

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable:
C Name of organization: FIRST NATIONS DEVELOPMENT INSTITUTE
D Employer identification number: ** - *** 4491
E Telephone number: 303-774-7836
G Gross receipts: \$ 56,357,235

F Name and address of principal officer:
MICHAEL ROBERTS
2432 MAIN STREET, 2ND FLOOR
LONGMONT CO 80501
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527
J Website: WWW.FIRSTNATIONS.ORG
H(c) Group exemption number

K Form of organization: [X] Corporation [] Trust [] Association [] Other
L Year of formation: 1983
M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO STRENGTHEN AMERICAN INDIAN ECONOMIES TO SUPPORT HEALTHY NATIVE COMMUNITIES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here
Signature of officer: MICHAEL ROBERTS, PRESIDENT
Date

Paid Preparer Use Only
Preparer's name: TIFFANY KNIGHT
Preparer's signature: TIFFANY KNIGHT
Date: 12/17/25
Check self-employed
Firm's name: KUNDINGER, CORDER & MONTOYA, P.C.
Firm's EIN: ** - *** 5164
Firm's address: 475 LINCOLN STREET, SUITE 200, DENVER, CO 80203
Phone no.: 303-534-5953

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FIRST NATIONS DEVELOPMENT INSTITUTE ADVANCES AND PROMOTES THE DIRECT PARTICIPATION OF TRIBES, TRIBAL MEMBERS, AND OTHER INDIGENOUS PEOPLES IN THE FULL USE OF THE ECONOMY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,341,457 including grants of \$ 4,027,200) (Revenue \$)
NATIVE ARTS, LANGUAGE, AND KNOWLEDGE
THROUGH THE NATIVE ARTS, LANGUAGE, AND KNOWLEDGE PROGRAM, WE DIRECTLY SUPPORT TRIBES AND NATIVE-LED ORGANIZATIONS BY PROVIDING FINANCIAL RESOURCES, TRAINING, AND TECHNICAL ASSISTANCE. WE FOCUS OUR WORK IN FIVE STRATEGIC IMPACT AREAS: NATIVE LANGUAGES, NATIVE ARTS, INDIGENOUS KNOWLEDGE HOLDERS, AND BUILDING CAPACITY OF NATIVE NONPROFIT PROFESSIONALS WORKING IN COMMUNITY AND ECONOMIC DEVELOPMENT.

4b (Code:) (Expenses \$ 5,263,336 including grants of \$ 2,764,601) (Revenue \$)
NATIVE AGRICULTURE AND FOOD SYSTEMS INVESTMENTS
FIRST NATIONS WORKS TO STRENGTHEN FOOD SYSTEMS IN NATIVE COMMUNITIES, IMPROVE HEALTH AND NUTRITION, AND BUILD LASTING FOOD SECURITY. WE PROVIDE TRIBES AND NATIVE-LED ORGANIZATIONS FINANCIAL RESOURCES, TRAINING, TECHNICAL ASSISTANCE, AND SUPPORT IN THE FORM OF RESEARCH, ADVOCACY, AND COALITION BUILDING IN THE AREAS OF NATIVE FOOD SOVEREIGNTY, FOOD SECURITY, FOOD ECONOMIES, AND FOOD NETWORKS.

4c (Code:) (Expenses \$ 10,329,652 including grants of \$ 7,043,239) (Revenue \$)
STEWARDSHIP NATIVE LANDS
THE STEWARDSHIP NATIVE LANDS PROGRAM SUPPORTS TRIBES AND NATIVE-LED ORGANIZATIONS BY PROVIDING FINANCIAL RESOURCES, RESEARCH, AND ADVOCACY, ALONG WITH TRAINING AND TECHNICAL ASSISTANCE THROUGH SITE VISITS, CONFERENCES, CONVENINGS, WORKSHOPS, WEBINARS, AND PEER-LEARNING COHORTS. OUR WORK TARGETS FIVE STRATEGIC AREAS: CLIMATE, COMMUNITY PATHWAYS, ENVIRONMENTAL SOVEREIGNTY AND JUSTICE, STEWARDSHIP, AND THE EXPANSION OF NATIVE OWNERSHIP AND STEWARDSHIP OVER TRIBAL HOMELANDS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,739,362 including grants of \$ 2,439,234) (Revenue \$ 251,200)

4e Total program service expenses 26,673,807

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 persons? <i>If "Yes," complete Schedule L, Part III</i>		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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	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	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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 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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
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			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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:				
a	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.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		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			

Section 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records. THALIA MACK LONGMONT	2432 MAIN STREET, 2ND FL. CO 80501 303-774-7836

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENNY SHENDO, JR. CHAIR	2.00 0.00	X		X				0	0	0
(2) MARGUERITE SMITH VICE CHAIR	2.00 0.00	X		X				0	0	0
(3) SUSAN JENKINS TREASURER	2.00 0.00	X		X				0	0	0
(4) SHYLA SHEPPARD SECRETARY	2.00 0.00	X		X				0	0	0
(5) CHANDRA HAMPSON DIRECTOR	2.00 0.00	X						0	0	0
(6) GELVIN STEVENSON DIRECTOR	2.00 0.00	X						0	0	0
(7) VAL SEQUEST DIRECTOR	2.00 0.00	X						0	0	0
(8) JAY CALHOUN DIRECTOR	2.00 0.00	X						0	0	0
(9) ELIZABETH REES DIRECTOR	2.00 0.00	X						0	0	0
(10) MICHAEL ROBERTS PRESIDENT	40.00 0.00	X		X				300,946	0	18,887
(11) THALIA MACK FINANCE OFFICER	40.00 0.00			X				114,928	0	13,151

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JACQUELINE FRANCKE COO	40.00 0.00					X		180,386	0	21,457
(13) VENA BRIONES POLICY RESEARCH VP	40.00 0.00					X		139,731	0	22,544
(14) CATHERINE BRYAN COMMUNICATIONS VP	40.00 0.00					X		149,029	0	14,236
(15) MARY ADELZADEH SNL DIRECTOR	40.00 0.00					X		118,969	0	13,132
(16) REBECCA TORTES CA TRIBAL DIRECTOR	40.00 0.00					X		116,464	0	12,813
(17)										
(18)										
(19)										
1b Subtotal								1,120,453		116,220
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,120,453		116,220

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN HENDRIX MADISON MS 39110	139 CEDAR WOODS COVE PUBLIC RELATION	193,300
METROPOLITAN GROUP PORTLAND OR 97205	733 SW OAK STREET SUITE 100 PUBLIC RELATION	167,360
MARIAN QUINLAN, INC. MILLBORO VA 24460	2354 RIVER ROAD FIELD RESEARCH	143,032
NEW RIVER COMMUNICATIONS LLC FORT MYERS FL 33907	1910 PARK MEDOWS DR STE 200 MARKETING	127,071
MELVIN CONSULTING PLLC FLAGSTAFF AZ 86004	2532 N. 4TH STREET 127 TRAINING/EDU	111,904

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,057,869			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	46,927,586			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,077,579			
	h Total. Add lines 1a-1f		51,985,455			
Program Service Revenue	2a CONSULTING FEES	Business Code 900099	251,200	251,200		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		251,200			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,023,022		4,023,022	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	38,585			
		(ii) Personal				
		6a	38,585			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	38,585			
	d Net rental income or (loss)		38,585		38,585	
	7a Gross amount from sales of assets other than inventory	(i) Securities	22,055			
		(ii) Other				
		7a	22,055			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c	22,055			
	d Net gain or (loss)		22,055		22,055	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a OTHER REVENUE	Business Code 900099	36,918	36,918		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		36,918			
12 Total revenue. See instructions		56,357,235	288,118	0	4,083,662	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,699,380	14,699,380		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,574,894	1,574,894		
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	421,258	207,820	179,808	33,630
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,209,714	3,124,152	577,114	508,448
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,802	55,128	8,700	8,974
9 Other employee benefits	678,498	496,659	101,009	80,830
10 Payroll taxes	396,542	286,138	63,850	46,554
11 Fees for services (nonemployees):				
a Management				
b Legal	36,321	29,953	952	5,416
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	3,601,033	2,969,632	94,427	536,974
12 Advertising and promotion				
13 Office expenses	488,978	237,465	148,364	103,149
14 Information technology	110,230	37,753	51,877	20,600
15 Royalties				
16 Occupancy	185,794	61,142	123,988	664
17 Travel	1,837,775	1,611,755	59,334	166,686
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,074,885	944,407	74,611	55,867
20 Interest	22,423		22,423	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,934		89,934	
23 Insurance	20,258		20,258	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	365,711	53,353	226,784	85,574
b EQUIP. & SOFTWARE MAINT.	262,978	238,865	17,166	6,947
c PRINTING & PUBLICATIONS	69,119	45,311	18,536	5,272
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,218,527	26,673,807	1,879,135	1,665,585
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,377,306	2	5,160,351
	3 Pledges and grants receivable, net	8,892,018	3	21,472,607
	4 Accounts receivable, net	76,200	4	110,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	446,202	9	290,723
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,763,418		
	b Less: accumulated depreciation	10b 531,759	2,248,085	10c 2,231,659
	11 Investments—publicly traded securities	73,243,786	11	86,927,308
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	87,283,597	16	116,192,648	
Liabilities	17 Accounts payable and accrued expenses	722,960	17	37,682
	18 Grants payable	6,401,653	18	8,557,616
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,124,613	26	8,595,298
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,219,386	27	45,616,091
	28 Net assets with donor restrictions	43,939,598	28	61,981,259
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	80,158,984	32	107,597,350
33 Total liabilities and net assets/fund balances	87,283,597	33	116,192,648	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,357,235
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,218,527
3	Revenue less expenses. Subtract line 2 from line 1	3	26,138,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,158,984
5	Net unrealized gains (losses) on investments	5	1,299,658
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	107,597,350

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	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	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,099,671	40,246,113	21,216,873	33,098,790	51,985,455	176,646,902
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	30,099,671	40,246,113	21,216,873	33,098,790	51,985,455	176,646,902
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)						37,093,904
6 Public support. Subtract line 5 from line 4.						139,552,998

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	30,099,671	40,246,113	21,216,873	33,098,790	51,985,455	176,646,902
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,195,775	1,931,555	2,311,565	3,459,653	4,061,607	12,960,155
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.)			42,413		36,918	79,331
11 Total support. Add lines 7 through 10						189,686,388

12 Gross receipts from related activities, etc. (see instructions) **12** 1,115,995

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.57%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	77.78%

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL
 MISCELLANEOUS INCOME \$ 79,331

Name of the organization

Employer identification number

FIRST NATIONS DEVELOPMENT INSTITUTE

-*4491

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

- 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).

Name of organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DORIS DUKE FOUNDATION 444 MADISON AVE 10TH FLOOR NEW YORK NY 10022	\$ 1,400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FREEMAN FOUNDATION 31255 AMERICANA PARKWAY SELBYVILLE DE 19975	\$ 2,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HILTON FOUNDATION 1 DOLE DRIVE WEST LAKE VILLAGE CA 91362	\$ 1,825,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HENRY LUCE FOUNDATION 51 MADISON AVE NEW YORK NY 10010	\$ 6,200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MARGARET A. CARGILL FOUNDATION 6889 ROWLAND ROAD EDEN PRAIRIE MN 55344	\$ 3,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NOVO FOUNDATION 535 FIFTH AVE NEW YORK NY 10017	\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCHMIDT FAMILY FOUNDATION 555 BRYANT ST. SUITE 370 PALO ALTO CA 94301	\$ 1,650,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WAVERLEY FOUNDATION 2475 HANOVER ST. SUITE 100 PALO ALTO CA 94301	\$ 12,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WK KELLOGG FOUNDATION 1 MICHIGAN AVE EAST BATTLE CREEK MI 49017	\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE VE., S.W. WASHINGTON DC 20250	\$ 4,168,404	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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.

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FIRST NATIONS DEVELOPMENT INSTITUTE	Employer identification number (EIN) **-***4491
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0													
c Total lobbying expenditures (add lines 1a and 1b)		0													
d Other exempt purpose expenditures		30,218,527													
e Total exempt purpose expenditures (add lines 1c and 1d)		30,218,527													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$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 \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$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 \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	996,717	1,000,000	1,000,000	1,000,000	3,996,717
b Lobbying ceiling amount (150% of line 2a, column (e))					5,995,076
c Total lobbying expenditures				0	
d Grassroots nontaxable amount	249,179	250,000	250,000	250,000	999,179
e Grassroots ceiling amount (150% of line 2d, column (e))					1,498,769
f Grassroots lobbying expenditures				0	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments, and similar amounts from members; 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide 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); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dotted lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

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.

OMB No. 1545-0047

Open to Public Inspection

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Name of the organization

Employer identification number

FIRST NATIONS DEVELOPMENT INSTITUTE

-*4491

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,530,964	21,838,566	20,802,663	8,862,790	8,422,037
b Contributions	5,581,044	15,082,743	418,106	12,763,952	20,000
c Net investment earnings, gains, and losses	2,384,862	1,621,121	627,710	-812,444	829,022
d Grants or scholarships					
e Other expenditures for facilities and programs	13,717	11,466	9,913	11,635	408,269
f Administrative expenses					
g End of year balance	46,483,153	38,530,964	21,838,566	20,802,663	8,862,790

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **77.46%**
 - b** Permanent endowment **19.97%**
 - c** Term endowment **2.57%**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		801,735		801,735
b Buildings		1,838,870	421,515	1,417,355
c Leasehold improvements				
d Equipment		122,813	110,244	12,569
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,231,659

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 57,656,893, reconciling to 56,357,235.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 30,218,527, reconciling to 30,218,527.

Part XIII Supplemental Information

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

Dotted lines for providing supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADVOCATES FOR INDIGENOUS CALIFORNI PO BOX 26357 FRESNO CA 93729	**--***4619	501C3	60,000				ECONOMIC DEVELOPMENT
(2)	ADVOCATES FOR INDIGENOUS CALIFORNI PO BOX 26357 FRESNO CA 93729	**--***4619	501C3	40,000				ECONOMIC DEVELOPMENT
(3)	AHA KUKUI O MOLOKAI PO BOX 391 HOOLEHUA HI 96729	**--***0725	501C3	60,000				ECONOMIC DEVELOPMENT
(4)	AHTNA INTERTRIBAL RESOURCE COMMISS PO BOX 613 GLENNALLEN AK 99588	**--***1112	501C3	60,000				ECONOMIC DEVELOPMENT
(5)	ALASKA NANNUT CO-MANAGEMENT COUNCI PO BOX 2027 NOME AK 99762	**--***0999	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	ALASKA VILLAGE INITIATIVES 1577 C ST 304 ANCHORAGE AK 99501	**--***6144	501C3	28,000				ECONOMIC DEVELOPMENT
(7)	ALEUT COMMUNITY OF ST PAUL ISLAND 2050 VENIA MINOR RDBOX 86 ST PAUL ISLAND AK 99660	**--***0403	501C3	25,000				ECONOMIC DEVELOPMENT
(8)	ALEUT COMMUNITY OF ST PAUL ISLAND 2050 VENIA MINOR RDBOX 86 ST PAUL ISLAND AK 99660	**--***0403	501C3	25,000				ECONOMIC DEVELOPMENT
(9)	AMERICAN INDIAN COUNCIL OF MARIPOS 5008 CA-140 MARIPOSA CA 95338	**--***1686	501C3	10,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 172
- 3** Enter total number of other organizations listed in the line 1 table 119

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN INDIAN RESOURCE CENTER 110 WEST CHOCTAW TAHLEQUAH OK 74464-3800	IN **-***5707	501C3	20,000				ECONOMIC DEVELOPMENT
(2)	ANGOON COMMUNITY ASSOCIATION 315 HEEN DAE STREET ANGOON AK 99820	**--***9611	TRIBE	50,000				ECONOMIC DEVELOPMENT
(3)	ATUX FOREVER; RESTORING ATTUANS' 2940 SUN SPOT CIRCLE ANCHORAGE AK 99507	F **-***5943	501C3	10,000				ECONOMIC DEVELOPMENT
(4)	ATUX FOREVER; RESTORING ATTUANS' 2940 SUN SPOT CIRCLE ANCHORAGE AK 99507	F **-***5943	501C3	50,000				ECONOMIC DEVELOPMENT
(5)	BERING SEA FISHERMANS ASSOCIATION 821 N ST SUITE 103 ANCHORAGE AK 99501	**--***4000	FISCAL	50,000				ECONOMIC DEVELOPMENT
(6)	BERING SEA FISHERMANS ASSOCIATION 821 N ST SUITE 103 ANCHORAGE AK 99501	**--***4000	FISCAL	25,000				ECONOMIC DEVELOPMENT
(7)	BISHOP PAIUTE TRIBE 50 TU SU LANE BISHOP CA 93514	**--***5064	TRIBE	200,000				ECONOMIC DEVELOPMENT
(8)	BISHOP PAIUTE TRIBE 50 TU SU LANE BISHOP CA 93514	**--***5064	TRIBE	50,000				ECONOMIC DEVELOPMENT
(9)	BLACKFEET COMMUNITY COLLEGE 504 SE BOUNDARY ST BROWNING MT 59417	**--***8943	501C3	30,000				ECONOMIC DEVELOPMENT

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BLACKFEET COMMUNITY COLLEGE 504 SE BOUNDARY ST BROWNING MT 59417	**--***8943	501C3	50,000				ECONOMIC DEVELOPMENT
(2)	BLACKFEET COMMUNITY COLLEGE 504 SE BOUNDARY ST BROWNING MT 59417	**--***8943	501C3	50,000				ECONOMIC DEVELOPMENT
(3)	BLACKFEET TRIBE PO BOX 850 BROWNING MT 59417	**--***2955	TRIBE	100,000				ECONOMIC DEVELOPMENT
(4)	BLACKFEET TRIBE PO BOX 850 BROWNING MT 59417	**--***2955	TRIBE	28,000				ECONOMIC DEVELOPMENT
(5)	BOMAZEEN LAND TRUST 29 MASSACHUSETTS AVE PORTLAND ME 04102	**--***9448	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	BOYS & GIRLS CLUB OF THE NORTHERN PO BOX 309 LAME DEER MT 59043	**--***5776	501C3	20,000				ECONOMIC DEVELOPMENT
(7)	BRIDGEPORT INDIAN COLONY PO BOX 37 BRIDGEPORT CA 93517	**--***0120	TRIBE	20,000				ECONOMIC DEVELOPMENT
(8)	BURNS PAIUTE TRIBE 100 PASIGO STREET BURNS OR 97720	**--***3054	TRIBE	50,000				ECONOMIC DEVELOPMENT
(9)	BURNS PAIUTE TRIBE 100 PASIGO STREET BURNS OR 97720	**--***3054	TRIBE	10,000				ECONOMIC DEVELOPMENT

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

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

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Department of the Treasury
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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CALIFORNIA INDIAN BASKETWEAVERS 428 MAIN STREET WOODLAND CA 95695-3432	AS **-***0749	501C3	25,000				ECONOMIC DEVELOPMENT
(2)	CALIFORNIA INDIAN MUSEUM & CULTURA 5250 AERO DRIVE SANTA ROSA CA 95403	**-***4506	501C3	25,000				ECONOMIC DEVELOPMENT
(3)	CALIFORNIA INDIAN MUSEUM & CULTURA 5250 AERO DRIVE SANTA ROSA CA 95403	**-***4506	501C3	25,000				ECONOMIC DEVELOPMENT
(4)	CAMP LAUGH A LOT P.O. BOX 5055 CUSTER SD 57730	**-***6965	501C3	60,000				ECONOMIC DEVELOPMENT
(5)	CENTRAL COUNCIL TLINGIT & HAIDA 9097 GLACIER HIGHWAY JUNEAU AK 99801	**-***6505	TRIBE	10,000				ECONOMIC DEVELOPMENT
(6)	CHANGE LABS PO BOX 1698 TUBA CITY AZ 86045	**-***1055	501C3	30,000				ECONOMIC DEVELOPMENT
(7)	CHANGING WOMAN INITIATIVE 4133 MONTGOMERY BLVD NE ALBUQUERQUE NM 87109	**-***8799	501C3	54,000				ECONOMIC DEVELOPMENT
(8)	CHANGING WOMAN INITIATIVE 4133 MONTGOMERY BLVD NE ALBUQUERQUE NM 87109	**-***8799	501C3	375,000				ECONOMIC DEVELOPMENT
(9)	CHER-AE HEIGHTS INDIAN COMMUNITY 1 CHER-AE LANE TRINIDAD CA 95570	**-***9967	TRIBE	10,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
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- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHEYENNE RIVER SIOUX TRIBE PO BOX 590 EAGLE BUTTE SD 57625	**--***7757	TRIBE	125,000				ECONOMIC DEVELOPMENT
(2)	CHICKAHOMINY INDIAN TRIBE 8200 LOTT CARY ROAD PROVIDENCE FORGE VA 23140	**--***5904	TRIBE	60,000				ECONOMIC DEVELOPMENT
(3)	CHILKAT INDIAN VILLAGE HC 60 BOX 2207 HAINES AK 99827	**--***1889	TRIBE	50,000				ECONOMIC DEVELOPMENT
(4)	CHILKAT INDIAN VILLAGE HC 60 BOX 2207 HAINES AK 99827	**--***1889	TRIBE	25,000				ECONOMIC DEVELOPMENT
(5)	CHIPPEWA CREE INDIANS OF THE ROCKY 98 VETERANS PARK ROAD BOX ELDER MT 59521	**--***2827	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	CHIPPEWA CREE TRIBE 96 CLINIC ROAD BOX ELDER MT 59521	**--***2827	TRIBE	100,000				ECONOMIC DEVELOPMENT
(7)	CHUGACH REGIONAL RESOURCES COMMISS P O BOX 111686 ANCHORAGE AK 99511	**--***6412	501C3	75,000				ECONOMIC DEVELOPMENT
(8)	COLD SPRINGS RANCHERIA OF MONO IND 32861 SYCAMORE RD., #300 P O BOX 20 TOLLHOUSE CA 93667	**--***5292	TRIBE	50,000				ECONOMIC DEVELOPMENT
(9)	COLUMBIA RIVER INTER-TRIBAL FISH C 700 NE MULTNOMAH ST STE 1200 PORTLAND OR 97213	**--***5227	TRIBE	30,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY FOUNDATION OF SOUTHERN N 2640 EL PASEO RD LAS CRUCES NM 88001	**--***5682	501C3	15,000				ECONOMIC DEVELOPMENT
(2)	CONFEDERATED SALISH & KOOTENAI TRI PO BOX 278 PABLO MT 59855	**--***0409	TRIBE	6,000				ECONOMIC DEVELOPMENT
(3)	CONFEDERATED TRIBES AND BANDS OF T PO BOX 151 TOPPENISH WA 98948	**--***6806	TRIBE	50,000				ECONOMIC DEVELOPMENT
(4)	CONFEDERATED TRIBES OF GRAND RONDE 9615 GRAND RONDE ROAD GRAND RONDE OR 97347	**--***9337	TRIBE	200,000				ECONOMIC DEVELOPMENT
(5)	COUP COUNCIL PO BOX 1966 RAPID CITY SD 57709	**--***6521	501C3	15,000				ECONOMIC DEVELOPMENT
(6)	CROW TRIBE OF MONTANA PO BOX 159 CROW AGENCY MT 59022	**--***2588	TRIBE	50,000				ECONOMIC DEVELOPMENT
(7)	DAKOTA RURAL ACTION PO BOX 549 BROOKINGS SD 57006	**--***8656	FISCAL	25,000				ECONOMIC DEVELOPMENT
(8)	DAKOTA RURAL ACTION PO BOX 549 BROOKINGS SD 57006	**--***8656	FISCAL	25,000				ECONOMIC DEVELOPMENT
(9)	DINE CITIZENS AGAINST RUINING OUR 10A TOWN PLAZA PMB 138 DURANGO CO 81301	**--***0809	501C3	25,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DINE CITIZENS AGAINST RUINING OUR 10A TOWN PLAZA PMB 138 DURANGO CO 81301	**--***0809	501C3	25,000				ECONOMIC DEVELOPMENT
(2)	DINE COLLEGE PO BOX C08 1 CIRCLE DR ROUTE 12 TSAILE AZ 86556	**--***5931	501C3	10,900				ECONOMIC DEVELOPMENT
(3)	DRY CREEK RANCHERIA BAND OF POMO I P.O. BOX 607 GEYSERVILLE CA 95441	**--***2476	TRIBE	65,000				ECONOMIC DEVELOPMENT
(4)	EASTERN BAND OF CHEROKEE INDIANS PO BOX 455 1840 PAINTTOWN ROAD CHEROKEE NC 28719	**--***2090	TRIBE	25,000				ECONOMIC DEVELOPMENT
(5)	'EKOLU MEA NUI 53-480V KAMEHAMEHA HWY HAUULA HI 96717	**--***9546	501C3	60,000				ECONOMIC DEVELOPMENT
(6)	ELSIE DUBRAY 645 BAKER ST SAN FRANCISCO CA 94117	**--***0196	INDIVI	30,000				ECONOMIC DEVELOPMENT
(7)	EUCHEE (YUCHI) LANGUAGE PROJECT, P.O. BOX 1204 SAPULPA OK 74067	**--***5380	501C3	60,000				ECONOMIC DEVELOPMENT
(8)	EUCHEE (YUCHI) LANGUAGE PROJECT, P.O. BOX 1204 SAPULPA OK 74067	**--***5380	501C3	15,000				ECONOMIC DEVELOPMENT
(9)	FAST BLACKFEET PO BOX 2460 BROWING MT 59417	**--***5269	TRIBE	10,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Employer identification number

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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FEDERATED INDIANS OF GRATON RANCHE 6400 REDWOOD DRIVESUITE 300 ROHNERT PARK CA 94928	**--***6465	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	FORT BELKNAP INDIAN COMMUNITY 656 AGENCY MAIN ST. HARLEM MT 59526	**--***6424	TRIBE	100,000				ECONOMIC DEVELOPMENT
(3)	FORT MCDOWELL YAVAPAI NATION PO BOX 17779 FOUNTAIN HILLS AZ 85269	**--***8930	TRIBE	50,000				ECONOMIC DEVELOPMENT
(4)	FOUR BANDS COMMUNITY FUND 101 SOUTH MAIN ST EAGLE BUTTE SD 57625	**--***6528	501C3	25,000				ECONOMIC DEVELOPMENT
(5)	FOUR BANDS COMMUNITY FUND 101 SOUTH MAIN ST EAGLE BUTTE SD 57625	**--***6528	501C3	25,000				ECONOMIC DEVELOPMENT
(6)	FULL CIRCLE COMMUNITY INSTITUTE 5850 STATE RD 70 WEBSTER WI 54893	**--***5164	501C3	20,000				ECONOMIC DEVELOPMENT
(7)	GABRIELENO-TONGVA TRIBAL COUNCIL PO BOX 693 SAN GABRIEL CA 91778	**--***9087	501C3	10,000				ECONOMIC DEVELOPMENT
(8)	HABEMATOLEL POMO OF UPPER LAKE 635 E HWY 20 UPPER LAKE CA 95485	**--***7883	TRIBE	60,000				ECONOMIC DEVELOPMENT
(9)	HAWIKKU PO BOX 340 ZUNI NM 87327	**--***9463	501C3	40,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

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Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HAWIKKU PO BOX 340 ZUNI NM 87327	**--***9463	501C3	26,000				ECONOMIC DEVELOPMENT
(2)	HO-CHUNK COMMUNITY DEVELOPMENT COR 509 HO CHUNK PLZ WINNEBAGO NE 68071	**--***7036	501C3	60,000				ECONOMIC DEVELOPMENT
(3)	HOLANI HANA INC PO BOX 187 HANA HI 96713	**--***6145	501C3	30,000				ECONOMIC DEVELOPMENT
(4)	HOPI THREE MESAS INC PO BOX 986 SECOND MESA AZ 86043	**--***2427	501C3	10,000				ECONOMIC DEVELOPMENT
(5)	HOZHO VOICES OF HEALING CENTER, PO BOX 662 CROWNPOINT NM 87313	**--***7075	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	HUALAPAI TRIBE PO BOX 179 941 HUALAPAI WAY PEACH SPRINGS AZ 86434	**--***2282	TRIBE	60,000				ECONOMIC DEVELOPMENT
(7)	HUI MAKA AINANA O MAKANA PO BOX 1225 HANALEI HI 96714	**--***4133	501C3	60,000				ECONOMIC DEVELOPMENT
(8)	HULIAUAPA'A PO BOX 141 HAKALAU HI 96710	**--***6637	501C3	60,000				ECONOMIC DEVELOPMENT
(9)	IGIUGIG VILLAGE PO BOX 4008 IGIUGIG AK 99613	**--***2200	TRIBE	60,000				ECONOMIC DEVELOPMENT

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

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

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include Indian Nations Conservation Allian, Indian Pueblo Cultural Center Inc, Indigenous Communities Initiative, Ka Ipu Makani Cultural Heritage, Kake Tribal Heritage Foundation, and Kalispel Tribe of Indians.

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KALISPEL TRIBE OF INDIANS PO BOX 39 USK WA 99180	**--***5018	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	KAWERAK INC PO BOX 948 NOME AK 99762-0948	**--***7009	501C3	50,000				ECONOMIC DEVELOPMENT
(3)	KAWERAK INC PO BOX 948 NOME AK 99762-0948	**--***7009	501C3	25,000				ECONOMIC DEVELOPMENT
(4)	KAWERAK INC PO BOX 948 NOME AK 99762-0948	**--***7009	501C3	60,000				ECONOMIC DEVELOPMENT
(5)	KAWERAK INC PO BOX 948 NOME AK 99762-0948	**--***7009	501C3	50,000				ECONOMIC DEVELOPMENT
(6)	KAWERAK INC PO BOX 948 NOME AK 99762-0948	**--***7009	501C3	12,000				ECONOMIC DEVELOPMENT
(7)	KE KULA 'O PI' ILANI PO BOX 1934 WAILUKU HI 96793	**--***6151	501C3	25,000				ECONOMIC DEVELOPMENT
(8)	KERES CHILDREN'S LEARNING CENTER P.O. BOX 113 COCHITI PUEBLO NM 87072	**--***1408	501C3	750,000				ECONOMIC DEVELOPMENT
(9)	KIOWA TRIBE OF OKLAHOMA PO BOX 369 CARNEGIE OK 73015	**--***9393	TRIBE	28,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KNIK TRIBE 1744 NORTH PROSPECT DR PALMER AK 99645	**--***6275	TRIBE	60,000				ECONOMIC DEVELOPMENT
(2)	KOY'O LAND CONSERVANCY PO BOX 4884 AUBURN CA 95604	**--***7219	501C3	30,000				ECONOMIC DEVELOPMENT
(3)	KUL WICASA WOPASI PO BOX 146 LOWER BRULE SD 57548	**--***5645	501C3	60,000				ECONOMIC DEVELOPMENT
(4)	KUMEYAAY DIEGUENO LAND CONSERVANCY 2 KWAAYPAAY COURT EL CAJON CA 92014	**--***9808	501C3	50,000				ECONOMIC DEVELOPMENT
(5)	KUMUKAHI KE ALOHA 427 LAUIE DR KULA HI 96790	**--***0470	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	LA POSTA BAND OF MISSION INDIANS 8 1/2 CRESTWOOD ROAD BOULEVARD CA 91905	**--***6270	TRIBE	50,000				ECONOMIC DEVELOPMENT
(7)	LAGUNA COMMUNITY FOUNDATION PO BOX 62 LAGUNA NM 87026	**--***0639	FISCAL	100,000				ECONOMIC DEVELOPMENT
(8)	LAGUNA COMMUNITY FOUNDATION PO BOX 62 LAGUNA NM 87026	**--***0639	FISCAL	30,000				ECONOMIC DEVELOPMENT
(9)	LEARNING CENTER AT THE EUCHEE BUTT PO BOX 21 LEONARD OK 74043-0021	**--***5260	501C3	60,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DRIVE NW CASS LAKE MN 56633	**--***2052	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	LOWER BRULE SIOUX TRIBE ENVIRONMEN 187 OYATE CIRCLE LOWER BRULE SD 57548	**--***2351	TRIBE	125,000				ECONOMIC DEVELOPMENT
(3)	MAIDU SUMMIT CONSORTIUM PO BOX 682 CHESTER CA 96020	**--***9385	501C3	50,000				ECONOMIC DEVELOPMENT
(4)	MAKAH CULTURAL AND RESEARCH CENTER PO BOX 160 NEAH BAY WA 98357	**--***5292	501C3	160,000				ECONOMIC DEVELOPMENT
(5)	MAKOCE AGRICULTURAL DEVEOPMENT PO BOX 163 PORCUPINE SD 57772	**--***5782	501C3	30,000				ECONOMIC DEVELOPMENT
(6)	MALAMA LOKO EA FOUNDATION 62-540 KAMEHAMEHA HWY HALEIWA HI 96712	**--***7663	501C3	10,000				ECONOMIC DEVELOPMENT
(7)	MANDAN HIDATSA & ARKIKARA AFFILIAT 404 FRONTAGE ROAD NEW TOWN ND 58763	**--***3672	TRIBE	125,000				ECONOMIC DEVELOPMENT
(8)	MECHOOPDA INDIAN TRIBE 1920 ALCOTT AVENUE CHICO CA 95928	**--***6336	TRIBE	60,000				ECONOMIC DEVELOPMENT
(9)	MECHOOPDA INDIAN TRIBE 1920 ALCOTT AVENUE CHICO CA 95928	**--***6336	TRIBE	50,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MEDICINE FISH CORP N8866 COUNTY ROAD G GRESHAM WI 54128	**--***4217	501C3	60,000				ECONOMIC DEVELOPMENT
(2)	MEDICINE FISH CORP N8866 COUNTY ROAD G GRESHAM WI 54128	**--***4217	501C3	10,000				ECONOMIC DEVELOPMENT
(3)	MENOMINI YOU INC PO BOX 1108 KESHENA WI 54135	**--***8307	501C3	10,000				ECONOMIC DEVELOPMENT
(4)	MESA GRANDE BAND OF MISSION INDIAN P O BOX 2282 RAMONA CA 92065	**--***7365	501C3	50,000				ECONOMIC DEVELOPMENT
(5)	MICA GROUP INC 5301 SPRINGLAKE WAY BALTIMORE MD 21212	**--***3506	FISCAL	50,000				ECONOMIC DEVELOPMENT
(6)	MINNEAPOLIS INDIAN CENTER 1530 E FRANKLIN AVE MINNEAPOLIS MN 55404	**--***6005	501C3	150,000				ECONOMIC DEVELOPMENT
(7)	MISSISSIPPI BAND OF CHOCTAW TRIBE 101 INDUSTRIAL ROADPO BOX 6010 CHOCTAW MS 39350	**--***5731	TRIBE	50,000				ECONOMIC DEVELOPMENT
(8)	MOORETOWN RANCHERIA 1 ALVERDA DRIVE OROVILLE CA 95966	**--***2435	TRIBE	75,000				ECONOMIC DEVELOPMENT
(9)	MOORETOWN RANCHERIA 1 ALVERDA DRIVE OROVILLE CA 95966	**--***2435	TRIBE	50,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(Rev. December 2024)

Department of the Treasury
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MOVEMENT STRATEGY CENTER 1625 CLAY ST 6TH FLOOR OAKLAND CA 94612	**--***7643	501C3	60,000				ECONOMIC DEVELOPMENT
(2)	MUSEUM AT WARM SPRINGS PO BOX 909 WARM SPRINGS OR 97761	**--***9711	501C3	100,000				ECONOMIC DEVELOPMENT
(3)	NA AIKANE O MAUI 562 FRONT ST STE A LAHAINA HI 96761-3257	**--***3658	TRIBE	25,000				ECONOMIC DEVELOPMENT
(4)	NATASHA SMOKE SANTIAGO 355 MCGEE ROAD LOT 2 HOGANSBURG NY 13655	**--***8920	INDIVI	75,000				ECONOMIC DEVELOPMENT
(5)	NATIVE AMERICAN COMMUNITY ACADEMY 940 UNIVERSITY BLVD SE ALBUQUERQUE NM 87106	**--***3660	501C3	25,000				ECONOMIC DEVELOPMENT
(6)	NATIVE AMERICAN COMMUNITY BOARD PO BOX 572 LAKE ANDES SD 57356-0572	**--***2867	501C3	10,000				ECONOMIC DEVELOPMENT
(7)	NATIVE AMERICAN FIBER PROGRAM 811 W VINE ST LODI CA 95240	**--***0940	FISCAL	15,000				ECONOMIC DEVELOPMENT
(8)	NATIVE AMERICAN FISH AND WILDLIFE 10465 MELODY DRIVESUITE 307 NORTHGLENN CO 80234	**--***4380	501C3	10,000				ECONOMIC DEVELOPMENT
(9)	NATIVE AMERICAN FISH AND WILDLIFE 10465 MELODY DRIVESUITE 307 NORTHGLENN CO 80234	**--***4380	501C3	60,000				ECONOMIC DEVELOPMENT

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NATIVE AMERICAN FISH AND WILDLIFE 10465 MELODY DRIVESUITE 307 NORTHGLENN CO 80234	**--***4380	501C3	25,000				ECONOMIC DEVELOPMENT
(2)	NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER CO 80302	**--***1876	501C3	95,000				ECONOMIC DEVELOPMENT
(3)	NATIVE MOVEMENT PO BOX 83467 FAIRBANKS AK 99708	**--***5413	FISCAL	60,000				ECONOMIC DEVELOPMENT
(4)	NATIVE PUBLIC MEDIA PO BOX 3955 FLAGSTAFF AZ 86003	**--***2072	501C3	50,000				ECONOMIC DEVELOPMENT
(5)	NATIVE PUBLIC MEDIA PO BOX 3955 FLAGSTAFF AZ 86003	**--***2072	501C3	50,000				ECONOMIC DEVELOPMENT
(6)	NATIVE ROOTS NETWORK PO BOX 811 BELLA VISTA CA 96008	**--***0624	501C3	50,000				ECONOMIC DEVELOPMENT
(7)	NATIVE STAR FOUNDATION 1279 W. HENDERSON AVE. #306 PORTERVILLE CA 93257	**--***9840	501C3	16,500				ECONOMIC DEVELOPMENT
(8)	NATIVE VILLAGE OF SHAKTOOLIK PO BOX 100 SHAKTOOLIK AK 99771	**--***0257	TRIBE	60,000				ECONOMIC DEVELOPMENT
(9)	NATIVE VILLAGE OF WHITE MOUNTAIN PO BOX 84090 WHITE MOUNTAIN AK 99784	**--***8504	TRIBE	8,000				ECONOMIC DEVELOPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
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Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include NEW ENERGY ECONOMY, NEZ PERCE TRIBE, NORTH DAKOTA COMMUNITY FOUNDATION, NORTH FORK MONO TRIBE, NORTH FORK RANCHERIA OF MONO INDIA, NORTHERN CALIFORNIA INDIAN DEVELOP, and NORTHWEST INDIAN COLLEGE.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
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Department of the Treasury
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(1)	OGLALA SIOUX TRIBE 7901 LAKOTA PRAIRIE DR PO BOX 662 KYLE SD 57752	**--***7222	TRIBE	125,000				ECONOMIC DEVELOPMENT
(2)	OKANOGAN BASKETWEAVERS ASSOCIATION PO BOX 2061 OMAK WA 98841	**--***5644	501C3	100,000				ECONOMIC DEVELOPMENT
(3)	ONEIDA NATION PO BOX 365 ONEIDA WI 54155	**--***1138	TRIBE	30,000				ECONOMIC DEVELOPMENT
(4)	ORGANIZED VILLAGE OF KAKE PO BOX 316 KAKE AK 99830	**--***4844	TRIBE	60,000				ECONOMIC DEVELOPMENT
(5)	ORGANIZED VILLAGE OF KAKE PO BOX 316 KAKE AK 99830	**--***4844	TRIBE	50,616				ECONOMIC DEVELOPMENT
(6)	ORGANIZED VILLAGE OF KAKE PO BOX 316 KAKE AK 99830	**--***4844	TRIBE	50,000				ECONOMIC DEVELOPMENT
(7)	OSAGE NATION 627 GRANDVIEW PAWHUSKA OK 74056	**--***9406	TRIBE	200,000				ECONOMIC DEVELOPMENT
(8)	OWENS VALLEY INDIAN WATER COMMISSION 46 TU SU LANE BISHOP CA 93514	**--***5494	TRIBE	7,000				ECONOMIC DEVELOPMENT
(9)	PENOBSCOT NATION - DV/SA 12 WABANAKI WAY INDIAN ISLAND ME 04468	**--***6230	TRIBE	50,000				ECONOMIC DEVELOPMENT

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

**SCHEDULE I
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	PEOPLES FOOD SOVEREIGNTY PROGRAM 47153 PACHE LANE RONAN MT 59864	**--***9129	501C3	50,000				ECONOMIC DEVELOPMENT
(2)	PEOPLES FOOD SOVEREIGNTY PROGRAM 47153 PACHE LANE RONAN MT 59864	**--***9129	501C3	20,000				ECONOMIC DEVELOPMENT
(3)	PEOPLES LAND COLLABORATIVE P O BOX 227 KEAMS CANYON AZ 86034	**--***7260	501C3	10,000				ECONOMIC DEVELOPMENT
(4)	PEOPLES LAND COLLABORATIVE P O BOX 227 KEAMS CANYON AZ 86034	**--***7260	501C3	15,240				ECONOMIC DEVELOPMENT
(5)	PIIKANII LODGE HEALTH INSTITUTE PO BOX 187 BROWNING MT 59417	**--***6318	501C3	60,000				ECONOMIC DEVELOPMENT
(6)	PLENTY DOORS COMMUNITY DEVELOPMENT PO BOX 1061 CROW AGENCY MT 59022	**--***5927	501C3	30,000				ECONOMIC DEVELOPMENT
(7)	PORTLAND ALL NATIONS CANOE FAMILY 8315 N LOMBARD ST 413 PORTLAND OR 97218	**--***1573	501C3	100,000				ECONOMIC DEVELOPMENT
(8)	POTTER VALLEY TRIBE MENDOCINO 2251 S STATE STREET UKIAH CA 95482	**--***0870	TRIBE	60,000				ECONOMIC DEVELOPMENT
(9)	POTTER VALLEY TRIBE MENDOCINO 2251 S STATE STREET UKIAH CA 95482	**--***0870	TRIBE	10,000				ECONOMIC DEVELOPMENT

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

**SCHEDULE I
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(Rev. December 2024)

Department of the Treasury
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(1)	PUEBLO OF JEMEZ PO BOX 100040 TRADING POST ROAD JEMEZ PUEBLO NM 87144	**--***3473	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	PUEBLO OF POJOAQUE 2 PETROGLYPH CIRCLE SANTA FE NM 87506	**--***9423	TRIBE	160,000				ECONOMIC DEVELOPMENT
(3)	PUEBLO OF SAN FELIPE PO BOX 4339 SAN FELIPE NM 87001	**--***1210	TRIBE	28,000				ECONOMIC DEVELOPMENT
(4)	PUKUU CULTURAL COMMUNITY SERVICES 1019 SECOND ST 2 SAN FERNANDO CA 91340	**--***7130	501C3	30,000				ECONOMIC DEVELOPMENT
(5)	QUECHAN HOUSING AUTHORITY 1860 W SAPPHERE LANE WINTERHAVEN CA 92283	**--***8898	501C3	40,000				ECONOMIC DEVELOPMENT
(6)	QUECHAN INDIAN TRIBE PO BOX 1899 YUMA AZ 85366	**--***1181	TRIBE	45,000				ECONOMIC DEVELOPMENT
(7)	RAPPAHANNOCK TRIBE OF VIRGINIA 5036 INDIAN NECK ROAD INDIAN NECK VA 23148	**--***2075	TRIBE	30,000				ECONOMIC DEVELOPMENT
(8)	RAPPAHANNOCK TRIBE OF VIRGINIA 5036 INDIAN NECK ROAD INDIAN NECK VA 23148	**--***2075	TRIBE	20,000				ECONOMIC DEVELOPMENT
(9)	RED CLOUD RENEWABLE 1001 SOLAR WARRIOR RD PINE RIDGE SD 57770	**--***8843	501C3	30,000				ECONOMIC DEVELOPMENT

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Part I General Information on Grants and Assistance

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(1)	REDBUD RESOURCE GROUP 1500 VALLEY HOUSE DRIVE SUITE 210 ROHNERT PARK CA 94928	**--***9822	FISCAL	45,000				ECONOMIC DEVELOPMENT
(2)	RESOURCE LEGACY FUND 400 CAPITAL MALL SUITE 2150 SACRAMENTO CA 95814	**--***3838	FISCAL	25,000				ECONOMIC DEVELOPMENT
(3)	RESOURCE LEGACY FUND 400 CAPITAL MALL SUITE 2150 SACRAMENTO CA 95814	**--***3838	FISCAL	25,000				ECONOMIC DEVELOPMENT
(4)	RINCON INDIAN EDUCATION CENTER PO BOX 1147 VALLEY CENTER CA 92082	**--***9778	501C3	60,000				ECONOMIC DEVELOPMENT
(5)	RIOS TO RIVERS 266 WILDWOOD LANE ASPEN CO 81611	**--***0031	FISCAL	60,000				ECONOMIC DEVELOPMENT
(6)	ROSEBUD SIOUX TRIBE PO BOX 300 ROSEBUD SD 57570	**--***8724	TRIBE	125,000				ECONOMIC DEVELOPMENT
(7)	ROUND VALLEY INDIAN TRIBES 77826 COVELO ROAD COVELO CA 95428	**--***7254	TRIBE	50,000				ECONOMIC DEVELOPMENT
(8)	RURALORGANIZING-DOT-ORG EDUCATION 545 EAST TOWN ST COLUMBUS OH 43215	**--***1115	501C3	25,000				ECONOMIC DEVELOPMENT
(9)	SAAD K'IDILYE 9315 CANDELARIA RD. NE ALBUQUERQUE NM 87112	**--***9823	501C3	10,000				ECONOMIC DEVELOPMENT

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**SCHEDULE I
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Department of the Treasury
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(1)	SACRED BUNDLE PO BOX 741 6662 164TH ST NW CASS LAKE MN 56633	**--***8243	TRIBE	60,000				ECONOMIC DEVELOPMENT
(2)	SACRED PIPE RESOURCE CENTER 925 BASIN AVE 2 BISMARCK ND 58504	**--***8259	FISCAL	100,000				ECONOMIC DEVELOPMENT
(3)	SANTA ROSA BAND OF CAHUILLA INDIAN PO BOX 391820 ANZA CA 92539	**--***4665	TRIBE	100,000				ECONOMIC DEVELOPMENT
(4)	SAULT STE MARIE TRIBE OF CHIPPEWA 523 ASHMUN ST SAULT STE MARIE MI 49783	**--***9643	TRIBE	25,000				ECONOMIC DEVELOPMENT
(5)	SAULT STE MARIE TRIBE OF CHIPPEWA 523 ASHMUN ST SAULT STE MARIE MI 49783	**--***9643	TRIBE	75,000				ECONOMIC DEVELOPMENT
(6)	SAULT STE MARIE TRIBE OF CHIPPEWA 523 ASHMUN ST SAULT STE MARIE MI 49783	**--***9643	TRIBE	10,000				ECONOMIC DEVELOPMENT
(7)	SAULT STE MARIE TRIBE OF CHIPPEWA 523 ASHMUN ST SAULT STE MARIE MI 49783	**--***9643	TRIBE	25,000				ECONOMIC DEVELOPMENT
(8)	SAVE CALIFORNIA SALMON PO BOX 142 ORLEANS CA 95556	**--***9810	501C3	60,000				ECONOMIC DEVELOPMENT
(9)	SCOTT VALLEY INDIAN COMMUNITY PO BOX 37 ETNA CA 96027	**--***8128	501C3	10,000				ECONOMIC DEVELOPMENT

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(1)	SCOTTS VALLEY BAND OF POMO INDIANS 1005 PARALLEL DRIVE LAKEPORT CA 95453	**--***6509	TRIBE	60,000				ECONOMIC DEVELOPMENT
(2)	SEVENTH GENERATION INC. 3036 QUAD CT RAPID CITY SD 57703	**--***7247	501C3	27,500				ECONOMIC DEVELOPMENT
(3)	SEVENTH GENERATION INC. 3036 QUAD CT RAPID CITY SD 57703	**--***7247	501C3	10,000				ECONOMIC DEVELOPMENT
(4)	SHERWOOD VALLEY RANCHERIA 190 SHERWOOD HILL DRIVE WILLITS CA 95490	**--***7327	TRIBE	40,000				ECONOMIC DEVELOPMENT
(5)	SHERWOOD VALLEY RANCHERIA 190 SHERWOOD HILL DRIVE WILLITS CA 95490	**--***7327	TRIBE	10,000				ECONOMIC DEVELOPMENT
(6)	SHINGLE SPRINGS BAND OF MIWOK INDI 5281 HONPIE ROAD PLACERVILLE CA 95667	**--***5026	TRIBE	50,000				ECONOMIC DEVELOPMENT
(7)	SHINGLE SPRINGS BAND OF MIWOK INDI 5281 HONPIE ROAD PLACERVILLE CA 95667	**--***5026	TRIBE	25,000				ECONOMIC DEVELOPMENT
(8)	SHOALWATER BAY INDIAN TRIBE PO BOX 130 TOKELAND WA 98590	**--***0266	TRIBE	200,000				ECONOMIC DEVELOPMENT
(9)	SICANGU COMMUNITY DEVELOPMENT CORP 27565 RESEARCH PARK DRIVE MISSION SD 57555	**--***7527	501C3	60,000				ECONOMIC DEVELOPMENT

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include SICANGU COMMUNITY DEVELOPMENT CORP, SISSETON WAHPETON OYATE, SITTING BULL COLLEGE, and SKARURE KATEHNUAKA TUSCARORA NATIO.

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE NM 87102	**--***0773	501C3	50,000				ECONOMIC DEVELOPMENT
(2)	SOUTHWEST ORGANIZING PROJECT 211 10TH STREET SW ALBUQUERQUE NM 87102	**--***0773	501C3	25,000				ECONOMIC DEVELOPMENT
(3)	STANDING ROCK SIOUX TRIBE PO BOX D-54 198 AGENCY AVE FORT YATES ND 58538	**--***0519	TRIBE	55,000				ECONOMIC DEVELOPMENT
(4)	STANDING ROCK SIOUX TRIBE PO BOX D-54 198 AGENCY AVE FORT YATES ND 58538	**--***0519	TRIBE	70,000				ECONOMIC DEVELOPMENT
(5)	STILLAGUAMISH TRIBE OF INDIANS 3322 236TH ST NE ARLINGTON WA 98223	**--***0666	TRIBE	50,000				ECONOMIC DEVELOPMENT
(6)	SUMMIT LAKE PAIUTE TRIBE OF NEVADA 2255 GREEN VISTA DR STE 402 SPARKS NV 89431	**--***8038	TRIBE	60,000				ECONOMIC DEVELOPMENT
(7)	SUQUAMISH INDIAN TRIBE OF THE PORT PO BOX 498 SUQUAMISH WA 98392	**--***4725	TRIBE	30,000				ECONOMIC DEVELOPMENT
(8)	SUST' AINA BLE MOLOKAI PO BOX 250 KAUNAKAKAI HI 96748	**--***1673	501C3	10,000				ECONOMIC DEVELOPMENT
(9)	TEWA WOMEN UNITED 912 FAIRVIEW LANE ESPANOLA NM 87532	**--***0836	501C3	75,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TEWA WOMEN UNITED 912 FAIRVIEW LANE ESPANOLA NM 87532	**--***0836	501C3	25,000				ECONOMIC DEVELOPMENT
(2)	TEWA WOMEN UNITED 912 FAIRVIEW LANE ESPANOLA NM 87532	**--***0836	501C3	50,000				ECONOMIC DEVELOPMENT
(3)	TEWA WOMEN UNITED 912 FAIRVIEW LANE ESPANOLA NM 87532	**--***0836	501C3	450,000				ECONOMIC DEVELOPMENT
(4)	THE CENTER FOR NATIVE HEALTH INC 25 WATER TOWER LANE WHITTIER NC 28789	**--***3908	501C3	60,000				ECONOMIC DEVELOPMENT
(5)	THE CENTER FOR NATIVE HEALTH INC 25 WATER TOWER LANE WHITTIER NC 28789	**--***3908	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	THE CENTER FOR NATIVE HEALTH INC 25 WATER TOWER LANE WHITTIER NC 28789	**--***3908	501C3	10,000				ECONOMIC DEVELOPMENT
(7)	THE CENTER FOR NATIVE HEALTH INC 25 WATER TOWER LANE WHITTIER NC 28789	**--***3908	501C3	25,000				ECONOMIC DEVELOPMENT
(8)	THE HOPI SCHOOL, INC. PO BOX 583 KVKOTSMOVI AZ 86039	**--***9229	501C3	100,000				ECONOMIC DEVELOPMENT
(9)	THE LIZZIE ENOS NISENAN FAMILY FOU 15310 BANCROFT ROAD AUBURN CA 95602	**--***6476	501C3	15,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE LYNDON FOUNDATION CORP 124 S BRADLEY ST GALLUP NM 87301	**--***6067	501C3	20,000				ECONOMIC DEVELOPMENT
(2)	THE SIERRA FUND 411 GRASS VALLEY HWY 1004 AUBURN CA 95603	**--***5725	501C3	50,000				ECONOMIC DEVELOPMENT
(3)	TUBATULABALS OF KERN VALLEY 5401 VISTA GRANDE DRIVE P O BOX 1513 WELDON CA 93283	**--***3546	501C3	60,000				ECONOMIC DEVELOPMENT
(4)	TUBATULABALS OF KERN VALLEY 5401 VISTA GRANDE DRIVE P O BOX 1513 WELDON CA 93283	**--***3546	501C3	10,000				ECONOMIC DEVELOPMENT
(5)	TUBATULABALS OF KERN VALLEY 5401 VISTA GRANDE DRIVE P O BOX 1513 WELDON CA 93283	**--***3546	501C3	50,000				ECONOMIC DEVELOPMENT
(6)	TULALIP FOUNDATION 8825 34TH AVE NEL-242 TULALIP WA 98271-8085	**--***7036	501C3	60,000				ECONOMIC DEVELOPMENT
(7)	TULE RIVER INDIAN TRIBE OF THE TUL 340 INDIAN RESERVATION DRIVE PORTERVILLE CA 93257	**--***8348	TRIBE	200,000				ECONOMIC DEVELOPMENT
(8)	TULE RIVER INDIAN TRIBE OF THE TUL 340 INDIAN RESERVATION DRIVE PORTERVILLE CA 93257	**--***8348	TRIBE	50,000				ECONOMIC DEVELOPMENT
(9)	TULE RIVER INDIAN TRIBE OF THE TUL 340 INDIAN RESERVATION DRIVE PORTERVILLE CA 93257	**--***8348	TRIBE	10,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TULE RIVER INDIAN TRIBE OF THE TUL 340 INDIAN RESERVATION DRIVE PORTERVILLE CA 93257	**--***8348	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	UKWAKHWA INC N 6019 LAMBIE ROAD DE PERE WI 54115	**--***4912	501C3	150,000				ECONOMIC DEVELOPMENT
(3)	UKWAKHWA INC N 6019 LAMBIE ROAD DE PERE WI 54115	**--***4912	501C3	30,000				ECONOMIC DEVELOPMENT
(4)	UKWAKHWA INC N 6019 LAMBIE ROAD DE PERE WI 54115	**--***4912	501C3	20,000				ECONOMIC DEVELOPMENT
(5)	UNITED NATIONAL INDIAN TRIBAL YOUT 1 N MACDONALD STE 212 MESA AZ 85201	**--***0390	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	UNITED TRIBES OF BRISTOL BAY PO BOX 1252304 MAIN ST DILLINGHAM AK 99576	**--***5358	TRIBE	25,000				ECONOMIC DEVELOPMENT
(7)	UNITED TRIBES OF BRISTOL BAY PO BOX 1252304 MAIN ST DILLINGHAM AK 99576	**--***5358	TRIBE	35,000				ECONOMIC DEVELOPMENT
(8)	UNITED TRIBES TECHNICAL COLLEGE 3315 UNIVERSITY DRIVE BISMARCK ND 58504-7565	**--***4233	501C3	10,000				ECONOMIC DEVELOPNMEN
(9)	UNITED TRIBES TECHNICAL COLLEGE 3315 UNIVERSITY DRIVE BISMARCK ND 58504-7565	**--***4233	501C3	10,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF SOUTHWEST COLORADO PO BOX 3040 DURANGO CO 81302	**--***3221	501C3	10,000				ECONOMIC DEVELOPMENT
(2)	UNITED WAY OF THE MIDLANDS 1229 MILLWORK AVE SUITE 402 OMAHA NE 68102	**--***6605	FISCAL	25,000				ECONOMIC DEVELOPMENT
(3)	WABANAKI COMISSION ON LAND AND STE PO BOX 1147 ORONO ME 04473	**--***2646	501C3	74,000				ECONOMIC DEVELOPMENT
(4)	WABANAKI COMISSION ON LAND AND STE PO BOX 1147 ORONO ME 04473	**--***2646	501C3	10,000				ECONOMIC DEVELOPMENT
(5)	WAIMEA HAWAIIAN HOMESTEADERS' ASSO PO BOX 126 KAMUELA HI 96743	**--***7807	501C3	10,000				ECONOMIC DEVELOPMENT
(6)	WAIMEA HAWAIIAN HOMESTEADERS' ASSO PO BOX 126 KAMUELA HI 96743	**--***7807	501C3	25,000				ECONOMIC DEVELOPMENT
(7)	WALLOWA BAND NEZ PERCE TRAIL INTER 209 E 2ND ST WALLOWA OR 97885	**--***2718	501C3	60,000				ECONOMIC DEVELOPMENT
(8)	WARM SPRINGS COMMUNITY ACTION TEAM PO BOX 1419 1136 PAIUTE AVE WARM SPRINGS OR 97761	**--***3303	501C3	100,000				ECONOMIC DEVELOPMENT
(9)	WASHOE TRIBE OF NEVADA AND CALIFOR 919 US HWY 395 N GARDNERVILLE NV 89410	**--***0754	TRIBE	40,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WHITE MOUNTAIN APACHE TRIBE 1 OAK STREET WHITERIVER AZ 85941	**--***2030	TRIBE	50,000				ECONOMIC DEVELOPMENT
(2)	WILTON RANCHERIA 9728 KENT ST ELK GROVE CA 95624	**--***4428	TRIBE	60,000				ECONOMIC DEVELOPMENT
(3)	WIND RIVER TRIBAL BUFFALO INITIATI P O BOX 14 KINNEAR WY 82516	**--***8510	501C3	28,000				ECONOMIC DEVELOPMENT
(4)	WIND RIVER TRIBAL BUFFALO INITIATI P O BOX 14 KINNEAR WY 82516	**--***8510	501C3	100,000				ECONOMIC DEVELOPMENT
(5)	WOODLAND INDIAN ART, INC PO BOX 116 ONEIDA WI 54155-0166	**--***9904	501C3	100,000				ECONOMIC DEVELOPMENT
(6)	WOZU INC 7039 HWY 1806 CANNON BALL ND 58528	**--***4224	501C3	100,000				ECONOMIC DEVELOPMENT
(7)	XINE WH-DING INC PO BOX 1165 HOOPA CA 95546	**--***8840	501C3	10,000				ECONOMIC DEVELOPMENT
(8)	YEHAW INDIGENOUS CREATIVES COLLECT 3815 S OTHELLO ST STE 100/348 SEATTLE WA 98118	**--***5460	501C3	20,000				ECONOMIC DEVELOPMENT
(9)	YUKON RIVER INTER-TRIBAL WATERSHED 201 EAST 3RD AVE SUITE 100 ANCHORAGE AK 99501	**--***6976	501C3	10,000				ECONOMIC DEVELOPMENT

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YUKON RIVER INTER-TRIBAL WATERSHED 201 EAST 3RD AVE SUITE 100 ANCHORAGE AK 99501	**--***6976	501C3	50,000				ECONOMIC DEVELOPMENT
(2)	YUKON RIVER INTER-TRIBAL WATERSHED 201 EAST 3RD AVE SUITE 100 ANCHORAGE AK 99501	**--***6976	501C3	50,000				ECONOMIC DEVELOPMENT
(3)	YUROK TRIBE PO BOX 1027 KLAMATH CA 95548	**--***8020	TRIBE	50,000				ECONOMIC DEVELOPMENT
(4)	ZUNI YOUTH ENRICHMENT PROJECT P.O. BOX 447 ZUNI NM 87327	**--***9987	501C3	75,000				ECONOMIC DEVELOPMENT
(5)	ZUNI YOUTH ENRICHMENT PROJECT P.O. BOX 447 ZUNI NM 87327	**--***9987	501C3	60,000				ECONOMIC DEVELOPMENT
(6)	ZUNI YOUTH ENRICHMENT PROJECT P.O. BOX 447 ZUNI NM 87327	**--***9987	501C3	25,000				ECONOMIC DEVELOPMENT
(7)	ZUNI YOUTH ENRICHMENT PROJECT P.O. BOX 447 ZUNI NM 87327	**--***9987	501C3	10,000				ECONOMIC DEVELOPMENT
(8)	ZUNI YOUTH ENRICHMENT PROJECT P.O. BOX 447 ZUNI NM 87327	**--***9987	501C3	160,000				ECONOMIC DEVELOPMENT
(9)	MENOMINEE YOU PO BOX 1108 KESHENA WI 54135	**--***8307	501C3	7,392				ECONOMIC DEVELOPMENT

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 GENERAL SUPPORT STIPENDS	353	1,574,894			
2					
3					
4					
5					
6					
7					

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

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 THROUGH AND AT THE END OF
 THE GRANT PERIOD.

**SCHEDULE I
(Form 990)**

Supplemental Information

2024

For calendar year 2024, or tax year beginning 07/01/24, and ending 06/30/25

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

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 THROUGH AND AT THE END OF
THE GRANT PERIOD.

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

-*4491

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL ROBERTS PRESIDENT	(i)	300,946	0	0	9,249	9,638	319,833	0
	(ii)	0	0	0	0	0	0	0
2 JACQUELINE FRANCKE COO	(i)	180,386	0	0	5,581	15,876	201,843	0
	(ii)	0	0	0	0	0	0	0
3 VENA BRIONES POLICY RESEARCH VP	(i)	139,731	0	0	4,592	17,952	162,275	0
	(ii)	0	0	0	0	0	0	0
4 CATHERINE BRYAN COMMUNICATIONS VP	(i)	149,029	0	0	4,598	9,638	163,265	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FIRST NATIONS DEVELOPMENT INSTITUTE

Employer identification number

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	12	1,077,579	SUBSEQUENT SELLING PRICE
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 ()				
28 Other ()				

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

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CALIFORNIA TRIBAL FUND

FIRST NATIONS INVESTS IN THE VIABILITY AND VISIBILITY OF CALIFORNIA TRIBAL NATIONS AND COMMUNITIES, FOCUSING ON TRIBAL CONTROL AND PROTECTION OF ANCESTRAL LANDS, WATER, FOOD SYSTEMS, AND CULTURE. WE PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE TO CALIFORNIA TRIBES AND NATIVE-LED ORGANIZATIONS, AND WORK TO RAISE AWARENESS OF CALIFORNIA NATIVE COMMUNITIES, THE SOCIO-ECOLOGICAL ENVIRONMENT, AND INDIGENOUS NATURAL RESOURCES MANAGEMENT.

RESEARCH AND ADVOCACY FOR NATIVE ECONOMIC JUSTICE

FIRST NATIONS PROVIDES NATIVE COMMUNITIES, POLICY MAKERS, AND FUNDERS RESEARCH, TOOLS, AND OPPORTUNITIES TO ADVANCE NATIVE ECONOMIC JUSTICE. WE DELIVER FINANCIAL MANAGEMENT TRAINING AND RESOURCES TO TRIBES AND NATIVE COMMUNITIES, AS WELL AS FINANCIAL AND TECHNICAL ASSISTANCE TO TRIBES AND NATIVE-LED ORGANIZATIONS SURROUNDING ECONOMIC AND WORKFORCE DEVELOPMENT. WE ALSO LEAD AND SUPPORT RESEARCH TO ELEVATE NATIVE STRENGTHS AND COUNTER INVISIBILITY AND MISINFORMATION.

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 CONSIDERED AN INDEPENDENT VOTING MEMBER OF THE GOVERNING 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-FOR-PROFIT 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, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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Inspection**

Name of the organization

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE AT THE
ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE
CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE FROM THE ORGANIZATION UPON
REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
FIELD RESEARCH AND EVALUATION	\$ 338,715	\$ 10,770	\$ 61,247
TRAINING AND EDUCATION	\$ 520,890	\$ 16,563	\$ 94,188
PUBLIC RELATIONS AND BRANDING	\$ 494,307	\$ 15,718	\$ 89,381
AGRICULTURAL DEVELOPMENT	\$ 1,099,951	\$ 34,976	\$ 198,895
OTHER PROFESSIONAL SERVICES	\$ 515,769	\$ 16,400	\$ 93,263
TOTAL	\$ 2,969,632	\$ 94,427	\$ 536,974

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS
THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.