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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

<u>A F</u>	or the	e 2012 calendar year, or tax year beginning JUL 1, 2012 and	ending J	UN 30, 2013	
B	heck if	C Name of organization		D Employer identi	fication number
x	Addre				
<u></u>	Name chang	Doing Business As		54-12	54491
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Termi:	2432 Main Scieet, 2Nd F1.		303-7	74-7836
	Amen return			G Gross receipts \$	3,524,712.
	Application	Longmone, co abbot		H(a) Is this a group	return
	pendi	F Name and address of principal officer Michael E. Roberts		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates in	
11	ax-ex	empt status	or 527	1	a list (see instructions)
		te: www.firstnations.org		H(c) Group exempti	•
KF	orm of	organization: x Corporation Trust Association Other ▶	L Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	M State of legal domicile; VA
	art I	Summary		•	
_	1	Briefly describe the organization's mission or most significant activities. See Sc	hedule O.	-	
Activities & Governance					
E E	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	assets.
Ş.		Number of voting members of the governing body (Part VI, line 1a)		3	1
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	
Š		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
įį	6	Total number of volunteers (estimate if necessary)		6	
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		78	
⋖	l	Net unrelated business taxable income from Form 990-T, line 34		<u> </u> 7k	
				Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		5,998,867	
Revenue	ı	Program service revenue (Part VIII, line 2g)	71,995		
eve	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,500	. 87,302.
Œ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,878	
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,259,240	
	13	Grants and sımılar amounts paid (Part IX column (A), lines 1-3)		1,435,215	
	14	Benefits paid to pr for members (Part IX, column, (A), line 4)		0	
Š		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,280,351	1,457,852.
Expenses		Professional fundaising fees (Part ix, collumn (A), line 11e)		0	
0		1001	513.		
ú		Other expenses (Part IX; column (A); lines 1,1 a 11d, 11f 24e)		1,660,643	. 1,685,285.
		Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25)		4,376,209	. 4,240,361.
	19	Revenue less expenses Subtract line 18 from line 12		1,883,031	. <720,738.>
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		7,813,424	6,988,649.
ASS	21	Total·liabilities (Part X, line 26)		1,163,661	
캺	22	Net assets or fund balances Subtract line 21 from line 20		6,649,763	6,008,961.
Pa	art II	Signature Bløck			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of r	ny knowledge and belief, it is
true,	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of wi	nich preparer	has any knowledge.	
					1014
Sigi	n	Signature of officer	-	Datě	
Her	е	Mickael E. Roberts, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	j	Maria Montoya Maria Montoya		/8/14 If self-empto	poyed P01363907
Prep	arer	Firm's name Kundinger, Corder & Engle, P.C.		Firm's EIN	
Use	Only	Firm's address 475 Lincoln Street, Suite 200			
		Denver, CO 80203		Phone no. (303) 534-5953
May	the I	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No

SCANNED FEB 20 2014

Form **990** (2012)

Form 990 (2012) First Nations Development 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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	ŀ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		l	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		,	
04-	Schedule J	23	X	
248	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	х
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). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	x	
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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	<u> </u>	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	l	
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	 -
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:	x	ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 ^ -	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	25		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>

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

	990 (2012) First Nations Development Institute 54-1254491		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		r	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 24			٠
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country:			-
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
	any contributions that were not tax deductible as charitable contributions?	6a		х
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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:	,		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	*		
а	Gross income from members or shareholders			ī
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,	4	ľ
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the]
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

54-1254491

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

	Check if Schedule O contains a response to any question in this Part VI			X_
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		x
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		_
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS		do.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivaliat	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Over website X Apother's website X Upon request.			
40	X Own website X Another's website X Upon request Other (explain in Schedule O)	d f	اماما	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u rinar	icial	
20	statements available to the public during the tax year	har. Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Helen Knoll - 303-774-7836	uon: 🕨		_
	2432 Main Street, 2nd Fl., Longmont, CO 80501			

Form 990 (2012)

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

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

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

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

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

Name and Title	Average hours per week (list any hours for	box offi	not c , unle	Pos heck ss pe	more			Donombolo		(F)
	week (list any	box offi	, unle	ss pe			one	Reportable	Reportable	Estimated
	(list any	├		box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of
						1/1/10	100,	from	from related	other
	I Hours for	lrect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	1000	itee			satec		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2) 1000 111100)		and related
	below	ldual	nctron	<u>.</u>	Key emptoyee	est co	<u>_</u>			organizations
	line)	μğ	Insti	Officer	Key (Highest compensated employee	Former			
1) Chandra Hampson	2.00									
Director	2.00	х						0.	0.	0
(2) Siobhan Oppenheimer-Nicolau	2.00									
Director	2.00	х		<u> </u>				0.	0.	0
(3) Michael E. Roberts	40.00									
President	2.00	х		х				146,944.	0.	12,810
(4) Donald Sampson	2,00									
Treasurer	2,00	Х		Х		<u> </u>		0.	0.	0
(5) Benny Shendo, Jr.	2.00									_
Director	2.00	Х						27,000.	0.	0
(6) Shyla Grace Sheppard	2.00									-
Director	2,00	х	l		<u> </u>			0.	0.	0
(7) Marguerite Smith	2.00									
/ice Chair	2.00	Х	<u> </u>	Х		<u> </u>		0.	0,	0
(8) Gelvin Stevenson	2.00]								
Director	2.00	Х	乚		L.	<u> </u>	L	0.	0.	0
(9) B. Thomas Vigil	2.00]								
Chair	2.00	х		х	_	<u> </u>		0.	0.	0
(10) David Lester	2.00]	İ							
Emeritus Director		Х						0.	0,	0
(11) Sarah Vermillion	40.00									
Vice President		L		Х	$oxed{oxed}$	_		107,896.	0.	11,044
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		1								
		$oxed{oxed}$	<u>Ļ</u> .	<u> </u>		<u> </u>				
	<u> </u>	1			1	1				

	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) (E) Reportable Reportable compensation compensation from from relate			on amount of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	trom the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS				e ion ed
				_	_	<u> </u>								
			-		-	-	-	\vdash						
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						İ								
			_		<u> </u>	<u> </u>	<u> </u>	_						
1b	Sub-total	•					▶		281,840.		0.		23	854.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A							281,840.		0.		23	0. 854.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	no r		,000 of reportab	- •	<u> </u>		, 034.
	compensation from the organization													2
3	Did the organization list any former officer,	director or tri	istei	e ke	av er	mole	wee	٥r	highest compensated e	mnlovee on			Yes	No
J	line 1a? If "Yes," complete Schedule J for s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o,	,, c.	pic	Jycc	, 0.	riigilost compensated c	mployed on		3		х
4	For any individual listed on line 1a, is the su									the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4	Х	
	rendered to the organization? If "Yes," com							Ciu				5		х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	rom	
	(A)								(B))	
Char	Name and business m Spruce	address						-	Description of s	ervices		Compe	nsatio	n
	Box 80005, Albuquerque, NM 87198	3							Program consulting				100	810.
														
					-									
_		<u> </u>												
2	Total number of independent contractors (ot li	mıte	d to		se li 1	ste	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation											000	

First Nations Development Institute Form 990 (2012) 54-1254491 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 5,841 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 578,817. 1e f All other contributions, gifts, grants, and similar amounts not included above 2,607,379 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 3,192,037 Business Code Program Service Revenue 2 a Consulting fees 900099 121,585 121,585 Conference fees 900099 38,525 38,525 Publications and other 900099 13,139 13,139 f All other program service revenue 173,249 Total. Add lines 2a-2f Investment income (including dividends, interest, and 87,302 other similar amounts) 87,302 Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 13,128 6 a Gross rents 5,089 b Less rental expenses 8,039, c Rental income or (loss) 8,039 d Net rental income or (loss) 8,039. (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** Fee from affiliate 900099 58,996. 58,996 11 a b

58,996.

519,623.

232,245,

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

95,341

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX х (A) Total expenses (**D**) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1,097,224 1,097,224 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 268,211 trustees, and key employees 240,030 10,420 17,761. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 940,364 678 973 174,488 86,903. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 147,386 102 019 29,065 16,302. Other employee benefits 9 101,891 77,517 15,482 10 Payroll taxes 8,892. Fees for services (non-employees): a Management 15,377 2,987 12.390 **b** Legal 22,000 c Accounting 22,000 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 775,111 719,785 16,131 39,195. Advertising and promotion 12 107,495 60,932 13 9,320 37,243. Office expenses 113,112 Information technology 26 315 12,182 74,615. 14 Royalties 15 61,962 45,284. 10,351 6,327. 16 Occupancy 375,195 357,303 8,987 8,905. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 64,757 56,541, 4,739 3,477. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 6 425 1,384 4 847 194 22 Depreciation, depletion, and amortization 4,874. 1,262 3,559 53. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Printing & publications 95,452 51,399 14,412. 29,641. Dues, fees & staff deve 23.525 3,740 15,375 4.410. Equipment & software de 20,000 12,816. 1,589 5,595. c d All other expenses 4,240,361 Total functional expenses. Add lines 1 through 24e 3,535,511 365,337 339,513. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year Cash · non-interest-bearing 1 1,504,841 1,620,118. 2 2 Savings and temporary cash investments 3,076,168. 2,176,953. 3 Pledges and grants receivable, net 3 52,643. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 18 119 5.875. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 975,288, basis. Complete Part VI of Schedule D 10a 123,517. 19,946. 10b 851,771. b Less: accumulated depreciation 10c 7,548 Investments - publicly traded securities 11 12 Investments · other securities See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 3,186,802 2,281,289. 15 15 Other assets See Part IV, line 11 7,813,424. 6,988,649, 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 92,716. 150 851. 17 17 Accounts payable and accrued expenses 1,070,945. 821,800. 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 7,037. 0 Schedule D 25 1 163 661 979 688. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <605,899. <511,954.> 27 Unrestricted net assets 27 4,127,962. 3,393,215. 28 28 Temporarily restricted net assets 3,127,700. 3,127,700. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 6,649,763. 33 6,008,961. 33 Total net assets or fund balances 7,813,424. 6,988,649. 34 Total liabilities and net assets/fund balances

	990 (2012) First Nations Development Institute	54-1254491		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,519	623.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,240	361.
3	Revenue less expenses. Subtract line 2 from line 1	3		<720	738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,649	763.
5	Net unrealized gains (losses) on investments	5		79	936.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	,008	961.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		,	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			.,	
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			•
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

First Nations Development Institute

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

•	=			s, or association of churc		insed itt se	Cuon 170	(D)(I)(A)(I)	·•				
2	=	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3	\square	A hospital or	a cooperative hospit	al service organization o	described	ın section	170(b)(1)(A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's name	θ,
		city, and state	e·										
5		An organization	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
		=	(b)(1)(A)(iv). (Comple	-	•	·	·	•					
6		-		ent or governmental unit	t describer	d in sectio	n 170(b)(1	1)(Δ)(v)					
7	$\overline{\mathbf{x}}$			eives a substantial part o					r from the	gonoral	nublio dos	aribod ir	
•		_	•	•	oi ita aupp	or nom a	governine	intai uniit C	n nom me	general	public desc	, indea ii	'
_			b)(1)(A)(vi). (Comple		6	D 4 41)							
8	=	•		ection 170(b)(1)(A)(vi). (•							
9		An organization	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ınd gross re	ceipts f	rom
		activities relat	ted to its exempt fur	nctions - subject to certa	ıın excepti	ons, and (2	2) no more	than 33 1	/3% of its	suppor	t from gross	investr	nent
		income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June	30, 197	5
		See section !	509(a)(2). (Complete	Part III.)									
10		An organization	on organized and op	perated exclusively to tes	st for publ	c safety S	See sectio	n 509(a)(4	I).				
11		An organization	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one c	or
		more publicly	supported organiza	itions described in section	on 509(a)(⁻	1) or section	on 509(a)(2	?). See se c	tion 509(a)(3). Ch	eck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	1e throuah	11h	•	•				
		a Type I				nctionally i		c	Tvo	e III - No	n-functiona	ilv intea	rated
e			-	t the organization is not		-	-						
		-	-	han one or more publicly		-	·=	•			•		
f			•	ten determination from t		-				ν(α)(1) Ο.	00011011 00	>(\\(\)/_\	
		•	rganization, check th			21 11 13 A 1 Y	pe i, Type	ii, oi Type	3 III				
_	_		•		ou aift or o	ontribuition	from any	of the follo	owing nor	20202			
ć	J	_		rganization accepted ar			-					Yes	NI-
		• • •	•	irectly controls, either al	one or tog	ether with	persons c	escribed	ın (II) and (iii) below		res	No
		-		upported organization?							11g(i)	┼──┼	
			•	described in (i) above?		_					11g(ii)	T - T	
		• •	· ·	person described in (i) of							11g(iii	ш_	
r	1	Provide the fo	ollowing information	about the supported org	ganızatıoni	(s)							
			, 				,				1		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		notify the	(vi) Is organization	the	(vii) Amoun	t of mon	etary
	orga	anization		(sted in your		ion in col.	l (i) organız	ed in the	su	port	
				above or IRC section (see instructions))		document?	(i) oi youi	support?	Ų.S	.?			
_				(000 mon denono)	Yes	No	Yes	No	Yes	No			
				·						ļ			
	-		_										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 First Nations Development Institute 54-1254491

[Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ł			
	include any "unusual grants ")	2,110,100.	2,803,703.	4,118,934.	5,998,867.	3,192,037.	18,223,641.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	1		ľ			
	or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,110,100.	2,803,703.	4,118,934.	5,998,867.	3,192,037.	18,223,641.
5	The portion of total contributions						
	by each person (other than a			Ì	*]	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			}		Ì	8,399,580.
6	Public support. Subtract line 5 from line 4						9,824,061.
	ction B. Total Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,110,100.	2,803,703.	4,118,934.	5,998,867.	3,192,037.	18,223,641.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	85,362.	86,876.	117,754.	91,500.	100,430.	481,922.
9							
•	activities, whether or not the		}	ŀ		1	
	business is regularly carried on	}					
10	Other income Do not include gain						
	or loss from the sale of capital	[1	
	assets (Explain in Part IV.)	64,716.	62,096.	163,056.	168,873.	232,245.	690,986.
11	Total support. Add lines 7 through 10						19 396 549.
	Gross receipts from related activities,	etc. (see instruction	ns)	·		12	690,986.
	First five years. If the Form 990 is for	•	•	fourth, or fifth tax	vear as a sectio		, , ,
	organization, check this box and stop	=	mot, cocona, tima	, rounding or marriar	t your us a soono	11 00 1(0)(0)	
Se	ction C. Computation of Publ	c Support Per	centage	· -			
	Public support percentage for 2012 (I			olumn (fl)	-	14	50.65 %
	Public support percentage from 2011		· ·			15	47.73 %
	a 33 1/3% support test - 2012. If the c			line 13, and line 1	ا 4 is 33 1/3% or n		
	stop here. The organization qualifies	_					▶ X
ŀ	33 1/3% support test - 2011. If the c		-	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	-
-	and stop here. The organization qual	-				, , , , , , , , , , , , , , , , , , , ,	▶ □
17:	10% -facts-and-circumstances tes	-			13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"			-	•	non alo olgan	L
	10% -facts-and-circumstances tes	-	•	,	•	17a and line 15 is 1	10% or
	more, and if the organization meets the	-				-	
	organization meets the "facts-and-circ		•		•		_
18	Private foundation. If the organization						
	ate legislation in the organizatio	dia not diport a b	on on mile to, toa,	, .55, <u>1, a, 51 175,</u>		edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012 (f) Total
1	Gifts, grants, contributions, and					T		
	membership fees received (Do not		ļ			ļ		
	include any "unusual grants.")					<u> </u>		
2	Gross receipts from admissions,							
	merchandise sold or services per-				ľ	İ		
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-					ŀ	ľ	
	iness under section 513							
4	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to		į					
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
(Add lines 7a and 7b							
8	Public support (Subtract line 7¢ from line 6)							
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012 (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							
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
(Add lines 10a and 10b						Ţ	
11								
	activities not included in line 10b, whether or not the business is							
	regularly carned on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organization,	
	check this box and stop here							ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage		-	-		
15	Public support percentage for 2012 (line 8, column (f) d	livided by line 13,	column (f))		15		%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16		%
Se	ction D. Computation of Inve							
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than :	33 1/3%, a	and line 17 is n	
•	more than 33 1/3%, check this box a	=						
ŧ	33 1/3% support tests - 2011. If the		-	, ,	•		3 1/3%, and	
Ī	line 18 is not more than 33 1/3%, che	-					•	
20			=			_		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2012

Open to Public Inspection

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

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

If the organization answered "Yes," 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		<u> </u>	<u> </u>
Nan	ne of organization			Emple	oyer identification number
- N		ons Development Institute			54-1254491
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities	ın Part IV. ▶\$	
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3)	 -
1	Enter the amount of any excise tax Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶ \$	
	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				└── Yes
	o If "Yes," describe in Part IV. art I-C Complete if the org	ranization is exempt und	or coation FO1/a	eveent coetion E01/	2//2/
				·	
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments For each organization contributions received that were propolitical action committee (PAC). If	s. Add lines 1 and 2 Enter here a 1120-POL for this year? mployer identification number (Ell tion listed, enter the amount paid omptly and directly delivered to a	ner organizations for s nd on Form 1120-POL N) of all section 527 pe d from the filing organi a separate political org	ection 527 \$ solitical organizations to whice the station's funds. Also enter the spanization, such as a separation.	Yes No h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				ļ	
			<u> </u>		

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012	First Na	ations Dev	elopment Institu	te	54-125	4491 Page 2
Part II-A Complete if the org	janizatio	on is exen	npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec		· <i>''</i>				
				Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha						
B Check Lifthe filing organiza	tion check	red box A an	d "limited control" pro	visions apply.		
		bying Expen neans amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence pub	olic opinion (g	rass roots lobbying)		0.	
b Total lobbying expenditures to infli		-			0.	
c Total lobbying expenditures (add I	ines 1a an	d 1b)			0.	
d Other exempt purpose expenditur	es				4,240,361.	
e Total exempt purpose expenditure	s (add line	es 1c and 1d)		4,240,361.	
f Lobbying nontaxable amount Ent	er the amo	ount from the	following table in both	n columns.	362,018.	
If the amount on line 1e, column (a) o	r (b) is:	The lobb	ying nontaxable am	ount is:	1 1	7
Not over \$500,000		20% of t	he amount on line 1e.		7.3	
Over \$500,000 but not over \$1,00	0,000	\$100,000	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,000	plus 10% of the exc	ess over \$1,000,000.	-	
Over \$1,500,000 but not over \$17	,000,000	\$225,000	plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	00.			
		, ,				
g Grassroots nontaxable amount (er		90,505.				
h Subtract line 1g from line 1a If zer	-				0.	
i Subtract line 1f from line 1c If zero	or less, e	nter -0-			0.	
J If there is an amount other than ze	ro on eithe	er line 1h or li	ne 11, did the organiza	ation file Form 4720	F	
reporting section 4911 tax for this	year?				L	Yes No
		at made a se		Section 501(h) I do not have to comp s 2a through 2f on pa		
	Lob	bying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount		314,266.	324,917.	368,810.	362,018.	1,370,011.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,055,017.
c Total lobbying expenditures		1,622.	1,133.	0.	0.	2,755.
d Grassroots nontaxable amount		78,567.	81,229.	92,203.	90,505.	342,504.
e Grassroots ceiling amount (150% of line 2d, column (e))					i E	513,756.

1,133

1,622

Schedule C (Form 990 or 990-EZ) 2012

2,755.

0.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 First Nations Development Institute 54-1254491 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	3)	(b)		
	e lobbying activity	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:				,	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?				.	
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	ļ				
j	Total. Add lines 1c through 1i	<u></u>				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	ļ			
b	If "Yes," enter the amount of any tax incurred under section 4912	İ				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(5)			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection		
				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 carry over lobbying and political expenditures from the prior year? † III-B Complete if the organization is exempt under section 501(c)(4), sect		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	d "No," O	R (b) Par	t III-A, lir	ne 3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).		ļ			
а	Current year		2a			
	Carryover from last year		2b			
С			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A (affil	ated group	list), Part II	A, line 2;	
	Part II-B, line 1. Also, complete this part for any additional information					
					·	
				 	 	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2012
Open to Public Inspection ?

Name of the organization

First Nations Development Institute

Employer identification number

54-1254491

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the								
	organization answered "Yes" to Form 990, Part IV, line										
_		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year	1									
2	Aggregate contributions to (during year)										
3	Aggregate grants from (during year)	2,450.									
4	Aggregate value at end of year	2,450.									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds								
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No								
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be u	used only								
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring								
	impermissible private benefit?		X Yes No								
Par	t II * Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.								
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply)									
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically important land area								
	Protection of natural habitat	Preservation of a certif	ied historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last								
	day of the tax year										
			Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
¢	Number of conservation easements on a certified historic sti		2c								
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure										
	listed in the National Register		2d								
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax								
_	year ▶										
4	Number of states where property subject to conservation ea										
5	Does the organization have a written policy regarding the pe		Yes No								
	violations, and enforcement of the conservation easements										
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and										
7 8	Does each conservation easement reported on line 2(d) abo										
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(Yes No								
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense									
3	include, if applicable, the text of the footnote to the organization										
	conservation easements	along the relation of the coordinate and the coordi	o. ga _ ao o aoceag								
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.								
	Complete if the organization answered "Yes" to Form										
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art,								
	historical treasures, or other similar assets held for public ex										
	the text of the footnote to its financial statements that descri										
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical								
	treasures, or other similar assets held for public exhibition, e										
	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 tre	easures, or other similar assets for financial									
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items									
а	Revenues included in Form 990, Part VIII, line 1		> \$								
b	Assets included in Form 990, Part X		> \$								

	<u> </u>	ns Development	Institute			54-1	25449	L	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Other	Similar A	ssets	(continue	d)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a sıg	nificant use o	of its co	llection it	.ems
	(check all that apply):								
а	Public exhibition	d		hange progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	on's exem	pt purpose ir	n Part X	111	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or oth	er sımılar a	issets	_		
	to be sold to raise funds rather than to be ma					<u>-</u>		Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "	'Yes" to F	orm 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?						Ш,	Yes l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							A	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Ш,	Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete			ı			1		
		(a) Current year	(b) Prior year	(c) Two year) Three years		e) Four ye	
1a	Beginning of year balance	3,127,700.	3,127,700.	3,12	7,700.	3,061,	087.	3,13	27,700.
þ	Contributions	.,							
С	Net investment earnings, gains, and losses					66,	513.		66,613.>
d	Grants or scholarships						_		
е	Other expenditures for facilities	ļ							
	and programs								
f	Administrative expenses								
g	End of year balance	3,127,700.	3,127,700.		7,700.	3,127,	700.	3,00	61,087.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as.					
а	Board designated or quasi-endowment	·	_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	nd administe	red for the	e organizatioi	n	[
	py.						ſ		es No
	(i) unrelated organizations							3a(i)	x
	(ii) related organizations						-	3a(ii)	 ^
	If "Yes" to 3a(II), are the related organizations	· ·					Į.	3b	
Box	Describe in Part XIII the intended uses of the tVI ` Land, Buildings, and Equipm								
P,di			·		4-1.0		T .	0 D l · · ·	
	Description of property	(a) Cost or o basis (investr		or other (other)		cumulated eciation	"	i) Book v	aiue
	l and	Dasis (investi	noni) Dasis	374,881.	чері	eciation	+	3.	74,881.
1a	Land			467,357.		4,786	+		62,571.
b	Buildings			=01,337.		4,700	+	*	52,3/1.
C	Leasehold improvements			133,050.		118,731	+		14,319.
d	Equipment			133,030.		110,131	' 		
	Other	augl Form 000 Dod	V column (P) line 1	10(c))		•	+	R	51,771.
ıota	I. Add lines 1a through 1e (Column (d) must e	yuai Foiiii 990, Part	∧, coluititi (b), line i	U(U) /					,

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Х

	odule D (Form 990) 2012 First Nations Development Institute			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	_ ` -	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	; }	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; Part IV, line	s 1b and 2b; Part V, line 4	; Part
X, lır	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part t	o provide any additional inform	mation	
Par	t X, Line 2: The Organization applies a more-likely-than-not			
mea	surement methodology to reflect the financial statement impact	of		
unc	ertain tax positions. After evaluating the tax positions taken	, none		
are	considered to be uncertain; therefore, no amounts have been re	ecognized		
as	of June 30, 2013.			

≗ Schedule I (Form 990) (2012) 49. Employer identification number Open to Public Inspection OMB No 1545-0047 2012 (h) Purpose of grant or assistance 54-1254491 x Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 0 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. First Nations Development Institute Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization See Attachment to Schedule I. or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

54-1254491

Schedule I (Form 990) First Nations Development Institute	54-1254491	Page 2
Part IV Supplemental Information		
compliance with grant terms and conditions, including timely receipt of		
required reports. Normally grant funds are disbursed in multiple payments:		
initial payment follows receipt of signed terms and conditions, and		
subsequent payments are held until required reports are received, often		
halfway through and at the end of the grant period.		
	·	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

First Nations Development Institute

Employer identification number 54-1254491

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	Ī	·	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		,	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		, ,	,
] ;	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ŀ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	İ	
		7	- ক্র	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		, a	1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	,	4	ß
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		ļ [*]	ļ
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		١ ،	ļ
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			{
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	٠.	х
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		,	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		· /	
	contingent on the revenues of		-	
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		-	
а	The organization?	6a	L	х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III		. 7	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9_	l	1

Schedule J (Form 990) 2012

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

54-1254491

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(a)	
(1) Michael E. Roberts	<u> </u>	146,944.	0.	0.	0	12,810.	159,754.	0.
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

First Nations Development Institute

Employer identification number

				Development						54-	1254	491			_
Part I	Excess Bene	efit Trans	sacti	ons (section 50	01(c)(3	3) and s	section 501(c)(4) org	ganız	zations only).						
	Complete if the c	organization	ansv	vered "Yes" on l	Form 9	990 Pa	art IV, line 25a or 25	h o	r Form 990-F7 P	art V	line 40)h			
1	Complete ii the c	rgamzation						D, U	11 01111 930 CZ, F	ait v,	11110 40	<i>J</i> D.	1	<u> </u>	
(a) Nar	ne of disqualified p	erson	(0)	lelationship betv		•	illed (c) D	escription of tran	sactio	n			-	cted?
	<u> </u>			person and or	rganıza	ation	`	-,-					Y	es	<u>No</u>
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2 Enter t	the amount of tax i	ncurred by	the o	rganization man	aners	or disc	qualified persons du	irino	the year under						-
		nounce by		gamzation man	agois	Or GISC	qualifica persons ac	,,,,,,	, the year dilder						
	n 4958										> \$				
3 Enter t	the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganızatıon				▶ \$				
			_												
Part II	Loans to and	/or Fron	n Int	erested Per	sons										
	Complete if the	raanization	3 3 5 6 1	vored "Vec" on	Form (200 EZ	, Part V, line 38a or	Cor.	m 000 Plant IV Ive	- 26.	ar 16 th				
		_					, Fart V, line Soa Ui	FOII	iii 990, Fart IV, III	e 20,	or II ti	ie orga	mzau	Off	
	reported an amo							,				77 1 7 7 2			
(a) Name of	(b) Relation with	nsnip	(c) Purpose		an to or	(e) Original	1 0	f) Balance due	(g)	ln 💮	(h) Ap by bo	proveu ard or	(ı) W	ritten
intere	ested person	organiza	tion	of loan		zation?	principal amount	'	•	defa	ult?	comm	nttee?	agree	ment?
					То	From		l		Yes	No	Yes	No	Yes	No
		<u> </u>		-	 ''	110111	•	╁		163	140	163	140	163	140
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Total							▶ \$								
Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons.	•				•			-
	,			_											
	Complete if the c		i ansv	vered res on	POIII :	990, Pa			T						
(a) N	ame of interested p	person	1 (b) Relationship			(c) Amount of		(d) Type) Purp		f
				interested pers		id	assistance		assistan	ce		•	assista	ance	
				the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
Brian Vermillion	Spouse of Vice Pres	64,150	Independent	1.00	х
			 		
					
				 	
			 	 	<u> </u>
				 	
Part V Supplemental Information		······································	·.L		_
· ··		s on Schedule L (see	instructions).		
Sch L, Part IV, Business Transactio	ns Involving Interested Persons:				
(a) Name of Person: Brian Vermillio	n				
					
(b) Relationship Between Interested	Person and Organization:				
Shouse of Mice President					
spouse of vice Fresident		 			
(d) Description of Transaction: Ind	ependent contractor- print produc	tion			
services at discounted rates					
			- · · · · · · · · · · · · · · · · · · ·		
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization **Employer identification number** First Nations Development Institute 54-1254491 Form 990, Part I, Line 1, Description of Organization Mission: To advance and promote the direct participation of tribes, tribal members and other Indigenous peoples in the full use of the economy. Form 990, Part III, Line 4d, Other Program Services: 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 reservation-based Native American communities. program serves the educational and informational needs of tribes and Native non-profit organizations and leverages this awareness to increase support for the benefit of tribes and Native peoples throughout the nation. including grants of \$ 0. Expenses \$ 106,336. Revenue \$ 311. First Nations Oweesta Corporation By providing technical assistance and loan capital, First Nations Oweesta seeks to enhance the capacity of tribes, Native communities and individuals to access, control, create, leverage, utilize, and retain financial assets and to provide access to appropriate financial capital for Native development efforts. Expenses \$ 34,293. including grants of \$ 0. Revenue \$ 68 996. Combating Predatory Lending For Native Americans, the impact of predatory lending is devastating

conflicts of interest. Starting in 2014, all board members will be

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization First Nations Development Institute	Employer identification number 54-1254491
and selection of an independent accountant. This process has not	
changed from prior years.	
	
	-,
	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

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.) 54-1254491 End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income ছ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity First Nations Development Institute Name, address, and EiN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part |

<u>6</u> ε **e** 9 <u>0</u> <u>e</u>

Section \$12(b)(13) controlled entity?	No							_	
Section	Yes			×					
Direct controlling entity		First Nations	Development	Institute					
Public charity status (if section	501(c)(3))			6 1					
Exempt Code section				501(c)(3)					
Legal domicile (state or foreign country)				Virginia					
Primary activity		Aid, loan capital &	training to Native peoples	& communities					
Name, address, and EIN of related organization		First Nations Oweesta Corporation -	54-1970097, 2432 Main Street, 2nd Floor,	Longmont, CO 80501					

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

Schedule R (Form 990) 2012

232161 12-10-12 LHA

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) Part

(a)	(q)	(C)	(b)	e)	\vdash	(t)	<u> </u>		(F)	(i)	(5)	(k)	1 4
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign country)	Direct controlling entity	excluded fro sections ?	redominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		Disproportion- ate allocations?	code v-usi amount in box 20 of Schedule K-1 (Form 1065)	oeneral or nanaging Jle partner? 55) Yes No	Series of Percentage managing ownership partner?	ا ہ
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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.)	anizations Taxable apporation or trust during	as a Corpo	vration or Trust (Co	omplete if the	e organization	answered "Y	es" to Form	990, Part I	V, line 34	because it had	d one or n	iore related	1
(a) Name, address, and EIN of related organization	Z _	(n Primary	o) activity	Legal domicile (state or foreign country)	(a) Direct controlling entity		Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(n) Percentage ownership	Section 512(b)(13) controlled entity?	1
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232162 12-10-12			i			i				Sched	ule R (Fo	Schedule R (Form 990) 2012	ا ما

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

All bodon mile to March 11 11 ments of an inches of an inches of the second attacks of the second of				Voe
Note: Complete line in any entity is listed in Parts in, in, or two times schedule. 1 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?	ns with one or more r	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a x
b Gift, grant, or capital contribution to related organization(s)				Tb X
c Gift, grant, or capital contribution from related organization(s)				1c x
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g ×
h Purchase of assets from related organization(s)				th x
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				1j x
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t x
 Sharing of paid employees with related organization(s) 				10 X
p Rembursement paid to related organization(s) for expenses				10 ×
				X pt
				1
ام				1s X
2 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.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) First Nations Oweesta Corporation	Ą	4,000.	4,000, Fair value	
(2) First Nations Oweesta Corporation	ī	966'89	68,996.Fair value	
(6)				
(4)				
(5)				
232163 12-10-12			Schedule R	Schedule R (Form 990) 2012

54-1254491

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

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

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8	ienera nanagi partne	Yes No		-	 7	-	\dashv			┪							_	7	_		7	 	۱ <u>۴</u>
(i)	Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065)						_				•								-		 	 Schedule R (Form 990) 2012
1	Dispropor- tionale ar allocations? O	° 2	_			 	\dagger		•													 	 1
Ξ	Dispre tron affocat	Yes No]
(6)	Share of end-of-year	assets																					:
(£)	Share of total	ıncome														•						•	
(e)	partners sec 501(c)(3) orgs?	Yes No				 	\downarrow	 			 		 						 			 	1
	12 S	(\dashv		\dashv						 ļ	 	 _		-						 -
(p)	(related, unrelated, excluded from tax	under section 512-51													i						į		i i
(0)	Legal domicile (state or foreign	country)						 															
(q)	Primary activity																						
(a) (b) (c) (d)	Name, address, and EIN of entity																						

Schedule R	R (Form 990) 2012	First Nations Development Institute	54-1254491	Page 5
Part VII	(Form 990) 2012 Supplemental Info	ormation		
	Complete this part to pi	ovide additional information for responses to questions on S	Schedule R (see instructions)	
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First Nations Development Institute El 54-1254491 Grants to US Organizations 2012 Form 990 - Schedule I

2012 Form 990 - Schedule I							
1 (a)	(q)	(0)	(p)	(e)	€	(B)	(h)
			Cash	Non-cash	Non-cash	Non-cash	
NAME	EN	IRC sec	Grant	Grant	FMV	Descript	Purpose of Grant
Oklahoma Policy Institute	33-1178624	501(c)(3)	151,000 00				Financial and Investor education
Taos County Economic Development Corp	85-0355163	501(c)(3)	45,000 00				Native American Foods and Health
Columbia River Inter-Tribal Fish Commission	93-0695227	7871	43,000 00				Native American Foods and Health
Dine College	86-0215931	501(c)(3)	43,000 00				Native American Foods and Health
Hunkpati Investments, Inc	26-4838202	501(c)(3)	42,000 00				Native American Foods and Health
Northwest Indian College	91-0905644	501(c)(3)	42,000 00				Native American Foods and Health
Painted Desert Demonstration Project DBA The STAR School	86-0710679	501(c)(3)	42,000 00				Native American Foods and Health
Waimea Hawaiian Homesteaders' Association Inc	99-0317807	501(c)(3)	42,000 00				Native American Foods and Health
San Carlos Apache Tribe	86-0093307	Tribe	24,000 00				Native American Foods and Health
The Oneida Tribe of Indians of Wisconsin	39-6081138	Tribe	22,000 00				Native American Foods and Health
Lac Courte Oreilles Ojibwa Community College	39-1453493	501(c)(3)	21,000 00				Native American Foods and Health
White Earth Land Recovery Project	41-1673625	501(c)(3)	21,000 00				Native American Foods and Health
Chehalis Tribal Loan Fund	27-0177378	501(c)(3)	20,000 00				Financial and Investor education
Hays Community Economic Development Corp	33-1026664	501(c)(3)	18,717 00				Native American Foods and Health
Native Village of Koyuk	92-0061645	Libe	18,000 00				Strengthering Native American Normalis
Nooksack Indian Tribe	91-148/296	Inde	18,000 00				Sueriguening Nauve American Northbours
Pueblo of Nambe	85-0218733	7871	18,000 00				Strengthening Native American Nonpronts
Oglala Sioux Parks and Recreation Authority	46-0335618	501(c)(3)	18,000 00				Native American Foods and Health
Hawaiian Community Assets, Inc	99-0348767	501(c)(3)	18,000 00				Strengthening Native American Nonprofits
Hui Malama o ke Kai Program	99-0356784	501(c)(3)	18,000 00				Strengthening Native American Nonprofits
The Notah Begay III Foundation Inc	20-1870330	501(c)(3)	18,000 00				Strengthening Native American Nonprofits
Thunder Valley Community Development Corporation	20-8090454	501(c)(3)	18,000 00				Strengthening Native American Nonprofits
Northwest Native Development Fund	26-4216937	501(c)(3)	18,000 00				Financial and Investor education
Chief Dull Knife College	81-0351900	501(c)(3)	18,000 00				Financial and Investor education
Santa Fe Indian School	85-0346497	501(c)(3)	16,000 00				Strengthening Native American Nonprofits
Northwest Indian College	91-0905644	501(c)(3)	16,000 00				Financial and Investor education
Ponca Tribe	73-1132826	7871	14,000 00				Strengthening Native American Nonprofits
Santo Domingo Pueblo (Senior Center)	85-0194331	7871	14,000 00				Strengthening Native American Nonprofits
Sipaulovi Development Corporation	11-3800979	7871	14,000 00				Strengthening Native American Nonprolits
Hawaii First Community Ventures	26-2128617	501(c)(3)	14,000 00				Financial and Investor education
Tingit Haida Regional Housing Authority	92-0044273	501(c)(3)	14,000 00				Financial and Investor education
Oneida Tribe of Indians of Wisconsin	39-6081138	Tribe	13,000 00				Native American Foods and Health
Hopi Education Endowment Fund	86-0134082	7871	13,000 00				Business development
Northwest Native American Basketweavers Association	91-1/20/18	501(c)(3)	13,000 00				Strengthening native American Noriprofits
Bay Mills Community College	38-2604866	501(c)(3)	12,929 00				Native American Foods and Health
Big Pine Paiute Tribe of Owens Valley	95-3059258	Tribe	12,000 00				Native American Foods and Health
The Oneida Tribe of Indians of Wisconsin	39-6081138	Tribe	12,000 00				Native American Foods and Health
Ponca Tribe of Oklahoma	73-1132826	Trbe	12,000 00				Native American Foods and Health
Pueblo of Nambe	85-0218733	Tube	12,000 00				Native American Foods and Health
Hunkpati Investments, Inc	26-4838202	501(c)(3)	12,000 00				Native American Foods and Health
Lac Courte Oreilles Ojibwa Community College	39-1453493	501(c)(3)	12,000 00				Native American Foods and Health
Northwest Indian College	91-0905644	501(c)(3)	12,000 00				Native American Foods and Health
Waimea Hawaiian Homesteaders' Association Inc	99-0317807	501(c)(3)	12,000 00				Native American Foods and Health
College of Menominee Nation	39-1773613	501(c)(3)	12,000 00				Financial and Investor education
Pueblo of Pojoaque	85-0219423	7871	12,000 00				Strengthening Native American Nonpronts

First Nations Development Institute El 54-125491 Grants to US Organizations 2012 Form 990 - Schedule I

1 (a)	(q)	(၁)	(p)	(e)	€	(6)	(t)
			Cash	Non-cash	Non-cash	Non-cash	
NAME	EIN	IRC sec	Grant	Grant	FMV	Descript.	Purpose of Grant
Cochiti Youth Experience	27-1633839	501(c)(3)	10,779 00				Native American Foods and Health
Mashpee Wampanoag Indian Tribal Council	14-2001428	Tribe	10,000 00				Strengthening Native American Nonprofits
Navajo Technical College	85-0303705	Tribe	10,000 00				Strengthening Native American Nonprofits
Rio Puerco Alliance for Hasbidito	61-1503699	501(c)(3)	10,000 00				Native American Foods and Health
Inupiat Community of Arctic Slope (ICAS)	92-0063034	501(c)(3)	9,947 09				Native American Foods and Health
Fort Peck Community College	81-0374399	501(c)(3)	9,100 00				Strengthening Native American Nonprofits
The Notah Begay III Foundation Inc	20-1870330	501(c)(3)	00 000'6				Strengthening Native American Nonprofits
Wind Hollow Foundation, Inc	31-1569988	501(c)(3)	8,328 00				Native American Foods and Health
Spokane Tribe of Indians	91-0606339	Trbe	8,000 00				Business development
White Mountain Apache Tribe	86-0092030	Tribe	8,000 00				Native American Foods and Health
Dry Creek Rancheria Band of Pomo Indians	94-2422476	Tribe	8,000 00				Strengthening Native American Nonprofits
Mescalero Apache Tribe System of Care	85-0098966	Tribe	8,000 00				Strengthening Native American Nonprofits
Sac and Fox Tribe of the Mississippi in lowa	41-6053373	Tribe	8,000 00				Strengthening Native American Nonprofits
Eyak Preservation Council	68-0424723	501(c)(3)	8,000 00				Native American Foods and Health
California Indian Manpower Consortium, Inc	94-2472564	501(c)(3)	8,000 00				Strengthening Native American Nonprofits
Dakota Wicohan	42-1552956	501(c)(3)	8,000 00				Strengthening Native American Nonprofits
Mesa Media, Inc	20-1863543	501(c)(3)	8,000 00				Strengthening Native American Nonprofits
The Zuni Youth Ennchment Project	26-3259987	501(c)(3)	8,000 00				Strengthening Native American Nonprofits
Citizen Potawatomi Community Development Corporation	73-0945447	7871	8,000 00				Strengthening Native American Nonprofits
Community Area Resource Enterprises/DCAA	20-0870956	501(c)(3)	7,500 00				Native American Foods and Health
Native Community Finance	27-0735586	501(c)(3)	7,500 00				Financial and Investor education
Wigamig Owners Loan Fund Inc	43-2116172	501(c)(3)	7,500 00				Financial and Investor education
lisagvik College	92-0158414	501(c)(3)	2,000 00				Strengthening Native American Nonprofits
Ponca Tribe of Oklahoma	73-1132826	Tribe	9,000 00				Native American Foods and Health
Pueblo of Nambe	85-0218733	Tribe	6,000 00				Native American Foods and Health
Santo Domingo Pueblo (Senior Center)	85-0194331	Tribe	6,000 00				Native American Foods and Health
Hunkpati Investments, Inc	26-4838202	501(c)(3)	6,000 00				Native American Foods and Health
Cochiti Youth Experience	27-1633839	501(c)(3)	00 000'9				Native American Foods and Health
Waimea Homesteader's Association	99-0317807	501(c)(3)	00 000'9				Native American Foods and Health
Oneida Tribe of Indians of Wisconsin	39-6081138	Tribe	5,421 00				Native American Foods and Health
Columbia River Inter-Tribal Fish Commission	93-0695227	7871	5,080 00				Native American Foods and Health
The Oneida Tribe of Indians of Wisconsin	39-6081138	Tribe	5,000 00				Strengthening Native American Nonprofits
First Amencan Land-Grant Consortium	20-4184594	501(c)(3)	5,000 00				Native American Foods and Health
Sinte Gleska University	46-0312209	501(c)(3)	5,000 00				Strengthening Native American Nonprofits

Form **8868**

(Rev. January 2013) 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 a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
•	re filing for an Additional (Not Automatic) 3-Month Ex					
	omplete Part II unless— you have already been granted to ciling (e-file). You can electronically file Form 8868 if y					rporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	lle Form 8	868 to request ar	extension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Fransfers .	Associated With	Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of th	is form,
	irs.gov/efile and click on e-file for Charities & Nonprofits				 	
Part I	Automatic 3-Month Extension of Time				·	
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only						▶
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	
	ome tax returns.					
Type or print	Name of exempt organization or other filer, see instru	ictions	;	Employe	r identification nu	mber (EIN) or
Eda bu sha	First Nations Development Institute				54-1254491	
file by the due date for filing your	Number, street, and room or suite no If a P O box, s 2432 Main Street, 2nd F1.	ee instruc	tions	Social se	curity number (S	SN)
return See instructions	City, town or post office, state, and ZIP code For a for Longmont, CO 80501	oreign add	iress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For	_		Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02_	Form 1041-A			08
	(individual)	03_	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) Helen Knoll	06	Form 8870			12
• The be	poks are in the care of > 2432 Main Street, 2nd	F1 - T	ongment CO 80501			
	none No. 303-774-7836		FAX No > 303-774-7841			
-	organization does not have an office or place of business	s in the life				
	is for a Group Return, enter the organization's four digit		•	f this is fo	r the whole group	check this
box ▶		٦	ch a list with the names and EINs of		.	•
	quest an automatic 3-month (6 months for a corporation				ers the extension	710 101
	·		tion return for the organization name		The extension	
ıs fe	or the organization's return for.	· 3		. a a a a a a a a a a a a a a a a a a a	THE CHICKET	
• [calendar year or					
>	x tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013			
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on. Initial return	Fınal retur	n	
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	-		
	nrefundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-	· · · ·			
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and Fe	orm 8879-	EO for payment i	nstructions.