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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

		enue Service	► The	organization m	ay have to us	se a copy of this	eturn to satis	sfy state rep	orting requ	uirements	Inspection
<u>A</u> _	For t	he 2009 ca	lendar yea	ar, or tax year	beginning	July 1	, 2009, a	nd ending	Jui	ne 30	, 20 10
В	Check if	applicable		Vame of organiza	tion First Na	itions Develop	nent Institu	ute		D Employ	er identification number
\mathbf{V}	Addres	s change	use IRS [Doing Business A	s					54	1254491
	Name o	change	print or type	Number and street (d	or PO box if mail	is not delivered to stre	et address)	Room/suite		E Telepho	ne number
	initial re		See 35	51 Coffman S	treet			Suit	e 200	(303)	774-7836
	Termina		mstruc- j	City or town, state		id ZIP + 4					
		ed return	tions L	ongmont, CO	80501					G Gross rec	cerpts \$ 2,952,678
		ion pending	F Name a	and address of pri	incipal officer	Michael E. Ro	berts		H(a) is this	a group return	for affiliates? Yes No
			351 Coffi	man Street, S	uite 200, Lo	ongmont, CO 8	0501		1 ' '	.	ncluded? Yes No
1_	Tax-ex	cempt status	√ 501(d	c) (3) ∢ (insert	no) 🗌 494	7(a)(1) or 52	7				list (see instructions)
_				tions.org			··········		H(c) Group	exemption num	nber 🕨
	_		✓ Corporation	on 🗌 Trust 🔲 As	ssociation O	her ►	L Year	of formation	1983	M State of	legal domicile VA
Pá	art I	Summ	ary	_,							
	1	Briefly de	scribe the	organization	's mission o	r most significa	int activities	3			
ro.		Advanci	ng and pi	romoting the	direct parti	cipation of trib	es, tribal m	embers a	nd other		
Activities & Governance	İ	indigend	us peopl	es in the full	use of the	conomy.					
Ĕ											
ŏ	2	Check this	box ► 🗌	if the organization	n discontinued	its operations or dis	sposed of more	e than 25% o	fits net assi	ets	
ত প	3	Number of	of voting r	nembers of th	ne governing	body (Part VI,	line 1a)			3	10
es	4	Number of	of indeper	ndent voting n	nembers of	the governing b	ody (Part V	/I, line 1b)		4	9
ξ	5			nployees (Par			• `			5	23
Act				lunteers (estir	•	ssary)	•			6	2
	7a	Total gros	ss unrelate	ed business r	evenue from	Part VIII, colur	nn (C), line	12 .		. 7a	0
	b	Net unrel	ated busir	ness taxable ii	ncome from	Form 990-T, lin	ne 34			7b	0
									Prior Ye	ear	Current Year
41	8	Contributions and grants (Part VIII, line 1h) 2,								110,099	2,803,703
Revenue	i	Program service revenue (Part VIII, line 2g)							49,715	47,099	
eve	1	-				es 3, 4, and 7d)				85,362	86,876
ď				•		6d, 8c, 9c, 10c				15,000	15,000
						qual Part VIII, col		12)	2,	260,176	2,952,678
_						olumn (A), lines				827,453	1,035,989
	I					lumn (A), line 4)				0	0
ses	l	-			-	is (Part IX, colum		i-10)	1,	000,631	1,082,504
Expenses	ì			ising fees (Par	-		11 (7 1), 111103 3	, , , , ,		0	0
쫎						, line 25) ►	289 5	576			AL SUE
	1		•	•		1a-11d, 11f-24				918,360	1,166,829
						il Part IX, colum	•	25)		746,444	3,285,322
				ses Subtract				.5).		86,268)	(332,644)
or		/			RE	CEIVED		Ве	ginning of Ci		End of Year
sets	20	Total ass	ets (Part X	(line 16)			1ပ္ပါ		4,	827,995	4,574,011
Ass d Ba	21	,			ایما کر		SO			786,689	781,513
Net Assets or Fund Balances	22	Net asset	s or fund	t X, line 26) balances. Su	bifact line 2	1 108 120 20 :	\g\.		4,	041,306	3,792,498
	rt II		ature Blo				7 元				
					t have examin	This tearn includ	ing accompany	yıng schedule	s and stater	nents, and to	the best of my knowledge parer has any knowledge
		and better	, it is reverse co	orrect, and comp	lete Declaration	of preparer-tother	than o fficer) is	based on all	information	of which pre	parer has any knowledge
Sig	ın		4	-					181	112	
He		Signa	itue of office	er					Dat	e	
		Mic	hael E. R	oberts, Presi	dent						
				ne and title							
_		Propose					Date	Chec	k ıf	Preparer's id	lentifying number
		Preparer* signature	7					self-	oyed ▶ 🔲	(see instructi	
Paid			•					l embi	ال - ۲٫۰۰۰		
	parer's	Firm's nai	ne (or yours	<u> </u>					EIN	 :	
Use	Only	if self-emp)					Phone n)
Ma	, the			turn with the	nrenarer sh	own above? (se	e instruction		1. Hone II	<u> </u>	Yes No
									Cat Al= 11	2027	Form 990 (2009)
ror	rriva	CY ACT AND	, raperwo	ik neauction A	AUL INDUICE, S	ee the separate	ıı ısır üCülÖNS.		Cat No 11	404 f	FUTH 330 (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission 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?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ✓ No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 669,704 including grants of \$ 486,946_) (Revenue \$ 0) Grant making - Combines technical assistance with grants to assist tribes and Native non profits in their efforts to achieve economic self-reliance through acquiring, controlling, retaining and increasing assets. Technical assistance is provided to grantees throughout the entire grant making process, from initial application to post-grantee status. Technical assistance is provided via workshops and convenings, site visits, phone conversations, regular mailings of informational packets, and referrals to other resource providers.
4b	(Code) (Expenses \$ 965,768 including grants of \$ 330,481) (Revenue \$ 18,753) Non-Profit Capacity Building - Liaisons with numerous established or emerging non-profit organizations to increase their core capacity through organizational development assistance. First Nations provides training and technical assistance services to improve performance, measure impact and progress and leverage resources, implement best practices, and attain organizational goals to groups with limited resources and constraints. First Nations tailors their activities to the specific needs of the recipient organization that support sustainability and growth leading to non-profit effectiveness and community impact.
4c	(Code) (Expenses \$ 513,237 including grants of \$ 140,000) (Revenue \$ 26,739) Native Assets Research Center ("NARC") - The Native Assets Research Center is dedicated to promoting Indigenous community-based knowledge and assisting tribal communities in building sound, sustainable reservation economies. NARC conducts independent research projects on asset development; analyzes culturally appropriate practices, policies and theories affecting self-sufficiency for Native peoples; and serves as an information clearinghouse. NARC works closely with First Nations' grant making program to collect research data from grantee field sites to identify key policy issues, lessons learned and promising practices.
	Pravioco.
	Other program services (Describe in Schedule O) (Expenses \$ 561,057 including grants of \$ 78,562) (Revenue \$ 590)
4e	Total program service expenses ► 2,709,766

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	` <u>`</u>	₹
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A ✓			700
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
ь		14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .	19		✓_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		✓
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? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	!	✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	. 3		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	✓_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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? If "Yes," complete Schedule R, Part I	33	-	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \cdot .	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	· **	 وي	京
	The fame of the first of the first of the fame of the	1	å,	Show "
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	23434
	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		8	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	13.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	<u> </u>	√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		1
b	If "Yes," enter the name of the foreign country ▶	2 300	, A	. 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	1
b	, , , , , , , , , , , , , , , , , , ,	5b	├──	-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a]	-
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).			
а	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	2	/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d	Vessel .	S 69	200
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L M	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_ ✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		√
9	Sponsoring organizations maintaining donor advised funds.		نفسد	نئيد
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	170	
10	Section 501(c)(7) organizations. Enter	. ,%) v	1.3
а	Initiation fees and capital contributions included on Part VIII, line 12			N - 🔏
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. ,	1
11	Section 501(c)(12) organizations. Enter	` <&-*	e de	" "
а	Gross income from members or shareholders	100	(10.53
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		. 7 %	(* ***).
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	- A	

Section A. Governing Body and Management

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 in Schedule O. See instructions

			Yes	No_
1a	Enter the number of voting members of the governing body 1a 10		数数	A I
b	Enter the number of voting members that are independent 1b 9			6 40 es
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	i l	ļ	
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b	obo ece	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2.4		-
	the year by the following	2.2		
а	The governing body?	8a	√	
_	Each committee with authority to act on behalf of the governing body?	_8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached)		,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
	tion B. Policies (This Section B requests information about policies not required by the Interpret Code)	ernai		
nev	enue Code)		<u>, , , , , , , , , , , , , , , , , , , </u>	 -
		100	Yes	No_
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	1	
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	1	
11 A	form?	W- 100	i i	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		A PARTICI
	Does the organization have a written conflict of interest policy? If "No," go to line 13.	120	<u> </u>	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	i	1
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy? . ,	13	√	
14	Does the organization have a written document retention and destruction policy?	14	√	R. 3-524
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		
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<u>√</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		
	with a taxable entity during the year?	16a	350° 48	*
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	771		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	236225793	
Sec	tion C. Disclosure			
<u>000</u> 17	List the states with which a copy of this Form 990 is required to be filed ▶ Schedule attached			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)e (nlv)	
. •	available for public inspection. Indicate how you make these available. Check all that apply.	,,(0,0	-···y/	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	rpet	
13	policy, and financial statements available to the public	O1 11110	n GOL	
20		rde of	the	
<u>-</u> U	State the name, physical address, and telephone number of the person who possesses the books and recoorganization First Nations Development Institute - Att: Helen Knoll	ius Ul	uic	
	351 Coffman Street Suite 200 Longmont CO 80501 (303) 774-7836			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not co	ompensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee	<u> </u>	
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
B. Thomas Vigil Chair	<5	V		1				0	0	0
Marquerite Smith Vice Chair	<5	1		√				0	0	0
Donald Sampson Treasurer	<5	√		1				0	0	0
David Lester Secretary	<5	1		1				0	0	0
Elsie Meeks Director	<5	y						0	0	0
Gelvin Stevenson Director	<5	✓						0	0	0
Síobhan Oppenheimer-Nicolau Director	<5	√						0	0	0
Shyla Grace Sheppard Director	<5	✓						0	0	0
Chandra Hampson Director	<5	√						0	0	0
Michael E. Roberts President	40.0	✓		✓				130,475	23,906	0
Sarah EcboHawk Vermillion Vice President	40.0			✓				86,830	11,985	0
								0	0	0
			-					0	0	0
								0	0	0
								0	0	0
								0	0	0

Part VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ntınued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	চ Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
								0	0	0
1b Total								217,305	35,891	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

3	Did the organization list any former officer, director or trustee, key employee, or highest compensation	tec
	employee on line 1a? If "Yes," complete Schedule J for such individual	

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.

5	Did any person listed on line 1a receive or accrue compensation	from	any	unrelated	organization	for
	services rendered to the organization? If "Yes," complete Schedule	J for	suct	person		

	Yes	No
3		✓
4	22.75	✓
5		✓

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brian Vermillion, Transit Marketing, 2111 Astoria Lane,	Design and produce	105,025
Longmont, CO 80501	printed materials	0
		0

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



Part	VII	Statement of Re	venue									_
						(A) Total revenue	(B) Related exem function reven	pt on	(C Unrela busin rever	ated ess	(D) Revenue excluded from tax under sections 512, 513, or 514	(
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		<u>1a</u>	3,163							, 1
g g	ь	Membership dues		1b								
ffs,	c	Fundraising events		1c	 				1000	%- ''' '''		4
igi <u>g</u>	1	Related organizations		1d			1 2 3		\$\frac{1}{2}			4
Sir	е	Government grants (contri	ibutions).	<u>1e</u>	923,184							
ž ž	f	All other contributions, gifts, of			4.077.050			3				¥
를 를 등		and similar amounts not inclu		1f	1,877,356) }		-		Sec. still
Son		Noncash contributions include Total. Add lines 1a–1f	ed in lines 1a-1	11 \$	132			Ĩ.Š	, "			į
		Total. Add lines Ta-TI			Business Code	2,803,703				**************************************	***************************************	**
an re	0-	Consulting fees			Dasmess Code	36,017		36,017	Maria			7
ě	2a b	Conference fees	· · · · · · · · · · · · · · · · · · ·			9,800		9,800				_
Program Service Revenue	ט	Publications and other	 er			1,282		1,282				_
	4					0		.,202				_
S E	ء ا											_
gra	f	All other program servi	ce revenue)					-			_
<u>P</u> _	g	Total. Add lines 2a-2f				47,099		· W .	3,786	200	. 2	,
	3	Investment income (inc	luding divi	dends	s, interest, and							
		other similar amounts)	J		•	86,876	<u> </u>				86,876	<u>;</u>
	4	Income from investment of	of tax-exemp	t bon	d proceeds 🕨		<u> </u>					_
	5	Royalties					,			- 50	~ ~ ~	_
			(ı) Real		(II) Personal							
	6a	Gross Rents								18		; ; (2)
		Less rental expenses						. Ž.		**************************************		
		Rental income or (loss)	L			- **	. 1982	e	- I			9
	d		(i) Securiti		(II) Other	> 200 A.		×8×××	1 26 1		AND Y	-
	7a	Gross amount from sales of assets other than inventory	(i) Securiti		(ii) Other		' ' '		77. 3			:
	١.	•			·			24	:			:
	р	Less cost or other basis and sales expenses	•					-				4
		Gain or (loss)						A. Salak	*** \$			
	d				>	. 288.	- William	- 2		/	i dia na ana ana ana ana ana ana ana ana an	
ø	0-	Gross income from fundraising				21.0%			24 1			, !
evenue	Va	events (not including \$		_		l Ž	\$3. °\$		À A	2 (000)		2.00
ě		of contributions reported						*KA			4 N.A.	, i
Œ		See Part IV, line 18		a			3.39	**************************************	100			
Other R		Less direct expenses		b		N	28	k.	in			1
ŏ	С	Net income or (loss) fro	om fundrais	sing e	vents >						F2 wiley	_
	9a	Gross income from gam	ing activitie	es					, , , , , , , , , , , , , , , , , , ,			
		See Part IV, line 19	Ü	а				X 72.		, "S		QI.
		Less direct expenses		b	Ļ		2800	73/83	***		<u> </u>	3
	С	Net income or (loss) from	om gaming	activ	ities . >	(Mary 1-18)	6 82	- 10000 ·	<u> </u>	> 43.6600000000000000000000000000000000000	100	7
	10a	Gross sales of inve		ss								
	١.	returns and allowances		a) ,,,,			ű
		Less cost of goods so Net income or (loss) from		b worte				·	<u>7</u> 3			<i>3</i>
	-	Miscellaneous Revi		iverill	Business Code		1:00	. Sections o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	abrakkan		7
	11-					15,000	عدد المعادد	15,000	. 20081	i		أسد
	Ι.	Fee from affiliate				15,000		10,000				_
	Ь						†					_
	بہ 2	All other revenue										_
	l	Total. Add lines 11a-1	1d			15,000	400	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, 44% / J			
		Total revenue. See ins			•	2,952,678		62,099		0	86,876	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

anizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21	1,035,989	1,035,989								
2	Grants and other assistance to individuals in the U S See Part IV, line 22			, , , , , , , , , , , , , , , , , , ,	0000						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members				**************************************						
5	Compensation of current officers, directors, trustees, and key employees	243,154	179,137	29,462	34,555						
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 .	687,129	483,891	121,133	82,105						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			·							
9	Other employee benefits	81,770	55,275	13,772	12,723						
10	Payroll taxes	70,451	49,529	12,511	8,411						
11	Fees for services (non-employees)										
а	Management										
b	Legal	5,949	5,749	200							
С	Accounting	18,665		18,665							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17		, - (A (***)	* * *							
f	Investment management fees										
g	Other	418,403	358,786	15,100	44,517						
12	Advertising and promotion	1,605	1,053	552							
13	Office expenses	114,630	64,610	7,533	42,487						
14	Information technology .	45,865	38,316	<u>4,</u> 315	3,234						
15	Royalties .			<u> </u>							
16	Occupancy	57,716	39,476	9,165	9,075						
17	Travel	268,835	231,485	18,924	18,426						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	92,230	83,240	8,465	525						
20	Interest	·									
21	Payments to affiliates .										
22	Depreciation, depletion, and amortization	3,431	2,325	549	557						
23	Insurance .	6,152	3,674	1,972	506						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	Equipment rental & maintenance	12,922	6,341	3,085	3,496						
b	Printing & publications	104,363	65,605	10,793	27,965						
c	Temporary help	4,958	4,958								
d	Dues, fees and staff development	11,105	327	9,784	994						
е		0									
f	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24f	3,285,322	2,709,766	285,980	289,576						
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			_							

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1_	
	2	Savings and temporary cash investments	1,133,086	2	934,370
	3	Pledges and grants receivable, net	557,009	3	435,857
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	S. 1.3	% , '`	(1)等。水管等(1)。"图
	_	employees, and highest compensated employees Complete Part II of		1 1 3	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		2.78	
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		*** **	
		Part II of Schedule L	The same of the sa	6	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	8,665	9	18,109
	10a	Land, buildings, and equipment cost or 10a 132,648	725		12 Aug 15 80 30
		other basis Complete Part VI of Schedule D		-W	
	ь	Less accumulated depreciation 10b 130,544	5,535	10c	2,104
	11	Investments—publicly traded securities	57,740	11	46,973
	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	3,065,960		3,136,598
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,827,995		4,574,011
	17	Accounts payable and accrued expenses .	92,439	17	105,482
	18	Grants payable .	609,250	18	656,031
	19	Deferred revenue	85,000	19	20,000
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		\$	Y, San Y, J. M. (1997)
abi		employees, highest compensated employees, and disqualified		No.	
ا ت		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
ļ	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	786,689	26	781,513
·/^		Organizations that follow SFAS 117, check here ▶ ☑ and	Single State of the	Kin.	
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	(380,306)	27	(333,996)
Ва	28	Temporarily restricted net assets	1,360,525	28	998,794
2	29	Permanently restricted net assets	3,061,087	29	3,127,700
r Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
s or	20			30	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.	4,041,306		3,792,498
Z	33 34	Total liabilities and net assets/fund balances	4,827,995		4,574,011
	 -		4,021,000	<u> </u>	Form 990 (2009)

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain in	**	i, '//	`\$°. %
d	Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			Parks.
3а	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	مُسَمِّدُ مُسَمِّدُ	<u>* 1:</u>	(Papil)
	the Single Audit Act and OMB Circular A-133?	3a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	✓	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			lopment Institut						54		1254491	
	rt I			harity Status (All o							ictions.	
The	orga	anization is r	not a private fou	ndation because it is	(For line	s 1 throu	gh 11, cl	heck only	one box	()		
1	Ц			urches, or association				section 1	170(b)(1)	(A)(i).		
2	닏			on 170(b)(1)(A)(ii). (Ai								
3				hospital service orga								
4			esearch organiz ame, city, and s	ation operated in contate	njunction	with a ho	ospital de	escribed	ın sectio	n 170(b)(1)(A)(iii). Ent	ter the
5		An organiza section 170	ition operated fo D(b)(1)(A)(iv). (Co	r the benefit of a colle emplete Part II)	ege or un	iversity o	wned or	operated	by a gov	/ernmenta	al unit descr	ıbed ır
6		A federal, s	tate, or local gov	vernment or governme	ental unit	describe	ed in sec	tion 170(b)(1)(A)(v	·).		
7		An organiza	tion that normall	y receives a substanti (1)(A)(vi). (Complete I	ial part of						the general	public
8				d in section 170(b)(1		Complete	Part II)					
9				y receives (1) more th				m contrib	outions, n	nemberst	no fees, and	aross
		receipts from	m activities relat m gross investm	ed to its exempt func- nent income and unre n after June 30, 1975	tions—su elated bu	ubject to isiness ta	certain e ixable ind	xceptions	s, and (2) ss section	no more	than 331/3 %	of its
10				and operated exclusive					•	(a)(4)		
11				and operated exclusiv							or to carry o	out the
		purposes of	one or more pu	blicly supported orga	nızatıons	describe	d in sect	ion 509(a)(1) or se	ction 509	(a)(2) See s	ection
		509(a)(3). C	heck the box tha	at describes the type	of suppo	orting org	anızatıon	and con	nplete lin	es 11e th	rough 11h	
		a 🗌 Type	- l b] Type II 💢 🐧	: 🗌 Тур	oe III-Fun	ctionally	ıntegrate	d	ď□	Type III-C	ther
е		By checking	this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	tly or inc	directly b	y one or	more disqu	alıfıed
				on managers and othe	r than on	e or more	e publicly	supporte	ed organi	zations di	escribed in s	ection
			section 509(a)(2)									
f				a written determinat	ion from	the IRS	that it is	а Туре	l, Type II	, or Type	e III support	ıng
		-	, check this box									
g		Since Augus following pe		the organization acce	epted any	y gift or c	ontribution	on from a	any of the)		
		(i) A persor	n who directly o	r indirectly controls, e	either alo	ne or tog	gether wi	th persor	is descri	oed ın (ıı)	Yes	No
				rning body of the sup	•	rganızatıo	in?				11g(ı)	
				erson described in (i) a							11g(II)	—
				of a person described							11g(III)	
<u>h</u>				ation about the suppo	T		i '		1			
(1)		of supported anization	(II) EIN	(III) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the son in col	(vii) Amour support	
	- 3			above or IRC section		document?	col (ı)	of your	(ı) organı	zed in the	Suppor	
				(see instructions))		1	1	port?		S?		
					Yes	No	Yes	No	Yes	No		
										1		
												
												
					-							

Total

Pa	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.)									
Sec	tion A. Public Support				•					
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,401,110	5,236,942	2,921,624	2,110,100	2,803,703	17,473,479			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0			
4	Total. Add lines 1 through 3	4,401,110	5,236,942	2,921,624	2,110,100	2,803,703	17,473,479			
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)						9,188,956			
6	Public support. Subtract line 5 from line 4	, 3 th	See N. See N. 3	7 .7 . 4	Sall to Visit		8,284,523			
	tion B. Total Support	,								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4 .	4,401,110	5,236,942	2,921,624	2,110,100	2,803,703	17,473,479			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,514	147,635	198,581	85,362	86,876	556,968			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Statement 1	164,456	144,809	115,670	64,716	62,096	551,747			
11	Total support. Add lines 7 through 10 .				4:444.3		18,582,194			
12	Gross receipts from related activities, etc	(see instructio	ns)			12				
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) ▶ □			
	•			1 aslum- (5)		14	44.58% %			
14	Public support percentage for 2009 (line		-	r, column (i))		15	42.33% %			
15	Public support percentage from 2008 Scl									
16a	33½% support test – 2009. If the organiand stop here. The organization qualifies				line 14 is 33/3 %	6 or more, cned	ck this dox ► ✓			
	, , ,	, ,			15 15 1					
b	33% % support test—2008. If the organia box and stop here. The organization qua				and line 15 is	33/3 % or more,	check this			
170		•		_	line 12 160 or	16b and line 1	1 is 10% or			
178	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the			
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2008 Private foundation. If the organization did	acts-and-circum inces" test The	stances" test, c organization qua	check this box a alifies as a public	and stop here cly supported or	Explain in Part I	V how the			

(f) Total

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 grants, contributions, membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge

unrelated trade or business under section 513

- Total. Add lines 1 through 5
- Amounts included on lines 1, 2, and 3 received from disqualified persons
- Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- Add lines 7a and 7b

Public support (Subtract line 7c from

organization, check this box and stop here

Section C. Computation of Public Support Percentage

	[7000 Sec 200 1	1 % 4 2 4 4 4 20 1 3	[{ " "C+-	A.C. 17.72 M.B.	NAMES - 1877 Day 1864 1971 1 1 1	1
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						

% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % Investment income percentage from 2008 Schedule A, Part III, line 17

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

- 19a 33\% % support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line 17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
 - 331/3 % support tests 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization
- Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

 \sqcup

Chatamank 4. D. All 11. 40. E. A.					·	
Statement 1: Part II, Line 10, or Part I			2227	2000	0000	T -4-
Description Fee from affiliate						
	30,000	30,000	•		15,000	105,000
Other program income	134,456	114,809		49,716		446,747
Total	164,456		115,670		62,096	551,747
		•••••				
,						
••••••						
						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

If the	e organization answered "Ye	s," to Form 990, Part IV, line 5 (Prox	y Tax), then			
•	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III		·		
Na	me of organization				Employe	er identification number
	st Nations Development In				54	1254491
Pa	rt I-A Complete if the	e organization is exempt unde	er section 501(c) or is a sect	ion 527	organization.
1	Provide a description of the	ne organization's direct and indirec	ct political campai	gn activities in	Part IV	
2	Political expenditures		•		▶ \$	
3	Volunteer hours					
Par	rt I-B Complete if the	e organization is exempt und	er section 501(c)(3)		
1	-	excise tax incurred by the organiza	_		\$	
2	•	excise tax incurred by the organization			\$	
3	•	d a section 4955 tax, did it file For	•		-	☐ Yes ☐ No
-	Was a correction made?	a decition roce tax, and it me i or	111 17 20 101 and y			Yes No
b	If "Yes," describe in Part I					
Pai	rt I-C Complete if the	e organization is exempt und	er section 501(c), except se	ction 5	01(c)(3).
1	Enter the amount directly	expended by the filing organization	on for section 527	7 exempt funct	ion	
	activities				\$	
2	Enter the amount of the fil 527 exempt function activ	ing organization's funds contribute	ed to other organi	zations for sect	tion \$	
3	•	penditures Add lines 1 and 2 Er	nter here and on	Form 1120-PC)L.	
•	line 17b				▶ \$	
4	Did the filing organization	file Form 1120-POL for this year?				☐ Yes ☐ No
5	Enter the names, addresses	s and employer identification numbe	r (EIN) of all section	n 527 political c	rganızatı	ons to which payments
		zation listed, enter the amount paid fi				
		were promptly and directly delivered				s a separate segregated
	fund or a political action co	mmittee (PAC) If additional space is	needed, provide i	ntormation in Pa	art IV.	T
	(a) Name	(b) Address	(c) EIN	(d) Amount pa		(e) Amount of political
				filing organiza funds If none, e		contributions received and promptly and directly
						delivered to a separate political organization If
						none, enter -0-
						
			·			
			l			l

Pa	rt II-A Complete if the organization under section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768	3 (election
	Check ► ☐ If the filing organization Check ► ☐ If the filing organization	belongs to an affiliated group checked box A and "limited control" provisi	ons apply.	<u>-</u>
	Limits on Lobl	bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence Total lobbying expenditures to influence	1,622		
	Total lobbying expenditures (add lines	1,622		
	Other exempt purpose expenditures	3,283,700		
e	Total exempt purpose expenditures (ad	3,285,322		
f	, , , , , , , , , , , , , , , , , , , ,	e amount from the following table in both	314,266	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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	***************************************	8 8 8 2 7 8 8
	Over \$17,000,000	\$1,000,000	July 6, 10 1 1 1	
	Grassroots nontaxable amount (enter 2	5% of line 1f)	78,567	
ŀ	Subtract line 1g from line 1a If zero or	•	0	0
i	Subtract line 1f from line 1c If zero or		0	0
j		either line 1h or line 1i, did the organization file Fo	orm 4720 reporting	☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a Lobbying nontaxable amount	311,530	277,927	287,323	314,266	1,191,046				
b Lobbying ceiling amount (150% of line 2a, column (e))	**				1,786,569				
c Total lobbying expenditures	2,114	5,169	2,234	1,622	11,139				
d Grassroots nontaxable amount	77,883	69,482	71,831	78,567	297,763				
Grassroots ceiling amount (150% of line 2d, column (e))					446,645				
f Grassroots lobbying expenditures				1,622	1,622				

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).)		(b)	
	Yes	No	,	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	 			
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		* * * * * * * * * * * * * * * * * * * *	- امر-	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?		<u> </u>		
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .				
İ :	Other activities? If "Yes," describe in Part IV	(\$			
]	Total Add lines 1c through 1i		7 - m²		1 8
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	ية س	ند شعیم	oldin — 1996.	سالهبت
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2007	*	<u>با با با با با</u>	- difficient
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), o	r sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines "Yes."				ed
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the sexcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
=	and political expenditure next year? Tayoble amount of lobbying and political expenditures (see instructions)	4			
j Tarr	Taxable amount of lobbying and political expenditures (see instructions) .	5_			
om	Supplemental Information blete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; complete this part for any additional information	and	 Part II	-B, line	e 1ı
	complete this part for any additional information				

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

Schedule C (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		
		•••••
		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number First Nations Development Institute 1254491 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 7.700 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes No 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" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$

Page	2
rage	_

Pai	t III Organizations Maintain	ng Collections	of Art, Historic	al Treasur	es, or C	ther Similar A	ssets (continued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and d y)	other records, ch	eck any of t	the follow	ving that are a s	ignificant use of its
а	Public exhibition		d ∐	Loan or exc			
b	Scholarly research		e 📙	Other			
C	Preservation for future general						
4	Provide a description of the organiz Part XIV	ation's collections	s and explain ho	w they furth	er the o	rganızatıon's exe	empt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of th	ne organizati	on's colle	ection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an				answei	red "Yes" to Fo	rm 990, Part
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or ot	her intermediary	for contribu	utions or	other assets no	t Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	ng table.		A	mount
С	Beginning balance				1c		
d	Additions during the year				1d	<u>.</u>	
е	Distributions during the year				<u>1e</u>		
	Ending balance				1f		
b	Did the organization include an ame If "Yes," explain the arrangement in	Part XIV	·				☐ Yes ☐ No
Par	t V Endowment Funds. Co						·
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,061,087	3,127,700		- 3	7 A	
b	Contributions				- 2		×
С	Net investment earnings, gains, and losses	66,613	(66,613)	٠,		
d	Grants or scholarships			, 20	<u> </u>	7 A	
е	Other expenditures for facilities and programs			(1/2) A			
f g	Administrative expenses End of year balance	3,127,700	3,061,087	7			
2	Provide the estimated percentage o			<u> </u>			1.* ,
а	Board designated or quasi-endowm	-	. %				
b	Permanent endowment ► 100,00%		. , ,				
С	Term endowment ▶ 00% %						
3a	Are there endowment funds not in the	e possession of th	e organization th	at are held a	and admi	nistered for the	Yes No
	organization by (i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" to 3a(II), are the related orga	inizations listed a	s required on Sc	hedule R?			3b ✓
4	Describe in Part XIV the intended us	es of the organization	ation's endowme	ent funds			<u> </u>
Par	t VI Investments—Land, Bu	ildings, and Eq	<mark>uipment.</mark> See F	orm 990, I	Part X, I	ine 10.	
	Description of investment	(a) Cost or oth (investme		ost or other is (other)		ccumulated preciation	(d) Book value
1a	Land				8.0.1.1%		
	Buildings						
	Leasehold improvements						
d	Equipment Other .			132,648		130,544	2,104
	. Add lines 1a through 1e (Column (d) r	nust equal Form 99	90, Part X, column	(B), line 10(c)) .	. ▶	2,104
						,	ule D (Form 990) 2009

Part VII Investments—Other Securities	s. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
Financial derivatives			
Closely-held equity interests			···-
Other	-		
			
	-		
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Relat	ed. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marks	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX Other Assets. See Form 990, P			
	(a) Description		(b) Book value
Endowment assets - invested in marketable s	ecurities and money ma	rket accounts	3,127,700
Refundable deposits			2,745
Other receivables	<u> </u>		11,858
Allowance for uncollectible accounts			(5,717) 12
Due from affiliate			
			
Total. (Column (b) must equal Form 990, Part X, col			3,136,598
Part X Other Liabilities. See Form 990	, Part X, line 25.		000 70000 743 / observe
1. (a) Description of liability	(b) Amount		
Federal income taxes	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
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		***	4
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			<u> </u>

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	2a 2b 2c 2d 4a 4b	2a 2b 2c 3 4a 4b 4c 5 ements With Expenses per R 2a 2b 2c

Schedule D (For	m 990) 200 9	Page 5
Part XIV	Supplemental Information (continued)	
		••
		• • • • • • • • • • • • • • • • • • • •
		•••••

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

2009

Open to Public Inspection

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

OMB No 1545-0047

First Nations Development Institute	ıte					54 1254491	1254491
Part I General Information on Grants and Assistance	on Grants and	Assistance					
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	in records to subsaward the grants cation's procedure	stantiate the amount assistance?	nt of the grants or as he use of grant funds	sistance, the grantees in the United States	s' eligibility for the gra	ints or assistance, ar	d
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	sistance to Goveral, for any rec I-1 (Form 990) if	vernments and ippent that received additional space	Organizations in the ded more than \$5,00 e is needed	ne United States. C	complete if the orgain on the orgain of the orgain of the organized or the	nization answered eceived more than	"Yes" to \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
List attached							
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and govern	ment organizations					87

Schedule I (Form 990) 2009

Cat No 50055P

3 Enter total number of other organizations.
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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of exempt status, a budget and narrative of the grantee's proposal and other relevant information. A First Nations committee reviews applications for consistency The grant-making department manages the solicitation, review and award of grants to applicant organizations. The grant-making department requires documentation (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. with First Nations' program objectives and other factors. Terms and conditions of each grant are documented and signed by First Nations and the grantee and require programmatic and financial reports from the grantee. The grant-making department monitors compliance with grant terms and conditions, including Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. timely receipt of required reports. Most grant funds are disbursed in multiple payments: initial payment follows receipt of signed terms and conditions, and (e) Method of valuation (book, FMV, appraisal other) subsequent payments are held until required reports are received, often halfway through and at the end of the grant period. (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, June 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Name of the organization

Employer identification number

First	Nations Development Institute						5	4 :		12	25449	11	
Par	Excess Benefit Transactions Complete if the organization answe								Part V	, line 4	40b	-	
												(c) Cor	rected?
_1 	(a) Name of disqualified person				(b) (Description of	transaction					Yes	No
												 	ļ
2	Enter the amount of tax imposed on t	he orga	nization	managers	or disqu	alified pers	sons durir	ng the	e year				
_	under section 4958						•			▶ \$			
3	Enter the amount of tax, if any, on line	e 2, abo	ve, rein	nbursed by	the orga	inization				> \$			
Par	t II Loans to and/or From Interes	sted Per	rsons.			•							
	Complete if the organization ar	swered	"Yes"	on Form 99	90, Part I	V, line 26,	or Form 9	90-E	Z, Pa	rt V, I	ine 3	Ва.	
	(a) Name of interested person and purpose		to or from			(d) Balan	(e) In default? (f) Approved by board or committee?				ntten ment?		
		the orga	inization?	principal	amount							agree	MICHI.
		То	From					Yes	No	Yes	No	Yes	No
							0						
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Par		_			20 5	4.107	•						
	Complete if the organization ar						T						
	(a) Name of interested person	(b) Re	lationship	between inte organizat		on and the	(c) Amou	unt and	type o	f assist	tance	
		<u> </u>											
			·										
													
Par	IV Business Transactions Involv	ing Inte	rested	Persons.			<u> </u>						-
U GI	Complete if the organization ar				90, Part I	V, line 28a	, 28b, or	28c.					
	(a) Name of interested person			p between	I	nount of			on of tra	ansactı	on	(e) Sha	anng of
	,			on and the		saction		·					zation's nues?
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	·······				 								

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

First Nations Development Institute

Form 990 or to provide any additional information.

Inspection

1254491

Employer identification number

54

Form 990 Part III - Line 4d Strengthening Native American Philanthropy - SNAP works to help tribes control, retain and utilize their community assets - be they land, human potential, cultural heritage, financial, and/or natural resources. SNAP's mission is to empower tribes and Native organizations to exercise self-determination by taking control of their financial assets through the creation of Native-controlled grant making philanthropic vehicles and thus to ensure the Native communities' long-term sustainability through capitalizing Indian communities and increasing sovereignty for tribes Total expense: \$215,450. Grants \$-0-. Revenue: \$335. Public Education - Through the use of print, electronic and personal contact methods, the public education program develops and implements strategies to increase public awareness about the organization and the current challenges facing rural and reservation-based Native American communities. The program serves the educational and information needs of tribes and Native non-profit organizations and leverages this awareness to increase support for the benefit of Native peoples throughout the nation. Total expense: \$77,150 Grants: \$-0- Revenue. \$255 Policy - Through its Native Asset Watch initiative, FNDI seeks to identify, advocate for and coordinate policy changes at the tribal, state and federal levels that will help tribes and individuals regain control of their resources. Asset watch is a comprehensive strategy for systemic economic change that seeks to provide a range of support for Native American communities in taking control of their assets, whatever their form, and in re-establishing sustainable approaches to use of their land and natural and cultural resources. Total expense: \$268,457. Grants: \$78,562 Revenue. \$-0-.

Schedule O (Form 990) 2009			Page 2
Name of the organization First Nations Development Institute		nployer ider	ntification number
Part VI - Question 11a		<u>'</u>	
Board members are presented with draft copies of Form 990 and all s	schedules and atta	chments.	
They are asked to review and approve it and to also disclose any pot	ential conflicts of i	nterest.	
Part VI - Queston 12b and 12c			
The By-Laws provide the conflict of interest policy for board member	s The employee h	andbook	
provides the conflict of interest policy for employees. The board is co	urrently considerin	g proced	ures
to improve monitoring of compliance with these policies which is cur	rently reliant on se	elf-reporti	ng.
Part VI -Question 15			
Board members approve the President's salary and are informed of t	he salaries of othe	r high-lev	l
		_	
employees They are all familiar with the not-for-profit sector and the	environment First	Nations \	works
in and from which it recruits employees and therefore have sufficient	knowledge to eva	uate and	
approve these salaries.			
••••••			
			· • • • • • • • • • • • • • • • • • • •
			·····

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Partl

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)

OMB No 1545-0047	(- ((

2010 2010

Employer identification number Open to Publ

54-1254491

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. ▶ Attach to Form 990.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 ٥ N (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling entity (e) End-of-year assets 509(a)(2) n/a (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) SD-admin offices VA-Incorporated (b) Primary activity Assistance, loan cap (b) Primary activity ital and training to Native tribes, communities peoples and For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) First Nations Oweesta Corporation, El no. 54-1970097 910 Fifth Street, Suite 101, Rapid, City, 57701 (4) (a)
Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization Part II 4 9 8 ල <u>0</u> 9 <u>O</u> Ξ જ ල

Schedule R (Form 990) 2010

(k) Percentage ownership Percentage ownership Ξ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (J) General or managing partner? ŝ end-of-year assets Yes (g) Share of (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h)
Disproportionate
allocations? ž Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (d)
Direct controlling
entity (r) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Primary activity (d)
Direct controlling
entity (c) Legal domicile foreign country) (a) Name, address, and EIN of related organization (state or (b)
Primary activity ШN related organization (a) Name, address, and Part III Part IV Ξ 9 2 <u>@</u> € <u>ග</u> 9 E <u>8</u> ල € <u>©</u> E Ξ

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Schedule R (Form 990) 2010 (d) Method of determining If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Yes \$375,000 loan guarantee \$1,365 accrual basis \$42,650 accrual basis \$15,000 accrual basis Ξ ဗ 79 ٥ 16 5 ₽ Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 9 쏮 4 = FNOC reimbursed FNDI their share of workers comp, business insurance, audit fees and other expenses The board of directors of First Nations Development Institute (FNDI) controls the board of directors of Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets. Name of other organization Purchase of assets from other organization(s) Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sharing of paid employees FNDI performed program services and billed FNOC FNDI guarantees program related debt of FNOC Sale of assets to other organization(s) First Nations Oweesta Corporation (FNOC.) FNOC paid FNDI an administrative fee Exchange of assets Ε ο α σ ᠣ 0 ପ € ত্র

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (e) Name, address, and EIN of entity Primary activity Legal domicile Are all partners Share o	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	ļ	(h) General or
		(state or foreign country)	section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	rm 990) 2010

Schedule R (Form 990) 2010	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	
	······································	
	······································	
		• • • • • • • • • • • • • • • • • • • •
		
		•••

First Nations Development Institute El 54-1254491 2009 Form 990

Part VI - Section C - States with which copy of form is filed Question 17

Alabama

Alaska

Arkansas

Arızona

California

Colorado

Connecticut

Florida

Georgia

Hawaii

Illinois

Kansas

Kentucky

Maine

Maryland

Massachusetts

Michigan

Minnesota

Mississippi

Mıssourı

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

First Nations Development institute El 54-1254491 Grants to US Organizations 2009 Form 990

(a)	(a)	2	Cash	Non-cash	Non-cash N	Non-cash		Ending
NAME	EIN	IRC sec	i	Grant		Descript	Purpose of Grant	Payable
Four Bands Community Fund Inc	46-0456528	501c3	8,250				Asset building	250
Hopi Education Endowment Fund	86-0134082	7871	8,250				Asset building	250
Leech Lake Band of Ojibwe	41-1242052	tribe	8 250				Asset building	2 250
Mille Lacs Band of Ojibwe	41-1661577	tribe	8,250				Asset building	250
Oklahoma Policy Institute	33-1178624	501c3	40 000				Asset building	20 000
Sovereign Power Inc	91-1424221	501c3	8 250				Asset building	•
Standing Rock Stoux Tribe	45-0220519	tribe	8 250				Asset building	250
Turtle Mountain CDFI	01-0916120	501c3	8 250				Asset building	250
White Earth Investment Initiative	41-1737979	501c3	8 250				Asset building	250
Boys and Girls Club of Rosebud	46-0453641	501c3	24,000				Capacity building	17,000
Gila River Indian Comm for Office of Planning/Eval	86-0107023	tube	16 053				Capacity building	16,053
Native American Community Board	46-0392867	501c3	24 000				Capacity building	17 000
Oglala Oyate Wortancan Empowerment Zone	41-1973409	501c3	24,000				Capacity building	24 000
Pueblo of Acomoa for Dept of Ed	85-0194359	tribe	24,000				Capacity building	17 000
Rio Puerco Alliance for Hasbidito	61-1503699	501c3	24 000				Capacity building	17 000
Shonto Community Development Corp	56-2556227	7871	24,299				Capacity building	17 299
White Eagle Christian Academy	46-0449268	501c3	24 000				Capacity building	24,000
Wolakota Waldorf Soc for Lakota Waldorf School	36-3957237	501c3	24,180				Capacity building	17,180
Hunpati Investments Inc	26-4838202	501c3	25 000				Food sovereignty	25 000
Oglala Sioux Parks & Rec Authority	46-0335615	7871	25 000				Food sovereignty	25,000
Oneida Tribe of Indians of WI Tsyun Cannery	39-6081138	Tribe	25 000				Food sovereignty	25,000
Tohono O'odham Community Action (TOCA)	86-0883222	501c3	25,000				Food sovereignty	25 000
Native American Youth and Family Center	93-1141536	501c3	26 000				Leadership program	•
Potlatch Fund	91-1424221	501c3	26 000				Leadership program	8 000
Potlatch Fund	91-1424221	501c3	2,000				Leadership program	•
Four Bands Community Fund Inc	46-0456528	501c3	7 750				LESF FinI literacy/econ devel	1 750
Hopi Education Endowment Fund	86-0134082	7871	7 750				LESF Fini literacy/econ devel	1 750
Leech Lake Band of Ojibwe	41-1242052	tribe	7 750				LESF Finf literacy/econ devel	7 750
Mille Lacs Band of Ojibwe	41-1661577	tribe	7,750				LESF Fint literacy/econ devel	7,750
Sovereign Power, Inc	91-1424221	501c3	7 750				LESF Finl literacy/econ devel	2,000
Standing Rock Sioux Tribe	45-0220519	tube	7 750				LESF Finl literacy/econ devel	1,750
Turtle Mountain CDFI	01-0916120	501c3	7 750				LESF Finl literacy/econ devel	1,750
White Earth Investment Initiative	41-1737979	501c3	7 750				LESF Finl literacy/econ devel	1 750
Bishop Paiute Tribe	95-1905064	Tribe	20,000				Native youth and culture	10 000
Citizen Potawatomi Community Development Corp	73-0945447	Tribe	20,000				Native youth and culture	10 000
Fond du Lac Tribal College	41-0965719	Tribe	19,500				Native youth and culture	10 750
Inter-Tribal Council of Michigan, Inc	38-1893519	501c3	19,500				Native youth and culture	19 500
Kanu o ka 'Aına Learnıng 'Ohana (KALO)	99-0352665	501c3	19,500				Native youth and culture	10 750
La Plazıta institute	26-2486467	501c3	20 000				Native youth and culture	10,000
Menominee Indian Tribe of Wisconsin	39-1205576	Tnbe	000'6				Native youth and culture	2 000
Minnesota Indian Women's Sexual Assault Coalition	20-1421325	501c3	20 000				Native youth and culture	10 000
Native American Community Board	46-0392867	501c3	19 500				Native youth and culture	10,750
Native Village of Mary's Igloo	92-0082479	Tribe	17,000				Native youth and culture	6,500
Nipmuk Nashauonk, Inc	13-4364339	501c3	20,000				Native youth and culture	10,000
Northwest Indian College	91-0905644	501c3	19,000				Native youth and culture	10 000
Potatch Fund	73-1712905	501c3	20,000				and a second second	
							Native youth and culture	10 000

First Nations Development Institute El 54-1254491 Grants to US Organizations 2009 Form 990

1 (a)	(q)	(0)	(d) Cash	(e) Non-cash	(e) (f) (g) Non-cash Non-cash	(g) Non-cash	(h)	Endina
NAME	EIN	IRC sec	Grant	Grant	FMV	Descript	Purpose of Grant	Payable
Running Strong/Brave Heart Society	54-1594578	501c3	20,000				Native youth and culture	20 000
SagChip Tribal Council/Saginaw Chippewa Indian Tribe of Michigan	38-6178758	Tribe	20 000				Native youth and culture	10 000
Salish Kootenai Tribal College/NAm Language Teacher Training Inst	81-0378823	501c3	20 000				Native youth and culture	20 000
Santa Fe ind Schl/The Leadership Insulute	85-0346497	501c3	20,000				Native youth and culture	20 000
Sault Ste Mane Tribe of Chippewa Indians	23-7249643	Tribe	20 000				Native youth and culture	10 000
Sipaulovi Development Corporation	11-3800979	Tnbe	19 000				Native youth and culture	19,000
Southern Ute Indian Tribe	84-0404384	Tribe	19 000				Native youth and culture	10,000
Columbia River - partial return of prior grant			(6,304)				Asset-building	
Quileute Nation - partial return of prior grant	92-0117501	501c3	(11,500)				Asset-building	•
Grants < \$5 000			60,262					1
Payable on pnor year grants Totals			1,035,988					79,250

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extension, complete only Part I and check this bo	x .	. ▶ 🗸		
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (
Part I	uplete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee		filed Form 8868		
	, , , , , , , , , , , , , , , , , , , ,	•			
A corporat Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check .	k this box	and complete ▶ □		
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns	7004 to re	quest an extension o		
one of the electronica returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe ly if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed an nore details on the electronic filing of this form, visit www irs gov/efile and click on e-file.	ver, you c s 990-BL, nd signed p	annot file Form 8868 6069, or 8870, group page 2 (Part II) of Form		
Type or	Name of Exempt Organization	Employer	identification number		
print	First Nations Development Institute	54	1254491		
File by the due date for filing your	Number, street, and room or suite no If a PO box, see instructions 351 Coffman Street, Suite 200				
return See instructions	City, town or post office, state and ZIP code For a foreign address see instructions				
	Longmont, CO 80501				
Check typ	e of return to be filed (file a separate application for each return)				
Form 9	90		Form 4720		
Form 9	00-BL		Form 5227		
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 6069					
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870					
Telephon If the org If this is the the who	s are in the care of ► First Nations Development Institute, Helen Knoll, Finance Off No ► (303) 774-7836 FAX No ► (303) 774 Anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). It is for part of the group, check this box the names and EINs of all members the extension will cover	I-7841 box .			
1 I request	uest an automatic 3-month (6 months for a corporation required to file For				
► Ø	tax year beginning July 1 , 20 09 , and ending Ji	une 30,	, 20_ 10		
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period					
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	≺, 3 a	\$		
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ents made Include any prior year overpayment allowed as a credit				
c Balan depos	ce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required the with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer n) See instructions	J,			
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 tinstructions	53-EO and	I Form 8879-EO		