne 1 table				•	
3 Enter total number of other organizations listed in the lir	ne 1 table						•	

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m							<u> </u>	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient that							answered i	es on ronn 550
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(2) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1	ssistance
(1) North Dakota Community Foundation	1	(рр)	-					
PO Box 387							Economic	Development
Bismark ND 58502	45-0336015	fiscal	15,000					_
(2) Northeast Native Network of Kinsh	ip							
PO Box 2236							Economic	Development
Vineyard Haven MA 02568	85-4370212	501c3	10,000					
(3) Northern Arapaho Tribe								
PO Box 396							Economic	Development
	83-0254253	Tribe	15,000					
(4) Northern California Tribal Court	Co							
728 Fourth St PMB M							Economic	Development
Eureka CA 95501	26-4323129	501c3	35,000					
(5) Northern Cheyenne Tribe								
PO Box 128							Economic	Development
Lame Deer MT 59043	81-0432358	Tribe	25,000					
(6) Northern Cheyenne Tribe								
PO Box 128							Economic	Development
	81-0432358	Tribe	15,000					
(7) Northwest Indian College								
2522 Kwina Rd							Economic	Development
	91-0905344	501c3	10,000					
(8) Northwest Indian Community Develo	pm							_
1818 Bemidji Ave N, Suite 1	.						Economic	Development
Bemidji MN 56601	36-3505641	501c3	10,000				<del> </del>	
(9) Northwestern Band of Shoshone Nat	io							_
2575 Commerce Way							Economic	Development
	83-0273501			<u> </u>				
2 Enter total number of section 501(c)(3) and governmen	•	ed in the lin	ne 1 table				🕨	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

Part I General Information on Grants a				1 12 11 112 7 7				
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis			assistance, the grantee					Yes No
2 Describe in Part IV the organization's procedures for r	monitoring the use of	of grant fund	ds in the United State	S				
Part II Grants and Other Assistance to							answered "Y	'es" on Form 990
Part IV, line 21, for any recipient the			Γ΄	'	'	e is needed.	T	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant assistance
(1) Nottawaseppi Huron Band of the F	ota							
1474 MnoBmadzewen Way							Economic	Development
Fulton MI 49052	38-2142598	Tribe	15,000					
(2) Oglala Sioux Nation								
PO Box 2070							Economic	Development
Pine Ridge SD 57770	46-0217222	Tribe	15,000					
(3) Ohana Makamae Inc								
PO Box 914							Economic	Development
Hana HI 96713	99-0342126	501c3	10,000					
(4) Omaha Tribe of Nebraska								
101 Main Street, PO Box 368							Economic	Development
Macy NE 68039	47-0429805	Tribe	25,000					
(5) Oneida Nation								
PO Box 365							Economic	Development
Oneida WI 54155	39-6081138	Tribe	20,000					
(6) Oneida Nation								
PO Box 365							Economic	Development
Oneida WI 54155	39-6081138	Tribe	35,000					
(7) Onkwe								
112 Jock Road							Economic	Development
Bombay NY 13655	83-4695446	501c3	25,000					
(8) Onkwe								
112 Jock Road							Economic	Development
Bombay NY 13655	83-4695446	501c3	10,000					
(9) Open Arms Native Missions								
1555 Jackson St							Economic	Development
Saint Paul MN 55117	83-2786766	501c3	10,000					
2 Enter total number of section 501(c)(3) and governme	nt organizations list	ed in the lir	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the	line 1 table							

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

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Open to Public Inspection

Schedule I (Form 990) (2021)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DAA

irst Nations Development Institute

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

Part I General Information on Grants at								
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the g	rants or assistance,	and		vaa 🗆 Na
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m	nance?	of grant fun	ds in the United States	 Q				Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that							anoworda i	00 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	oose of grant
or government	. ,	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Opt-In Kiana								_
PO Box 15							Economic	Development
PO Box 15  Liana AK 99749	82-4711825	501c3	25,000					
(2) Organized Village of Kake								
PO Box 316							Economic	Development
Kake AK 99830	92-0074844	Tribe	15,000					
Kake AK 99830 (3) Organized Village of Kake								
PO Box 316							Economic	Development
Kake AK 99830	92-0074844	Tribe	100,000					
(4) Orutsaramiut Native Council								
117 Katie Hately Lane							Economic	Development
Bethel AK 99559	92-0074128	Tribe	20,000					
(5) Osage Nation								_
627 Grandview							Economic	Development
Pwhuska OK 74056	73-1509406	Tribe	15,000					
(6) Otoe-Missouria Tribe								
8151 Hwy 177							Economic	Development
8151 Hwy 177 Red Rock OK 74651	73-1144677	Tribe	15,000					
(7) Oyate Networking Project Inc								
PO Box 316							Economic	Development
PO Box 316 Kyle SD 57752	46-0438929	501c3	15,000					
(8) Painted Desert Demonstration Pro	jec							
145 Leupp Rd	]						Economic	Development
Flagstaff AZ 86004	86-0710679	501c3	10,000					_
9) Paiute Indian Tribe of Utah								
110							Economic	Development
	87-0365095	Tribe	15,000					-
2 Enter total number of section 501(c)(3) and governmen					'		<u> </u>	
3 Enter total number of other organizations listed in the li	-						<b>&gt;</b>	

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

Attach to Form 990.

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute First Nations

Part I General Information on Grants a								
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the g	rants or assistance	, and		V
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for n	stance?	of arant fund	ds in the United State					Yes No
Part II Grants and Other Assistance to	Domestic Ora	anization	ns and Domestic	: Governments	Complete if the	organization	answered "Y	
Part IV, line 21, for any recipient th							anoworda 1	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of			(h) Pur	pose of grant
or government	, ,	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		assistance
(1) Pascua Yaqui Tribe of Arizona								_
7474 S Camino de Oeste							Economic	Development
Tucson AZ 85757	86-0203228	Tribe	15,000					
(2) Paupena Community Development								_
96 Ahulua St							Economic	Development
Kula HI 96790	81-4541775	501c3	10,000					
(3) Pawnee Nation of Oklahoma								_
881 Little Dee Dr PO Box 470							Economic	Development
Pawnee OK 74058	73-0725058	Tribe	15,000					
(4) Peacekeeper Society								
PO Box 441							Economic	Development
Harrah WA 98933	47-3686988	501c3	10,000					
(5) Penobscot Nation - DV/SA								
12 Wabanaki Way							Economic	Development
12 Wabanaki Way Old Town ME 04468	01-0327623	Tribe	25,000					
(6) Penobscot Nation - DV/SA								
12 Wabanaki Way							Economic	Development
12 Wabanaki Way Old Town ME 04468	01-0327623	Tribe	15,000					
(7) Penobscot Nation Boys and Girls	Clu							
7 Northern Road							Economic	Development
Presque Isle ME 04769	26-0250671	501c3	10,000					
(8) People's Partners for Community	Dev							
PO Box 955							Economic	Development
Lame Deer MT 59043	41-2102823	501c3	10,000					
(9) Plenty Doors Community Developme	nt							
PO Box 1061							Economic	Development
Crow Agency MT 59022	82-2045927	501c3	100,000					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				<u> </u>	
3 Enter total number of other organizations listed in the I								

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute First Nations

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1 Does the organization maintain	n records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to a  2 Describe in Part IV the organization	ward the grants or assis	stance?	f aront fun	do in the United States				U	res No
						Complete if the	organization	anawarad "V	oo" on Form 000
	her Assistance to for any recipient the							answered r	es on Form 990
					· ·				and of smart
1 (a) Name and address of or governme	•	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance		oose of grant ssistance
			(if applicable)	grant	HOLICASTI ASSISTANCE	other)	HUHCASH ASSISTANCE	Ui a.	3313101100
(1) Potter Valley Tribe								Egonomia	Darralammant
2251 S State Street			m 1	25 000				EGOUOMITG	Development
Ukiah	CA 95482	68-0210870	Tribe	35,000					
(2) Pueblo de Cochiti								L .	
PO Box 255								Economic	Development
	NM 87072	85-0216637	Tribe	10,000					
(3) Pueblo of Acoma									
PO Box 410								Economic	Development
Pueblo of Acoma	NM 87034	85-0194359	Tribe	15,000					
(4) Pueblo of Jemez									
PO Box 100								Economic	Development
Jemez Pueblo	NM 87144	85-0213473	Tribe	10,000				1	
(5) Pueblo of Laguna									
PO Box 194								Economic	Development
Laguna	NM 87026	85-0138325	Tribe	15,000					
(6) Pueblo of Pojoaque									
2 Petroglyph Circle								Economic	Development
Santa Fe		85-0219423	7871	15,000					-
(7) Pueblo of Pojoaque				•					-
2 Petroglyph Circle								Economic	Development
Santa Fe	NM 87506	85-0219423	7871	20,000					
(8) Qagan Tayagungin T		00 0227120	7072	20,000				+	
DO Boy 117								Economic	Development
	AK 99661	92-0139729	Tribe	15,000					20 VC10PMCHC
(9) Qawalangin Tribe o		72 0137129	11100	13,000		+		+	
(9) Qawarangin ilibe o. PO Box 334	L Ullazabka							Economic	Development
Unalaska	AK 99685	92-0134953	Triba	50,000				ECOTIONITO	PEAETOPHIETIC
		•			<u> </u>				
2 Enter total number of section s		=	ea in the lin	ie i tadie				💆	
3 Enter total number of other or	Janizations listed in the I	line 1 table						•	

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

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

> Development Institute Nations

Part I General Information on Grants ar								
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist							□.	Yes No
<ul><li>Describe in Part IV the organization's procedures for m</li></ul>		of grant fund	ds in the United States				Ц`	res INO
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that								
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant assistance
(1) Red Cloud Renewable					,			
1001 Solar Warrior Rd							Economic	Development
	81-1578843	501c3	100,000					
(2) Red Lake Band of Chippewa Indians								
PO Box 550							Economic	Development
	41-0692381	Tribe	15,000					
(3) Red Lake Band of Chippewa Indians	=							
PO Box 550							Economic	Development
	41-0692381	Tribe	10,000					
(4) Red Paint Creek Cooperative Inc.							1 .	_
3527 Monument Peak Rd		6	40.000				Economic	Development
	81-2884581	fiscal	10,000				<del> </del>	
(5) Red Paint Creek Cooperative Inc.								D 1
3527 Monument Peak Rd	01 0004501	£	1 - 000				Economic	Development
	81-2884581	IISCAL	15,000				+	
(6) Red Willow Center PO Box 2063							Egonomia	Development
	27-3196148	501 02	32,000				ECOHOMITC	Development
(7) Rios to Rivers	27-3190140	30103	32,000				+	
266 Wildwood Lane							Economic	Development
	46-0720031	fiscal	25,000				ECOHOMIC	Development
(8) Robinson Rancheria	10 0720031	TIDCAL	23,000				+	
PO Box 1580							Economic	Development
	94-2603481	Tribe	75,000					20,01010
(9) Rocky Boy Veterans Center			,				1	
46 Veterans Park Rd							Economic	Development
	47-4055811	501c3	28,000					
2 Enter total number of section 501(c)(3) and governmen	•		a 1 table				<b></b>	
3 Enter total number of other organizations listed in the li	as 1 table						_	

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	П,	
the selection criteria used to award the grants or assist.  2 Describe in Part IV the organization's procedures for me	ance?	of arant fund	de in the United States					Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that							answered i	C3
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purr	oose of grant
or government	. ,	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Rocky Mountain TLC								
2929 3rd Avenue N							Economic	Development
	81-0509779	7871	10,000					
(2) Rosebud Economic Development Corp	or							
27565 Research Park Drive							Economic	Development
	46-0454387	Tribe	30,000					
(3) Rosebud Economic Development Corp	or							
27565 Research Park Drive							Economic	Development
Mission SD 57555	46-0454387	Tribe	15,000					
(4) Running Strong for American Youth	1							
2550 Huntington Ave, Suite 200							Economic	Development
	54-1594578	fiscal	15,000					
(5) Running Strong for American Youth	1							
2550 Huntington Ave, Suite 200							Economic	Development
	54-1594578	fiscal	10,000					
(6) Sac and Fox Tribe of the Mississi	pp							
349 Meskwaki Rd.							Economic	Development
	41-6053373	Tribe	15,000					
(7) Saginaw Chippewa Tribal College								
2274 Enterprise Dr							Economic	Development
	38-6178758	7871	10,000					
(8) Saint Regis Mohawk Tribe								
71 Margaret Terrance Memorial Way							Economic	Development
	16-1007650	Tribe	15,000					
(9) Salish School of Spokane								
PO Box 10271							Economic	Development
PO Box 10271 Spokane WA 99209	27-1126478	501c3	74,200					
2 Enter total number of section 501(c)(3) and government	t organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the lin	ne 1 table						•	

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1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis	the amount of the						П,	Yes No
<ul><li>Describe in Part IV the organization's procedures for n</li></ul>			ds in the United States					res INO
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990.
Part IV, line 21, for any recipient the								
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Puri	pose of grant
or government	. ,	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Santa Clara Pueblo								
PO Box 580 588 Kee St							Economic	Development
Espanola NM 87532	85-0216550	Tribe	23,000					
(2) Sealaska Heritage Institute								
105 S Seward St, Suite 201							Economic	Development
Juneau AK 99801	92-0081844	501c3	28,000				1	
(3) Seeds worth Sewing								
1012 E Travelers Trai							Economic	Development
Burnsville MN 55337	85-4325771	fiscal	32,000				1	
(4) Seneca Nation of Indians								
12857 Route 438							Economic	Development
Irving NY 14081	16-0786768	Tribe	15,000				1	
(5) Seven Dancers Coalition Inc								
1569 State Route 37							Economic	Development
Akwesane NY 13655	27-1010636	fiscal	25,000					
(6) Shawnee Tribe								
29 S Hwy 69A P O Box 189							Economic	Development
Miami OK 74354	73-1611444	Tribe	15,000				1	
(7) Sherwood Valley Rancheria								
190 Sherwood Hill Drive							Economic	Development
Willits CA 95490	64-2447327	Tribe	10,000					
(8) Shoshone Bannock Tribes								
PO Box 306							Economic	Development
Fort Hall ID 83203	82-0197554	Tribe	15,000					
(9) Sicangu Community Development Co	rpo							
PO Box 236							Economic	Development
Mission SD 57555	83-3857527	501c3	15,000					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				<b></b>	
3 Enter total number of other organizations listed in the I	-						<b>&gt;</b>	

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1 Does the organization maintain records to substantia	ate the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance	and	
the selection criteria used to award the grants or as 2 Describe in Part IV the organization's procedures fo	sistance?	of grant fund	de in the United States				Yes No
Part II Grants and Other Assistance t					Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient							answered res on roini 550,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,		(h) Purpose of grant
or government	(2) =	section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) Sicangu Community Development (	Corpo	(:	-				
PO Box 236							Economic Development
Mission SD 57555	83-3857527	501c3	10,000				
(2) Sisseton Wahpeton College							
PO Box 689							Economic Development
Agency Village SD 57262	46-0357254	501c3	10,000				
(3) Sisseton Wahpeton Oyate							
PO Box 689							Economic Development
Agency Village SD 57262	46-0357254	Tribe	30,000				
(4) Sisseton Wahpeton Oyate							
PO Box 689							Economic Development
Agency Village SD 57262	46-0357254	Tribe	15,000				
(5) Sitka Tribe of Alaska							
456 Katlian Street							Economic Development
Sitka AK 99835	92-0060383	Tribe	15,000				
(6) Sogorea Te Land Trust							
2501 Harrision St							Economic Development
Oakland CA 94612	82-4415931	501c3	35,000				
(7) Sokaogen Chippewa Community							
3051 Sand Lake Rd		- '1	15 000				Economic Development
Crandon WI 54520	39-1180139	Tribe	15,000				
(8) Southcentral Foundation							
4501 Diplomacy Dr		F01 2	10 000				Economic Development
Anchorage AK 99508	92-0086076	501C3	10,000				<del> </del>
(9) Southern Plains Tribal Health F	soard						Base and a Basel and are
PO Box 16457		E01 ~ 2	10 000				Economic Development
Oklahoma City OK 73113	73-1606600		10,000				
2 Enter total number of section 501(c)(3) and governm							
3 Enter total number of other organizations listed in the	e line 1 table						<u></u>

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the selection criteria used to award the grants or as:  2 Describe in Part IV the organization's procedures for	sistance?	of arant fund	de in the United State				ı	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient							answered 1	03 011 1 01111 000
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of			(h) Purr	oose of grant
or government	(-,	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Southern Ute Indian Tribe		(						_
356 Ouray Dr.							Economic	Development
Aurora CO 80017	84-0404384	Tribe	15,000					-
(2) Southern Vision Alliance								
PO Box 51698							Economic	Development
Durham NC 27717	61-1639641	fiscal	25,000					
(3) Spirit Lake Nation								
PO BOX 414							Economic	Development
FORT TOTTEN ND 58335	45-0314494	Tribe	10,000					
(4) Spirit Lake Nation								
PO BOX 414							Economic	Development
FORT TOTTEN ND 58335	45-0314494	Tribe	75,000					
(5) Spirit of the Sun, Inc.								_
1290 N Williams St #9							Economic	Development
Denver CO 80218	03-0442292	501c3	10,000				1	
(6) St. Ann's Catholic Church of Be	eldou							
PO Box 2000							Economic	Development
Belcourt ND 58316	45-0250364	fiscal	15,000					
(7) St. Ann's Catholic Church of Be	eldou							
PO Box 2000							Economic	Development
Belcourt ND 58316	45-0250364	fiscal	35,000					
(8) Standing Rock Community Develop	oment							
PO Box D54  Fort Vales ND 58538							Economic	Development
POLE TALES ND 30330	37-1845443	501Cc3	15,000					
(9) Standing Rock Sioux Tribe								
PO Box D54							Economic	Development
Fort Yates ND 58538	45-0220519	Tribe	15,000					
2 Enter total number of section 501(c)(3) and government	nent organizations list	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the	e line 1 table						•	

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

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Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and	,	
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m	tance?	of grapt fund	de in the United States				······· 🔲 ነ	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	os" on Form 990
Part IV, line 21, for any recipient that							answered i	es on ronn sa
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	pose of grant
or government	(3) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Stockbridge Munsee Community		(	<u> </u>					
PO Box 70							Economic	Development
Bowler WI 54166	39-1145449	Tribe	15,000					_
(2) Stronghold Society								
2022 E 134th Way							Economic	Development
Thornton CO 80241	27-3621140	501c3	25,000				1	
(3) Susanville Indian Rancheria								
745 Joaquin St							Economic	Development
Susanville CA 96130	94-2165016	Tribe	15,000					
(4) Sust' aina ble Molokai								
PO Box 250							Economic	Development
Kaunakakai HI 96748	27-3261673	501c3	10,000					
(5) Sust' aina ble Molokai								
PO Box 250							Economic	Development
Kaunakakai HI 96748	27-3261673	501c3	30,037					
(6) Sustainable Economies Law Center								
1428 Franklin St							Economic	Development
Oakland CA 94612	46-2210531	fiscal	10,000					
(7) Swinomish Indian Tribal Community	У							
17337 Reservation Rd							Economic	Development
La Conner WA 98257	91-0434170	Tribe	15,000					
(8) Tanana Chiefs Conference								
122 First Ave Suite 600							Economic	Development
Fairbanks AK 99701	92-0040308	501c3	32,000					
(9) Tanana Chiefs Conference								
122 First Ave Suite 600							Economic	Development
Fairbanks AK 99701	92-0040308	501c3	10,000					
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the li	ne 1 table						•	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Part I General Information on Grants an	d Assistance							
1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assistance.  2 Describe in Part IV the organization's procedures for more							٠١	Yes No
Part II Grants and Other Assistance to I					Complete if the	organization	answered "Y	es" on Form 99
Part IV, line 21, for any recipient that							anoworda 1	00 0111 01111 00
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(*)	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	1	ssistance
(1) Tanka Fund								
287 Water Tower Road							Economic	Development
Kyle SD 57752	82-5315136	501c3	30,000					
(2) Tanka Fund								_
287 Water Tower Road							Economic	Development
Kyle SD 57752	82-5315136	501c3	15,000					
(3) Tataviam Land Conservancy								
1019 2nd St							Economic	Development
	83-1446244	501c3	35,000					
(4) Texas Tribal Buffalo Project								
PO Box 701							Economic	Development
Waelder TX 78959	85-3887724	501c3	32,000					
(5) The Chickasaw Nation								
PO Box 1548							Economic	Development
Ada OK 74821	73-1374986	Tribe	15,000					
(6) The Hopi Foundation								
PO Box 301							Economic	Development
	74-2488628	501c3	15,000					
(7) The Hopi School, Inc.								
PO BOX 56							Economic	Development
HOTEVILLA AZ 86030	48-1269229	501c3	25,000					
(8) The Human Family								
417 Main Ave, Suite 401							Economic	Development
	82-0859267	fiscal	25,000					
<b>(9)</b> The Native American Rehabilitation	n							
1776 SW Madison St							Economic	Development
Portland OR 97201	23-7098400	Tribe	10,000					
2 Enter total number of section 501(c)(3) and government	organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the lir	ne 1 table						•	

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

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Department of the Treasury Internal Revenue Service Name of the organization

> Nations Development Institute

Part I General Information on Grants a								
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis	e the amount of the stance?	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and	$\Box$	Yes No
2 Describe in Part IV the organization's procedures for r		of grant fun	ds in the United State	S.				
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 99
Part IV, line 21, for any recipient th								
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Puri	oose of grant
or government		section (if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance		ssistance
(1) The Seventh Generation Fund for	Ind							
PO Box 4569							Economic	Development
Arcata CA 95518	68-0027247	fiscal	15,000					
(2) Three Affialiated Tribes								_
404 Frontage Rd							Economic	Development
New Town ND 58763	91-2184912	Tribe	15,000					
(3) Three Sisters Gardens								
PO Box 108							Economic	Development
West Sacramento CA 95605	83-1875184	501c3	10,000					
(4) Thunder Valley CDC								
PO Box 290							Economic	Development
Porcupine SD 57772	20-8090454	501c3	15,000					
(5) Thunder Valley CDC								
PO Box 290							Economic	Development
Porcupine SD 57772	20-8090454	501c3	75,000					
(6) Thunder Valley CDC								_
PO Box 290							Economic	Development
PO Box 290  Porcupine SD 57772  Tiwa Lending Services	20-8090454	501c3	100,000					
(/) IIWA HEHATIIG BELVICES								_
PO Box 902							Economic	Development
Isleta Pueblo NM 87022	80-0742774	501c3	7,000					
(8) Tolani Lake Livestock and Water	Use							
HC 61 Box 3037							Economic	Development
Winslow AZ 86047	47-3057105	7871	10,000					
(9) Tolani Lake Livestock and Water	Use							
HC 61 Box 3037							Economic	Development
Winslow AZ 86047	47-3057105	7871	10,000					
2 Enter total number of section 501(c)(3) and governme	nt organizations list	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the	_						<b>•</b>	

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

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Part I General Information on Grants ar	na Assistance	!						
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist	tance?				ants or assistance,	and		Yes No
2 Describe in Part IV the organization's procedures for m								<del> =</del> .
Part II Grants and Other Assistance to I							answered "Y	es" on Form 990,
Part IV, line 21, for any recipient that		1		•			T (1) D	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant assistance
(1) Tongva Taraxat Paxaavxa Conserva	CV	(if applicable)	grant	Horicusti assistance	otner)	Horicasii assistance	- 01 4	33344100
PO Box 608	· · ·						Economic	Development
	87-1422866	501c3	35,000				Economic	Developmene
(2) Tribal Nations Research Group			30,000					
70 7 1006							Economic	Development
PO Box 1906 Belcourt ND 58316	46-5453270	501c3	32,000					-
(3) Trickster Art Gallery								
190 S Roselle Rd							Economic	Development
Schaumburg IL 60193	46-1640865	501c3	10,000				1	
(4) Ttawaxt Birth Justice Center								
71 Mckee Rd							Economic	Development
	84-2803522	501c3	32,000					
(5) Tunica Biloxi Tribe								
150 Melancon Drive							Economic	Development
	72-0942856	Tribe	15,000					
(6) Tuolumne Band of Me-Wuk Indians								
PO Box 699							Economic	Development
Tuolumne CA 95379	77-0121021	Tribe	45,000					
(7) Tuolumne Band of Me-Wuk Indians							L .	
PO Box 699			25 222				Economic	Development
	77-0121021	Tribe	35,000					
(8) Turtle Mountain Band Chippewa							h	D1
PO Box 900 4180 US Hwy 281		mad la a	1 - 000				EGOUOMITG	Development
	45-0223071	Tribe	15,000				+	
(9) Two Feathers Native American Fam:	1 - y						Egonomia	Development
1560 Betty Court McKinleyville CA 95519	68-0285726	50102	10,000				ECOMOUNT	релетоБинети
2 Enter total number of section 501(c)(3) and governmen				<u> </u>			<u> </u>	
3 Enter total number of other organizations listed in the li	-	cu III IIIC III	ie i table					
Enter total harmon of other organizations hatcuill the in	iio i tabio							

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

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for m	tance?	f grapt fund	de in the United State				· 📙 ነ	res No
Part II Grants and Other Assistance to					Complete if the	organization	answored "V	os" on Form 900
Part IV, line 21, for any recipient that							answered i	63 0111 01111 330
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(6) 2111	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) Ukwakhwa Inc		(п аррпсавіс)	<u> </u>		Guiciy			
N 6019 Lambie Rd							Economic	Development
D Pere WI 54115	86-3764912	501c3	20,000					-
(2) Ukwakhwa Inc			·					
N 6019 Lambie Road							Economic	Development
De Pere WI 54115	86-3764912	501c3	10,000					_
(3) United Houma Nation								
20986 Hwy 1							Economic	Development
Golden Meadow LA 70357	72-0742264	501c3	15,000				1	
(4) United South and Eastern Tribes	Inc							_
711 Stewards Ferry Pike, Suite 1	do						Economic	Development
Nashville TN 37214	59-1315904	Tribe	10,000					
(5) United Tribes Technical College								
3315 University Dr							Economic	Development
Bismark ND 58504	45-0314233	501c3	10,000					
(6) United Tribes Technical College								
3315 University Drive							Economic	Development
Bismarck ND 58504	45-0314233	501c3	15,000					
(7) Upper Skagit Indian Tribe								
25944 Community Plaza Way							Economic	Development
Sedro-Woolley WA 98284	91-0936960	Tribe	15,000					
(8) Ute Mountain Ute								
125 Mike Wash Road							Economic	Development
Towaoc CO 81334	84-0404385	Tribe	25,000				<b></b>	
(9) Ute Mountain Ute								
125 Mike Wash Road							Economic	Development
Towaoc CO 81334	84-0404385	Tribe	32,000					
2 Enter total number of section 501(c)(3) and government	nt organizations liste	ed in the lin	ne 1 table				<b>&gt;</b>	
3 Enter total number of other organizations listed in the li	ine 1 table						•	

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

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	ants or assistance,	and		
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m	tance?	f grant fund	do in the United Ctate				Y	es No
Part II Grants and Other Assistance to					Complete if the	organization	anawarad "V	oo" on Form 000
Part IV, line 21, for any recipient that							answered 1	es on Folli 990
		(c) IRC	(d) Amount of cash				(b) Dure	occ of grapt
(a) Name and address of organization     or government	<b>(b)</b> EIN	section	grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance		ose of grant ssistance
(1) Ute Mountain Ute Tribe		(if applicable)	grant	Horicasti assistance	other)	Horicasii assistance	01 43	33I3tarice
PO BOX 308							Economic	Development
Towaoc CO 81334	84-0404385	Tribe	15,000				ECOHOMIC	Development
(2) Wabanak Health and Wellness Inc	04-0404303	TITDE	13,000					
1 Merchants Plz, Suite 401							Economic	Development
	04-3337456	50103	10,000				ECOHOMIC	Development
(3) Waimea Hawaiian Homesteaders' As:		30103	10,000					
DO Dorr 106	300						Economic	Development
	99-0317807	501~3	20,000				ECOHOMIC	Development
(4) Waimea Hawaiian Homesteaders' As:		30103	20,000					
PO Box 126	300						Economic	Development
Kamuela HI 96743	99-0317807	501c3	10,000				ECOHOMIC	Development
(5) Walker River Paiute Tribe	99-0317007	30103	10,000				+	
PO Box 220,1022 Hospital Rd							Fconomic	Development
Schurz NV 89427	88-0139307	Tribe	10,000				Economic	Development
(6) Walker River Paiute Tribe	00 0137307	TITEC	10,000				+	
PO Box 220,1022 Hospital Rd							Economic	Development
Schurz NV 89427	88-0139307	Tribe	15,000				Leonomie	Development
(7) Walker River Paiute Tribe	00 0133307	TITEC	13,000				+	
PO Box 220,1022 Hospital Rd							Economic	Development
Schurz NV 89427	88-0139307	Tribe	35,000					Developmene
(8) Walks On The Day	00 0133307	TITEC	33,000				+	
38307 Cottonwood Ln							Economic	Development
	84-3402789	501c3	10,000					Developmene
(9) We Care Shi Cheii Doo Shi Masani		30103	10,000				<del>                                     </del>	
PO Box 1160							Economic	Development
PO Box 1160 Pinon AZ 86510	84-4026854	501c3	25,000					
2 Enter total number of section 501(c)(3) and governmen	•		a 1 table	l	1		<u> </u>	
3 Enter total number of other organizations listed in the li	=	,						

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

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1 Does the organization maintain records to substantiate	the amount of the	grants or a	assistance, the grantee	es' eligibility for the gr	rants or assistance,	and		
the selection criteria used to award the grants or assis  Describe in Part IV the organization's procedures for n	stance?	of grapt fund	de in the United State				······· 🔲 '	res No
Part II Grants and Other Assistance to					Complete if the	organization	answered "V	es" on Form 990
Part IV, line 21, for any recipient th							answered i	63 0111 01111 990
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of		(g) Description of	(h) Purr	oose of grant
or government	(3) 2	séction (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		ssistance
(1) We Care Shi Cheii Doo Shi Masani		(рр)						
PO Box 1160							Economic	Development
Pinon AZ 86510	84-4026854	501c3	9,120					_
(2) White Earth Band of Ojibwe								
35500 Eagle View Road							Economic	Development
Ogema MN 56569	41-1737979	Tribe	15,000					
(3) White Mountain Apache Tribe								
PO Box 700							Economic	Development
Whiteriver AZ 85941	86-0092030	Tribe	28,000					
(4) White Mountain Apache Tribe								
PO Box 708							Economic	Development
Fort Apache AZ 85926	86-0092030	Tribe	25,000					
(5) White Mountain Apache Tribe								
PO Box 708							Economic	Development
Fort Apache AZ 85926	86-0092030	Tribe	15,000					
(6) White Mountain Apache Tribe								
PO Box 708							Economic	Development
Fort Apache AZ 85926	86-0092030	Tribe	20,086					
<b>(7)</b> Winnebago Comprehensive Healthca	re							
225 South Bluff Street							Economic	Development
Winnebago NE 68071	37-1889645	7871	25,000					
(8) Winnebago Tribe of Nebraska								
PO Box 687 100 Bluff St							Economic	Development
Winnebago NE 68071	47-0489118	Tribe	15,000					
(9) Wisconsin Native Loan Fund								
PO Box 580							Economic	Development
Lac Du Flambeau WI 54538	43-2116172	501c3	10,000	<u></u>				
2 Enter total number of section 501(c)(3) and government	nt organizations list	ed in the lin	ne 1 table					
3 Enter total number of other organizations listed in the I	ine 1 table						•	

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1 Does the organization maintain records to substantiate								V
the selection criteria used to award the grants or assist  Describe in Part IV the organization's procedures for m		of grant fund	ds in the United States				······ []	Yes No
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient that								
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	pose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or a	ssistance
(1) Wiyot Tribe								
1000 Wiyot Drive							Economic	Development
Loieta CA 95551	194-2/11453	Tribe	25,000					
(2) Woodland Boys and Girls Club Inc								
PO Box 261 W6719 Water St							Economic	Development
	39-1423945	501c3	25,000					
(3) Woodland Indian Art, Inc								
PO Box 116							Economic	Development
	36-4769904	501c3	15,000					_
(4) Woodland Indian Art, Inc								
PO Box 116							Economic	Development
Oneida WI 54115	36-4769904	501c3	20,000					
(5) World Indigenous Nations Univers	ity							
379 Pueo Dr							Economic	Development
	47-3854459	501c3	10,000					
(6) World Indigenous Nations Univers:	ity							
379 Pueo Dr							Economic	Development
Kula III 50750	47-3854459	501c3	25,000					
(7) Yakutat Tlingit Tribe								
PO Box 418							Economic	Development
PO Box 418  Kakutat AK 99689  (a) Yankton Sioux Tribe	92-0170735	Tribe	15,000					
(6) 1411110011 810411 11128								
PO Box 1153							Economic	Development
Wagner SD 57380	46-0373220	Tribe	15,000					
(9) Yavapai-Apache Nation								_
2400 West Datsi Street							Economic	Development
Camp Verde AZ 86322	86-0210241	Tribe	15,000					
2 Enter total number of section 501(c)(3) and governmen	t organizations liste	ed in the lin	ne 1 table				<b>•</b>	<del></del>
3 Enter total number of other organizations listed in the li	ne 1 table							

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Part I General Information on Grants a								
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assi			assistance, the grantee					Yes No
2 Describe in Part IV the organization's procedures for i	monitoring the use of	of grant fund	ds in the United State	S.				1es10
Part II Grants and Other Assistance to					Complete if the	organization	answered "Y	es" on Form 990
Part IV, line 21, for any recipient the								
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Pur	pose of grant
or government	. ,	section (if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance		issistance
(1) YTT Northern Chumash Nonprofit								_
440 West Edmundson Ave							Economic	Development
Morgan Hill CA 95037	27-4006315	501c3	5,500					
(2) Yukon-Kuskokwim Health Corporati	.on							_
PO Box 528							Economic	Development
Bethel AK 99559	92-0041414	501c3	10,000					
(3) Yukon-Kuskokwim Health Corporati	.on							_
PO Box 528							Economic	Development
Bethel AK 99559	92-0041414	501c3	10,000					
(4) Yurok Tribe								
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	10,000					_
(5) Yurok Tribe								
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	10,000					
(6) Yurok Tribe								
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	25,000					
(7) Yurok Tribe								
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	32,000					_
(8) Yurok Tribe			,					
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	15,000					-
(9) Yurok Tribe								
190 Klamath Blvd							Economic	Development
Klamath CA 95548	68-0178020	Tribe	35,000					_
2 Enter total number of section 501(c)(3) and government							<u> </u>	_
3 Enter total number of other organizations listed in the								

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Department of the Treasury Internal Revenue Service

Name of the organization

irst Nations Development Institute

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P	Part I General Information on Grants an			_				
1	Does the organization maintain records to substantiate the selection criteria used to award the grants or assist.  Describe in Part IV the organization's procedures for me	ance?						Yes No
	Part II Grants and Other Assistance to I					Complete if the	organization	answered "Yes" on Form 990
	Part IV, line 21, for any recipient that							
1	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Ziibimijwang							
	5055 Gill Road							Economic Development
Ca	arp Lake MI 49718	38-3236295	7871	20,000				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the line	•	ed in the lin	ne 1 table				<u></u>

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 addi				1					
(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				
I GRIIO				$\gamma \sim \gamma$					
1 Stipends for general assi	275	1,432,988							
2									
3									
4									
5									
6									
7									
Part IV Supplemental Information. Pro	ovide the information	required in Part I, I	ne 2; Part III, colum	n (b); and any other addit	onal information.				
See Schedule I Supplementa	l Information	n Worksheet							

### Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2021, or tax year beginning

07/01/21 , and ending 06/30/22

2021

Employer identification number

Name of the organization

First Nations Development Institute

54-1254491

I dono intopositori ocey
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
The grant-making department manages the solicitation, review and award of
grants to applicant organizations. The grant-making department requires
documentation of exempt or tribal government status, a budget and
narrative of the grantee's proposal and other relevant information. A
First Nations committee reviews applications for consistency with First
Nations' program objectives and other factors. Terms and conditions of each
grant are documented and signed both by First Nations and the grantee. The
terms and conditions require programmatic and financial reports from the
grantee. The grant-making department monitors compliance with grant terms
and conditions, including timely receipt of required reports. Normally
grant funds are disbursed in multiple payments: initial payment follows
receipt of signed terms and conditions, and subsequent payments are held
until required reports are received, often halfway throughand at the end of
the grant period.

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

	First Nations Development Institute 54-1254491			
Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion F01(a)(2) F01(a)(4) and F01(a)(20) arganizations must complete lines F 0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5				
•	compensation contingent on the revenues of: The organization?	5a		Х
a h		5b		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	- JD		25
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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	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 on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section 53 4058 6(c)?	ا م	1	1

#### 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 aren't 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.

	(B) Breakdown of W-2	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Michael Roberts	(i) 221,260	C	C	5,858	10,745	237,863	0
1 President	(ii) O		) C	0			0
	(i)						
2	(ii)						
	(i) (ii)						
-	(i)						
4	(ii)						
	(i)						
<u> </u>	(ii) (i)						
	(i) (ii)						
	(i)						
	(ii)						
	(i) (ii)						
	(i) 						
-	(i)						
· ·	(ii)						
	(i) (ii)						
	(i)						
<u>:=</u>	(ii)						
	(i) 						
	(i)		1				
14	(ii)						
15	(i) (ii)						
	(i) 						
10	` 1	l .	I .	I .			

Schedule J (Form 990) 2021

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.
Part I, Line 3 - Related Org Methods Used for Compensation Explanation
Board members approve the President's salary. They are all familiar with
the not-for-profit sector and the environment in which First Nations works.
Therefore, the board has sufficient knowledge to evaluate and approve the
President's salary.

#### **Noncash Contributions**

▶ 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 instructions and the latest information.

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nations Development Institute

Pa	rt I Types of Property		11100	00410						
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method	d of deten	mining		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash c	ontribution	n amounts		
1	Art — Works of art									
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	X	22	5,158,236	Su	<u>bsequent</u>	sel	lling	pri	<u>ice</u>
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 ►( )									
26	Other ►()									
27	Other ►( )									
<u>28</u>	Other ►( )  Number of Forms 8283 received by			an for contributions for						
29		_	= -		20	0				
	which the organization completed F	01111 0203	, Fait V, Donee Acknow	weagement	29				Yes	No
30a	During the year, did the organizatio	n rocoivo	by contribution any prop	orty reported in Part I line	c 1 thr	ough			103	140
Jua	28, that it must hold for at least three					-				
	to be used for exempt purposes for	-			-			30a		Х
b	If "Yes," describe the arrangement		riolaling period:							25
31	Does the organization have a gift a		nolicy that requires the	review of any nonstandard	4					
٠.	a a maturibu uti a ma O	-		•				31		Х
32a	Does the organization hire or use the			s to solicit process or sel				31	+	- 22
JŁa	. " . " . 0	-	_	•				32a		Х
b	If "Yes," describe in Part II.							<u>32a</u>		-23
33	If the organization didn't report an a	amount in	column (c) for a type of	property for which column	(a) is	checked				
-	describe in Dort II	anount III	oolallii (o) ioi a type oi	property for writeri coluitili	(a) 13	orioonou,				

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

V Go to www.ns.gov/nonn/770 for the latest information

Nations Development

Employer identification number 54-1254491

Form 990, Part III, Line 4a - First Accomplishment Strengthening Tribal & Community Institutions - Through grant support, technical assistance and training, First Nations provides tribes and Native communities with the tools and resources necessary to create new community-based nonprofit organizations and to strengthen the capacity of existing nonprofits and tribal agencies or departments. For 36 years, First Nations has supported hundreds of model projects that help revitalize Native communities, while integrating social empowerment and economic strategies. First Nations believes that by bolstering tribal and community institutions, we are helping to build economically stronger and healthier Native communities for the long term. An essential component of First Nations' nonprofit capacity-building strategy is our Leadership, Entrepreneurial, and Apprenticeship Development (L.E.A.D.) Institute Conference that trains emerging and existing Native nonprofit leaders, including staff members from many of our grantee organizations. For 21 years, First Nations has held an annual L.E.A.D. Institute Conference for Native American nonprofit professionals, tribal leaders and anyone

Form 990, Part III, Line 4b - Second Accomplishment

Nourishing Native Foods & Health - First Nations recognizes that accessing healthy food is a challenge for many Native American children and families.

Without access to healthy food, a nutritious diet and good health are out of reach. To increase access to healthy food, we support tribes and Native communities as they build sustainable food systems that improve health,

interested in Native nonprofits, business and philanthropy.

Name of the organization

First Nations Development Institute

Employer identification number

54-1254491

strengthen food security and increase the control over Native agriculture and food systems. First Nations provides this assistance in the form of financial and technical support, including training materials, to projects that address agriculture and food sectors in Native communities. First Nations also undertakes research projects that build the knowledge and understanding of Native agriculture and food systems issues, and inform Native communities about innovative ideas and best practices. We also participate in policy forums that help develop legislative and regulatory initiatives within this sector. First Nations supports a regional and national network of Native food sector and related organizations. First Nations conducts its work in this area under its broad Native Agriculture and Food Systems Initiative (NAFSI).

Form 990, Part III, Line 4c - Third Accomplishment

Native Lands Stewardship - Native American communities have sustainably
managed their lands for thousands of years, cultivating, adapting, and
transferring traditional ecological knowledge over many generations. This
expansive reservoir of knowledge and deep connection to land keep Native
communities strong and encourage the land to be more productive. Such
relationships also benefit the natural world that we depend on, and the
importance of being in harmony and true connection with places. In May
2019, the United Nations' Global Assessment Report on Biodiversity and
Ecosystem Services found that environmental impacts were less severe or
avoided in areas held or managed by Indigenous peoples and local
communities. The goal of the Stewarding Native Lands program is to provide
financial and technical assistance to support Native ecological stewardship
and improve Native control of and access to ancestral lands and resources

Name of the organization

First Nations Development Institute

Employer identification number

54-1254491

to ensure the sustainable, economic, spiritual and cultural well-being of Native communities.

Form 990, Part III, Line 4d - All Other Accomplishments

Investing in Native Youth - First Nations believes that Native youth
represent the future of Native communities, and that their health and
well-being determine the future health and well-being of a community
overall. By investing in youth and giving them a sense of place and
tradition in the community, a community ensures that it will have bright
and capable future leaders. First Nations invests in Native youth and
their families through many programs, but the cornerstone of our youth
efforts is the Native Youth and Culture Fund, which annually provides grant
support to numerous youth-related projects. We also have a range of
financial education programs that are specifically geared toward Native
youth, including the Crazy Cash City reality fair and the \$pending Frenzy
workshop. The goal is to provide programs that meet youth where they are,
support them in accomplishing their goals and dreams, and prepare them for
an empowered adulthood guided by their cultures, families and traditions.

Advancing Household & Cofmmunity Asset-Building Strategies - First Nations works with our national and local partners to identify, develop and implement household and community asset-building strategies that empower Native people. Working with our community partners in tribal colleges and community development financial institutions (CDFIs), we share ideas through peer learning and we finance program development through our grant making program. Working with our national and regional partners, we have helped share information about household asset-building programs such as

Page 2 of 5

Name of the organization

First Nations Development Institute

Employer identification number

54-1254491

Individual Development Accounts, Children's Savings Accounts, and Volunteer Income Tax Assistance sites. We also conduct research on issues related to predatory lending in Native communities and work to raise awareness of this problem. First Nations' programs help move families and communities toward financial security. To create systemic economic change, First Nations also works with Native American communities to develop new businesses and services, and reclaim direct control of assets. We seek to help communities understand, create and control the way in which Native assets are valued, as well as the decision-making process in deciding whether to monetize those assets.

Achieving Native Financial Empowerment - First Nations and its independent subsidiary, First Nations Oweesta Corporation (a community development financial institution), work in partnership with Native American tribes and communities throughout the U.S. to assist them in designing and administering financial and investor education programs. Our projects range from helping individuals and families understand the basics of financial management opening and maintaining a bank account and using credit wisely to helping individuals understand financial markets and a variety of financial instruments for borrowing and saving. Learning how to manage finances ensures that Native people will be more likely to save and invest. Our programs result in increased investment levels and economic growth in Native communities.

Form 990, Part VI - Material Differences in Voting Rights Explanation

The President, Michael Roberts, is a voting member of the governing body,
but is compensated through the organization. Therefore, he is not

Page 3 of 5

Employer identification number

First Nations Development Institute 54-1254491 considered an independent voting member of the overning body. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Board members are presented with draft copies of the Form 990 and all schedules and attachments. They are asked to review and approve the Form 990 before it is filed with the IRS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The bylaws provide the conflict of interest policy for board members. The employee handbook provides the conflict of interest policy for employees. Board members verbally disclose conflicts of interest. Board members are required to complete annual conflict of interest questionnaires. Form 990, Part VI, Line 15a - Compensation Process for Top Official Board members approve the President's salary at least annually. Form 990, Part VI, Line 15b - Compensation Process for Officers Board members approve the President's salary and are informed of the salaries of other key employees. They are all familiar with the not-forprofit sector and the environment in which First Nations works and from which it recruits employees. Therefore, the board has sufficient knowledge to evaluate and approve these salaries. Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio

First Nations Development Institute	54-1254491
Form 990, Part VI, Line 19 - Governing Documents Disc The audited financial statements and Form 990 are ava	
Organization's website. Governing documents, financi	al statements and the
conflict of interest policy are also available from t	he Organization upon
request.	
Form 990, Part IX, Line 11g - Other Fees for Services	
Description	
\$ 1,865,502 \$ 79,483	
	Page 5 of 5