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

A	For the 20	002 calendar year, or tax year period beginning	and en	ıding			
В	Check if applicable:	Please use IRS	D Emplaye	er identification number			
[]	Address change	print or INDIAN LAND TENURE FOUNDATION				41-	2014273
	Name change	type. Number and street (or P.O. box if mail is not delivered to street address	E Telephone number				
	Initial return	specific 151 EAST COUNTY ROAD B2	651	-766-8999			
	Final	tions. City or town, state or country, and ZIP + 4				F Accounting	
Ļ	Amende return	EIIILE CANADA, PIN 55117				Other (spec	ify) ►
_	Applicati pending	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable true must attach a completed Schedule A (Form 990 or 990-EZ). 	sts		5.0		ection 527 organizations.
					Is this a group r		
		N/A	7	1	If "Yes," enter no		1-1-
_		tion type (check only one) \triangleright \times 501(c) (3) \triangleleft (insert no.) \bigcirc 4947(a)(1) or	<u> </u>	H(c)	Are all affiliates (If "No," attach a		N/A Yes No
		re Lifthe organization's gross receipts are normally not more than \$25,000.		H(d)	is this a separat	e return filed	d by an or-
		ion need not file a return with the IRS; but if the organization received a Form 990 Pac il, it should file a return without financial data. Some states require a complete retur		<u> </u>	ganization cove		up ruling? Yes X No
_	itt tile tilal	ii, ii should me a feturii without imandal data. Sune states feture a complete fetur		24	Enter 4-digit GE		
1	Grace rea	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 20, 460, 71	4	IVI	Sch. B (Form 9)		ization is not required to attach
20000		Revenue, Expenses, and Changes in Net Assets or Fund		nce		70, 550 EZ,	01 330 11).
32.33	1	Contributions, gifts, grants, and similar amounts received:	Duit	1100	3		
		Direct public support	1a	1 2	0,172,4	80.	
	b	Indirect public support			, , , , , , ,		
	C	Government contributions (grants)					
	d	Total (add lines 1a through 1c) (cash \$ 20,172,480. noncash \$) 10	20,172,480.
	2	Program service revenue including government fees and contracts (from Part VII, lin					
	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments					
	5						
	6 a	Dividends and interest from securities Gross rents SEE STATEMENT 1			5	00.	
	b	Less: rental expenses	6b				
	C	Net rental income or (loss) (subtract line 6b from line 6a)				60	
ō	7	Other investment income (describe ► INVESTMENT INCOME) 7	287,734.
Revenue	8 a	Gross amount from sale of assets other (A) Securities			(B) Other		
3eV		than inventory	8a				
	b	Less: cost or other basis and sales expenses	8b				
	C	Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	******			80	1
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ of contributions	1 0-	T			
		reported on line 1a) Less: direct expenses other than fundraising expenses	9a 9b	-			'
		Net income or (loss) from special events (subtract line 9b from line 9a)				90	
	10 a	Gross sales of inventory, less returns and allowances	10a	1			
	b	Less: cost of goods sold		-			
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro		10a)		10	·
	11	Other revenue (from Part VII, line 103)					
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					
_	13		ogram services (from line 44, column (B))				
Expenses	14	Management and general (from line 44, column (C))		171,797. 384,078.			
neu	15	Fundraising (from line 44, column (D))					14,533.
Ext	16	Payments to affiliates (attach schedule)					
	17	Total expenses (add lines 16 and 44, column (A))				17	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)					19,890,306.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))		,	on the second second second	19	
23		Other changes in net assets or fund balances (attach explanation)					
220	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	*******	******		21	19,890,306.
01-	001 22-03	LHA For Paperwork Reduction Act Notice, see the separate instructions.					Form 990 (2002)

Functional Expenses		ations and section 4947	(a)(1) nonexempt charitable	trusts but optional for oth	ers.
Do not include amounts reported on lin 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)		-			
cash \$noncash \$	22				
23 Specific assistance to individuals (attach sch	edule) 23				
24 Benefits paid to or for members (attach sche	dule) 24				
25 Compensation of officers, directors, etc	100	•			
26 Other salaries and wages	0.000 1000				
27 Pension plan contributions					
28 Other employee benefits					
29 Payroll taxes					
30 Professional fundraising fees					
31 Accounting fees					
32 Legal fees	100				
33 Supplies					
34 Telephone					
35 Postage and shipping					
36 Occupancy	100000				
37 Equipment rental and maintenance					
38 Printing and publications					
39 Travel					
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach schedule					
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 6	43a	570,408.	171,797.	384,078.	14,533.
		3,0,100	2,2,,5,		
b	430				
c	43d				
d	43e				
Total functional expenses (add lines 22 through 43). 44 Organizations completing columns (8)-(0), carry these totals to lin	438	570,408.	171,797.	384,078.	14,533.
Joint Costs. Check ► ☐ if you are following				•	
Are any joint costs from a combined educational		undraising solicitation re	enorted in (B) Program servi	ces? ▶「	Yes X No
If "Yes," enter (i) the aggregate amount of these j					
(iii) the amount allocated to Management and ge			(iv) the amount allocated to		!
Part III Statement of Program S			(14) the amount anotated to	Tunatuloning w	· · · · · · · · · · · · · · · · · · ·
What is the organization's primary exempt purpo			1 2		
What is the organization's primary exempt purpo	36:	o dilitaliani		10,000	Program Service
All organizations must describe their exempt purpose ach	ievements in a clea	ar and concise manner. State	the number of clients served, pu	blications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
achievements that are not measurable. (Section 501(c)(3) a allocations to others.)	and (4) organization	s and 4947(a)(1) nonexempt	charitable trusts must also enter	the amount of grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.
a SEE STATEMENT 3					adda, but optional for outlors.)
a DILL DIMILLIMIT 5					
			Grante and allocations &	Ĭ	171,797.
h			Grants and allocations \$	1	1/1//5/
b					
			(Onnate and alloredings &	· ·	
			(Grants and allocations \$)	
С					
			(0 1 - 1 11 11 11 1		
			(Grants and allocations \$)	
d					
			(Grants and allocations \$)	
e Other program services (attach schedule)			(Grants and allocations \$)	171 705
f Total of Program Service Expenses (should	d equal line 44,	column (B), Program se	rvices)	>	171,797.
223011					Form 990 (2002)

Form 990 (2002) Part IV Balance Sheets

Note:		re required, attached schedules and amounts lid be for end-of-year amounts only.	within the description column	(A) Beginning of year		(B) End of year
	45	Cook - non-interset hearing		193,180.	45	20,237.
	46			193,100.	45	8,872,026.
	40	Savings and temporary cash investments			46	0,012,020.
	47 a	Accounts receivable	47a			
		Less: allowance for doubtful accounts		637.	47c	
	_		778			
	48 a	Pledges receivable	482			
		Less: allowance for doubtful accounts		00	48c	
	49	Grants receivable			49	3,577.
	50	Receivables from officers, directors, trustees,			43	0/0//:
		and key employees			50	
ets	51 a	Other notes and loans receivable			-	
Assets		Less: allowance for doubtful accounts			51c	
d	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		1,000.	53	28,404.
	54	Investments - securities	Cost FMV		54	20/1021
		Investments - land, buildings, and	0000			
	00 4	equipment: basis	552			
		adaipment basis	002			
	h	Less: accumulated depreciation	55h	Po	55c	
	56	Investments - other	SEE STATEMENT 4		56	10,502,088.
		Land, buildings, and equipment: basis				20/002/0001
		Less: accumulated depreciation		**	57c	451,838.
	58	Other assets (describe ► INTEREST R			58	44,505.
	"				-	11/0001
	59	Total assets (add lines 45 through 58) (must equa	al line 74)	194,817.	59	19,922,675.
	60	Accounts payable and accrued expenses			60	32,369.
	61	Grants payable	The publication of the property of the property of the publication of		61	02/0071
	62	Deferred revenue	2000 1000 1000 1000 1000 1000 1000 1000	169,728.	62	
es	63	Loans from officers, directors, trustees, and key er			63	
-iabilities		Tax-exempt bond liabilities			64a	
ia		Mortgages and other notes payable			64b	
_	65	Other liabilities (describe			65	
			,			
	66	Total liabilities (add lines 60 through 65)		194,817.	66	32,369.
	Organ	nizations that follow SFAS 117, check here				
		69 and lines 73 and 74.				
ces	67	Unrestricted			67	3,252.
lan	68	Temporarily restricted			68	3,252. 19,887,054.
Ba	69	Permanently restricted			69	
pur	Orgai	nizations that do not follow SFAS 117, check here				
Ē	~	70 through 74.				
S	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and eq			71	
As	72	Retained earnings, endowment, accumulated inco			72	
Net	73	Total net assets or fund balances (add lines 67 th				
_		column (A) must equal line 19; column (B) must e		73	19,890,306.	
	74	Total liabilities and net assets / fund balances (a	ndd lines 66 and 73)	194,817.	74	19,922,675.
-				A C C C C C C C C C C C C C C C C C C C		1 11 11

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Page 4

Pa	Financial Statements wit	Par	Financia	iliation of Exp al Statements				
	Return			Return			Tecono 100000000000000000000000000000000000	
а	Total revenue, gains, and other support per audited financial statements	a 20,460,714.		Total expenses and lo audited financial state	ments	>	а	570,408.
b	Amounts included on line a but not on line 12, Form 990:		b (1)	Amounts included on line 17, Form 990: Donated services	line a but not on			
(1)	Net unrealized gains		(1)	and use of facilities	2			
(.)	on investments\$		(2)	Prior year adjustment				
(2)	Donated services		(2)	reported on line 20,	3			
(2)	and use of facilities \$			Form 990	ć			
(2)			(2)					
(3)	Recoveries of prior		(3)	Losses reported on	•			
	year grants\$_			line 20, Form 990	2			
(4)	Other (specify):		(4)	Other (specify):				
-	\$\$		-		\$			Λ
	Add amounts on lines (1) through (4)	b 0.	-	Add amounts on lines			D	570,408.
C	Line a minus line b	c 20,460,714.		Line a minus line b			C	570,408.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on 990 but not on line a				
(1)	Investment expenses		(1)	Investment expenses				
	not included on			not included on				
	line 6b, Form 990\$			line 6b, Form 990	\$			
(2)	Other (specify):		(2)	Other (specify):				
	\$		` '	A Comment	\$			
	Add amounts on lines (1) and (2)	d 0.	1 -	Add amounts on lines		•	d	0.
е	Total revenue per line 12, Form 990		P	Total expenses per lin	A W STATE OF			
	(line c plus line d)	20.460.714.		(line c plus line d)				570,408.
Pa	art V List of Officers, Directors,	rustees, and Key I	Empl				101	
2000000		ruotoco, and recy .		itle and average hours		(D) Con	tributions to	(E) Expense
	(A) Name and address		pe	er week devoted to	(If not paid, enter	plans	yee benefit & deferred pensation	account and other allowances
						-	70110001011	
SE	E STATEMENT 5				125,000.	9	.649.	12,476.
_								
_			-					
						i,		
_					7			
_			-			-		
			1					
-			-					
_			-					
		==,==						
75	Did any officer, director, trustee, or key employee r	eceive aggregate compensal	tion of	more than \$100,000 fro	m your organization	and all	related	
	organizations, of which more than \$10,000 was pro	ovided by the related organiz	zations'	? If "Yes," attach sched	ule. Yes [X No		Form 990 (2002)

Page 5

Pa	t VI Other Information		Yes	No		
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X			
	If "Yes," attach a conformed copy of the changes.					
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X		
b	b If "Yes," has it filed a tax return on Form 990-T for this year?					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X		
	If "Yes," attach a statement					
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,					
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X		
b	If "Yes," enter the name of the organization					
	and check whether it is exempt or nonexempt.					
	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			37		
	Did the organization file Form 1120-POL for this year?	81b		X		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			v		
h	fair rental value?	82a		X		
D	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b					
02 2	expense in Part II. (See instructions in Part III.) Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х			
oo a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	_		
84 a	A W. LOV.	84a	Λ	X		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	044				
	tax deductible?	84b	**********			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a				
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b				
-	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax					
	owed for the prior year.					
C	Dues, assessments, and similar amounts from members 85c N/A					
d	Section 162(e) lobbying and political expenditures 85d N/A					
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A					
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		***********		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues					
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h				
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12					
b	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A					
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.) 87b N/A					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,					
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?					
	If "Yes," complete Part IX	88		X		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
	section 4911 ► O . ; section 4912 ► O .					
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit					
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	001		v		
_	If "Yes," attach a statement explaining each transaction	89b		X		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0.		
4	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.		
d 90 a	List the states with which a copy of this return is filed MINNESOTA			0.		
	Number of employees employed in the pay period that includes March 12, 2002 90b			5		
91	The books are in care of ►MR. CRIS STAINBROOK Telephone no. ► 651-76	6-8	999			
31	Total of the same					
	Located at ► 151 EAST COUNTY ROAD B2, LITTLE CANADA, MN ZIP+4 ► 5	511	7			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A			
22304	1	Form	000	(2002)		

Form 990 (2002) INDIAN LAN	D TENURE	FOUNDATION	1	41-2	2014273 P	age 6
Part VII Analysis of Income-Producin			ructions.)			
Note: Enter gross amounts unless otherwise		ted business income		by section 512, 513, or 514	(E)	
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt	
93 Program service revenue:	code	Amount	sion	Amount	function income	
a						
b						
С						
d						
е						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments						
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property			16	500.		
98 Net rental income or (loss) from personal property						4
99 Other investment income			14	287,734.		4
100 Gain or (loss) from sales of assets						
other than inventory			-			+
101 Net income or (loss) from special events						-
102 Gross profit or (loss) from sales of inventory						4
103 Other revenue:						
a	_	-				-
b	_					1
c						-
d			-			+
e			1	200 224		0.
104 Subtotal (add columns (B), (D), and (E))			0.	288,234.	288,23	
105 Total (add line 104, columns (B), (D), and (E))		10 D			200,23	14 .
Note: Line 105 plus line 1d, Part I, should equal the a			nnt Durn	ococ (Sao nago 32 of the	instructions \	+
Line No. Explain how each activity for which income is						+
exempt purposes (other than by providing fur			ateu importan	my to the accomplishment t	i the organization's	
The state of the s	nao ioi caoni porp					_
						_
						_
Part IX Information Regarding Taxab	ole Subsidia	ries and Disrega	rded Enti	ities (See page 32 of the i	nstructions.)	
(A) (B)	7	(C)	T	(D)	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity ownership in		Nature of activities		Total income	End-of-year assets	
N/A	%					
	%					
	%					
	%					
Part X Information Regarding Trans	fers Associ	ated with Person	al Benef	it Contracts (See page	33 of the instructions.)	
(a) Did the organization, during the year, receive any fur					Yes X	
(b) Did the organization, during the year, pay premiums					Yes X	No
Note: If "Yes" to (b), file Form 8870 and Form 4720						
Please Under penalties of perjugated delare that I have examine correct, and complete. Designation of preparer (other the	ed his return, include a officer is based	ling accompanying schedules on all information of which pre	and statements	s, and to the best of my knowledge.	ge and belief, it is true,	
Sign No Janhor	(5/7/03	Cris S	Stainbrook, F	resident	
Here Signature of officer	1	Date	Type or prin	nt name and title		
Preparer's Preparer's	2		Date	Check if self-	Preparer's SSN or PTIN	
Praid signature	Tom		2/6/6	employed		
Preparer's Firm's name (or VIROHOW, KRA			1 7	EIN >		
self-employed), 7900 XERXES			00			
223161 address, and ZIP + 4 BLOOMINGTON,	MN 554	31-1115		Phone no. ► (952) 835-13	144

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2002

Name of the organization Employer identification number INDIAN LAND TENURE FOUNDATION 41 2014273 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to (d) Contributions to (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation employee benefit plans & deferred more than \$50,000 position compensation PROJ DEVELOP HOWARD VALANDRA 85,000 40 7,411 Total number of other employees paid 0 over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Par	1 111	Statements About Activities (See page 2 of the instructions.)		Yes	No		
р	ublic opi	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence nion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$					
		Part VI-B.)	1		X		
		ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking					
	"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.						
		e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,					
		directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such					
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"					
	attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property?						
	a date, excitating of property:						
b L	ending o	f money or other extension of credit?	2b		X		
c F	urnishin	g of goods, services, or facilities?	2c		Х		
٠,٠		of annual time (assument assistance and assistance at a contract the contract time at a c	24	Х			
a P	ayment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	Λ	-		
еТ	ransfer (of any part of its income or assets?	2e		Х		
	Commence of the second						
from	Attach it in fur	a statement to explain how the organization determines that individuals or organizations receiving grants or loans therance of its charitable programs "qualify" to receive payments.					
Pai	t IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)					
	rganizati	on is not a private foundation because it is: (Please check only ONE applicable box.)					
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).					
6	\vdash	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)					
7 8	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).					
9	H	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,					
3		and state					
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).					
		(Also complete the Support Schedule in Part IV-A.)					
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.					
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)					
11b	\vdash	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)					
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired					
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)					
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	bed in:				
		(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)		-			
_		Provide the following information about the supported organizations. (See page 5 of the instructions.)	/b\ 1 is				
		(a) Name(s) of supported organization(s)		ne num om abo			
_14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)					

Calendar year (or fiscal year beginning in) (a) 2001 (b) 2000 (c) 1999 (d) 1998 (e) Total Sifts, grants, and contributions received. (On not include unusual grants. See line 28.) (a) 2001 (b) 2000 (c) 1999 (d) 1998 (e) Total See Sirve year year year year year year year yea	
Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 16 Membership fees received	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either	
merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either	
dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either	
activities not included in line 18 20 Tax revenues levied for the organization's benefit and either	
20 Tax revenues levied for the organization's benefit and either	
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	
23 Total of lines 15 through 22 0 . 0 . 0 .	0.
24 Line 23 minus line 17	******
25 Enter 1% of line 23 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental	
unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a.	
	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c	
d Add: Amounts from column (e) for lines: 18 19	
22 26b 26d	_
e Public support (line 26c minus line 26d total)	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	%
Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2001) (1998)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of,	
and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations	
described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and	
the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	
(2001) (2000) (1999) (1998)	
c Add: Amounts from column (e) for lines: 15	
d Add: Line 27a total and line 27b total 27d N/A	
e Public support (line 27c total minus line 27d total) 27e N/A	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	%

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
-9	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	***********	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			4
c	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
a	admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:	-		
a	Students' rights or privileges?	1000000000		
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
е	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	33h	**********	**********
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2002

Pa		Expenditures by Ele	ecting Public Charitie	s (See page 9 of the	instructions.)		N/A
Chec		ation belongs to an affiliated		b if you check	ed "a" and "limited c	ontrol" p	provisions apply.
	L	imits on Lobbying E	Expenditures		(a) Affiliated group totals		(b) To be completed for ALL electing organizations
_	(The ter	rm "expenditures" means amo	ounts paid or incurred.)			-	electing organizations
	- 1 11 11 1			-	N/A		
			rassroots lobbying)	The second secon			
			(direct lobbying)			-	
						-	
						-	
		t. Enter the amount from the	following table	40			
	If the amount on line 40 is -		g nontaxable amount is -				
			nount on line 40				
			15% of the excess over \$500,000				
			10% of the excess over \$1,000,000				
			5% of the excess over \$1,500,000	900000000000000000000000000000000000000			
				F0000000040000			

			han line 36				
44	Subtract line 41 from line 38	. Enter -0- if line 41 is more ti	han line 38	44			
	Caution: If there is an amo	ount on either line 43 or lir	ne 44, you must file Form 47	20.			
Cale	endar year (or	(a)	(b)	itures During 4-Year (c)	(d)	-	N/A (e)
	al year beginning in) Lobbying nontaxable		2001	2000	1999	-	Total
10	amount						0.
46	Lobbying ceiling amount						
	(150% of line 45(e))						0.
47	Total lobbying						
_	expenditures						0.
48	Grassroots nontaxable						
_	amount				-		0.
49	Grassroots ceiling amount						
_	(150% of line 48(e))						0.
50	Grassroots lobbying						
D.	expenditures		ting Public Charities		-		0.
8.30			not complete Part VI-A) (See p		ions.)		
Duri			onal, state or local legislation, in				
		slative matter or referendum,		oldering any accomplete	Yes	No	Amount
						X	
b			nses reported on lines c throug			X	
C				4		X	0.
d	Mailings to members, legisla	itors, or the public				X	0.
9						X	0.
f						X	0.
g			ficials, or a legislative body			X	0.
h			s, lectures, or any other means			X	0.
i	Total lobbying expenditures	(Add lines c through h.)	a detailed description of the le	hhying activities			0.
2231		aiso attacii a statement givinç	a detailed description of the lo	obyling activities.			

Circadio // (1 01111 000 01 000 EZ) 2002	THE TIME THE	OILL LOONDAIL	71-20	TAZI	0	aye t
			Relationships With Nonchari	table		
	ations (See page 12 of the instru					
	ectly or indirectly engage in any of the					
	ction 501(c)(3) organizations) or in		itical organizations?	ſ		
a Transfers from the reporting organ	to the same of	*			Yes	No
(i) Cash	***************************************			51a(i)		X
(ii) Other assets				a(ii)		X
b Other transactions:						
(i) Sales or exchanges of assets	with a noncharitable exempt organ	ization	***************************************	b(i)		X
(ii) Purchases of assets from a ne	oncharitable exempt organization			b(ii)		X
						X
						X
						X
						X
						X
			lways show the fair market value of the			
goods, other assets, or services g	given by the reporting organization. nt, show in column (d) the value of	If the organization received	less than fair market value in any	,	N/A	
(a) (b)	(c)	the goods, other accord, or	(d)			
Line no. Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transactions, and	sharing ar	rangem	nents
						-
						-
						-
						-
					-	-
						-
						_
						-
				-		-
						_
						_
			×			-
						_
						_
						-
						_
	3)) or in section 527?		anizations described in section 501(c) of the	Yes	X	No
g in rest, complete the following se	medule. IV/A	(b)	(c)			
Name of orga	inization	Type of organization	Description of relations	nip		
						_
						-
						-

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

Employer identification number Name of organization INDIAN LAND TENURE FOUNDATION 41-2014273 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.) General Rule-X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Employer identification number

INDIAN LAND TENURE FOUNDATION

41-2014273

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORTHWEST AREA FOUNDATION 60 PLATO BLVD EAST ST. PAUL, MN 55107	\$\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990 R	ENTAL	INCOME			STATEM	ENT	1
KIND AND LOCATION OF PROPERTY				ACTIVITY NUMBER	GRO RENTAL	OSS INC	OME
RENTAL PROPERTY				3		5	00.
TOTAL TO FORM 990, PART I, LINE	6A					5	00.
FORM 990 STATEMENT OF ORGANIZ	ATION PART		EXEMPT	PURPOSE	STATEMI	ENT	2

EXPLANATION

INDIAN LAND TENURE FOUNDATION IS A FOUNDATION ORGANIZED TO EDUCATE EVERY INDIAN LANDOWNER ABOUT INDIAN LAND TENURE ISSUES SO THAT KNOWLEDGE BECOMES POWER WHEN DECISIONS TO CREATE POSITIVE FUTURES ARE MADE. THE ORGANIZATION HAS BEEN ORGANIZED ADDITIONALLY TO INCREASE ECONOMIC ASSETS OF INDIAN LANDOWNERS BY GAINING CONTOL OF INDIAN LANDS AND BY CREATING FINANCIAL MODELS THAT CONVERT LAND INTO LEVERAGE.

FORM 990	STATEMENT	OF	PROGRAM	SERVICE	ACCOMPLISHMENTS	STATEMENT	3
DESCRIPTION OF	PROGRAM SEI	RVIC	CE ONE				

TO EDUCATE INDIAN AND NON-INDIAN PEOPLE ON LAND TENURE ISSUES; TO REDUCE POVERTY AND DETERIORATION AMONG INDIAN COMMUNITIES; AND TO PRESERVE TRIBAL CULTURE, HISTORY AND NATURAL RESOURCES BY ASSISTING INDIAN PEOPLE IN ACQUIRING AND MANAGING THEIR LAND.

TO FORM 990, PART III, LINE A	GRANTS	EXPENSES 171,797.
FORM 990 OTHER INVEST	MENTS	STATEMENT 4
DESCRIPTION	VALUATION METHOD	AMOUNT
GOVERNMENT FIXED INCOME EQUITIES	COST	5,161,345. 5,340,743.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN	1 В	10,502,088

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 5
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS			COMPEN- SATION		EXPENSE ACCOUNT	
BEN BLACK BEAR, JR. TRIBAL LAND ENTERPRISE, BOX 159 ROSEBUD, SD 57570	CHAIR 0		0.	0.	1,585.	
THERESA CARMODY INDIAN LAND WORKING GROUP, BOX 178 WAGON MOUND, NM 87752	VICE-CHAIR 0		0.	0.	1,200.	
DOUGLAS NASH TRUST FOR PUBLIC LAND, RTE 1 BOX 106 GREEN CREEK, ID 83533	SECRETARY-0	TREASURER	0.	0.	1,748.	
BRIAN COLLINS TRIBAL COURTHOUSE, BOX 129 ROSEBUD, SD 57570	0		0.	0.	909.	
VIRGIL DUPUIS SALISH KOOTENAI COLLEGE, BOX 117 PABLO, MT 59855	0		0.	0.	1,616.	
ARVEL HALE 610 SOUTH 96TH AVENUE YAKIMA, WA 98908	0		0.	0.	1,777.	
JANET NICHOLSON PO BOX 1131 ALBUQUERQUE, NM 87103	0		0.	0.	900.	
ROSS R. RACINE INTERTRIBAL AGRI COUNCIL, 100 N 27TH, SUITE 500 BILLINGS, MT 59101-2054	0		0.	0.	1,466.	
DAVID TOVEY COQUILLE TRIBE, 3050 TREMONT ST, PO BOX 783 NORTH BEND, OR 94759-0061	0		0.	0.	800.	
JEREMIAH FARROW 74108 THORNHOLLOW ROAD ADAMS, OR 97810			0.	0.	375.	

INDIAN LAND TENURE FOUNDATION			41-2014273			
CHRISTIAN K. BENDS PO BOX 1526 LAME DEER, MT 59043	0	0.	0.	100.		
CHRIS STAINBROOK 151 COUNTY ROAD B2E LITTLE CANADA, MN 55117	EXEC DIRECTOR 40	125,000.	9,649.	0.		
TOTALS INCLUDED ON FORM 990, PART	v	125,000.	9,649.	12,476.		

INDIAN LAND TENURE FOUNDATION

STATEMENTS OF FUNCTIONAL EXPENSES Year Ended December 31, 2002

1	63 38 332 25 25 24 47 47 47 66 66 66 63 63 63 64 66 66 67 77 77 77 77 77 77 77	08
Total	\$ 260,463 29,138 19,032 1,425 20,324 28,385 1,095 3,146 6,347 19,107 37,358 15,449 12,654 8,896 15,856 15,856 19,449 12,654 8,896 11,654 19,449 12,654 11,654 11,654	\$ 570,408
Fundraising	8,332 799 584 3 3 727 28 76 163 623 119 395 324 228 228 1,672 - 1,672	14,533
F	↔	49
and General	185,889 21,891 13,805 1,012 1,012 1,875 4,040 12,077 37,239 9,835 8,055 5,663 5,663 1,256 43,311 8,894	384,078
an	₩	\$
Program	66,242 6,448 4,643 410 20,324 9,590 370 1,195 2,144 6,407 6,407 15,856 15,856 19,747 667	171,797
	↔	694
	Salaries and wages Employee benefits Payroll taxes expense Training and education Advertising and promotion Depreciation Insurance Dues and subscriptions Postage Office expenses Professional fees Contracted services Rental Repairs and maintenance Grants and scholarships Supplies Travel expenses Utilities Board development Communications and committees Other expenses	Total Expenses