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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

20	00	3	
Open Ins	to Pu pecti	blic on	

AF	or the 200	U3 calendar year, or tax year beginning	anu en	umy			
<b>B</b> c	heck if pplicable:	Please C Name of organization	D Emplo	yer identifi	cation number		
a	Address	label of TAND TANK TAMP CHEMILDE EQUINDACTION	1 11	-2014	272		
Ļ	change	print or LINDIAN LAND TENORE FOUNDATION		Room/suite			
L	_change	Number and street (or P.O. box if mail is not delivered to street address)		none numbe $1-766$			
	return _Final	Specific 151 EAST COUNTY ROAD B2			<del> </del>	ing method:	Cash X Accrual
	Jrinai ∏Amended	tions City or town, state or country, and ZIP + 4  LITTLE CANADA, MN 55117		ing method: L her pecify)	Cash Accruai		
<u> </u>	∟return ∏Applicatio		sts	H and I are not app			27 organizations
L		must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group			Yes X No
G 1	Vebsite: ▶	N/A		affiliates >			
		on type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or		N/A	Yes No		
		if the organization's gross receipts are normally not more than \$25,000.	527 The	(If "No," attach a	ı list.)		
		on need not file a return with the IRS; but if the organization received a Form 990 Pac		H(d) is this a separate ganization cove	red by a g	roup ruling	? Yes X No
		, it should file a return without financial data. Some states require a complete return		I Group Exemption	on Numbe	er 🕨	
							not required to attach
L (	Gross rece	ipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,824,06		Sch. B (Form 9	90, 990 <b>-</b> E	Z, or 990-PI	F).
Pa	art I F	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces	6555		
	1 (	Contributions, gifts, grants, and similar amounts received:					
	al	Direct public support	1a	11,0	58.		
		Indirect public support					
	C (	Government contributions (grants)	10				11 050
	d	Total (add lines 1a through 1c) (cash \$11,058. noncash \$			_ )	1d	11,058.
	5	Program service revenue including government fees and contracts (from Part VII, lin	I .	2			
	1	Membership dues and assessments			ı	3 4	
	i	Interest on savings and temporary cash investments				5	
	-	Dividends and interest from securities			00.	0	
		Gross rents SEE STATEMENT 1		1,2	.00.		
	ł	Less: rental expenses				6c	1,200.
		c Net rental income or (loss) (subtract line 6b from line 6a)					2,807,915.
ne		Other investment income (describe  INVESTMENT INCOME  Gross amount from sales of assets other  (A) Securities		(B) Other		7	2,00,,020
Revenue			8a	(b) Other			
Re	1	than inventory  Less: cost or other basis and sales expenses	8b				
	1	Gain or (loss) (attach schedule)	8c	V			
	1	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	ł	Special events and activities (attach schedule). If any amount is from gaming, check					
		Gross revenue (not including \$ of contributions					
	1	reported on line 1a)	9a				
	b	Less: direct expenses other than fundraising expenses	9b				
	C	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
	10 a	Gross sales of inventory, less returns and allowances	10a		94.		
	b	Less: cost of goods sold	10b		245.		4.0
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro				10c	49.
		Other revenue (from Part VII, line 103)				11	2,598. 2,822,820.
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			I .		1,099,698.
ģ	13	Program services (from line 44, column (B))					351,698.
Expenses	14	Management and general (from line 44, column (C))				14	100,837.
χbe	15	Fundraising (from line 44, column (D))	1	16	100,037.		
ш		Payments to affiliates (attach schedule)			1,552,233.		
_		Total expenses (add lines 16 and 44, column (A))  Excess or (deficit) for the year (subtract line 17 from line 12)		18	1,270,587.		
¥.	19	Net assets or fund balances at beginning of year (from line 73, column (A))					9,890,306.
Net	20	Other changes in net assets or fund balances (attach explanation)				20	0.
٥	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)					1,160,893.
323	201	LIA For Panarwork Reduction Act Notice see the senarate instructions					Form <b>990</b> (2003)

Part II Statement of All organization Al	janizati I) orgai	ons must complete columnates and section 4947.	i (A). Columns (B), (C), an (a)(1) nonexempt charitabl	e trusts but optional for other	ers.
Do not include amounts reported on line 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 schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	30				
30 Professional fundraising fees	31				
31 Accounting fees 32 Legal fees	32		***************************************		
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
<b>39</b> Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize): a SEE STATEMENT 6	43a	1.552.233.	1,099,698.	351,698.	100,837.
	43a 43b	1/332/233.	1,055,050.	001,000	
b	43c				
d	43d				
2	43e				
Total functional expenses (add lines 22 through 43).  44 Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,552,233.	1,099,698.	351,698.	100,837.
Joint Costs. Check  if you are following SOP 9	8-2.				
Are any joint costs from a combined educational campa	ign and	I fundraising solicitation re	ported in (B) Program serv	vices? ► L	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co					
(iii) the amount allocated to Management and general Spart III Statement of Program Service	ica A		(iv) the amount allocated t	o Fulluraising a	•
What is the organization's primary exempt purpose?	SI	TE STATEMENT	3		
what is the organization's primary exempt purpose:					Program Service
All organizations must describe their exempt purpose achievement	nts in a c	lear and concise manner State	the number of clients served, p	ublications issued, etc. Discuss	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
achievements that are not measurable (Section 501(c)(3) and (4) c allocations to others.)	rganizat	ions and 4947(a)(1) nonexempt	charitable trusts must also ente	r the amount of grants and	trusts; but optional for others.)
a SEE STATEMENT 4					
					1 000 600
			Grants and allocations \$	)	1,099,698.
b				······································	
			LHAVEA		
			Create and allegations &	1	
			Grants and allocations \$		
С		12.000			
			Grants and allocations \$	)	
d					
		······································	Grants and allocations \$	)	
e Other program services (attach schedule)			Grants and allocations \$	)	1 000 609
f Total of Program Service Expenses (should equa	line 44	i, column (B), Program ser	vices)	<b>&gt;</b>	1,099,698.

### Part IV Balance Sheets

Note:		e required, attached schedules and amounts with d be for end-of-year amounts only.	<b>(A)</b> Beginning of year		(B) End of year	
	45	Cash - non-interest-bearing		20,237.	45	38,000.
	46	Savings and temporary cash investments		8,872,026.	46	1,044,506.
	40	Gavings and temporary cash invocations				
	47 a	Accounts receivable	47a			
		Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
		Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		3,577.	49	5,434.
	50	Receivables from officers, directors, trustees,				
		and key employees			50	
Assets	51 a	Other notes and loans receivable	51a			
Ass		Less: allowance for doubtful accounts			51c	
_	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		28,404.	-	31,101.
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and	1			
		equipment basis	55a			
	b	Less: accumulated depreciation	55b	10 500 000	55c	10 070 576
	56	Investments - other SE	E STATEMENT 5	10,502,088.	56	19,970,576.
	57 a	Land, buildings, and equipment: basis STMT 7	57a 542,557.	451 000		175 521
	b	Less: accumulated depreciation STMT 7	57b 67,033.	451,838.		475,524. 61,342.
	58	Other assets (describe $\blacktriangleright$ INTEREST REC	44,505.	58	01,342.	
				10 022 675	E0	21,626,483.
	59	Total assets (add lines 45 through 58) (must equal lin		19,922,675. 32,369.	59 60	452,366.
	60	Accounts payable and accrued expenses		32,309.	61	432,300.
	61	Grants payable			62	13,224.
Ś	62	Deferred revenue			63	10/1011
Liabilities	63	Loans from officers, directors, trustees, and key emplo			64a	
abi	1	a Tax-exempt bond liabilities Department on the state of			64b	
<b>=</b>	65	Other liabilities (describe	1		65	
	00	Otter liabilities (describe				
	66	Total liabilities (add lines 60 through 65)		32,369.	66	465,590.
	Ornai	nizations that follow SFAS 117, check here				
		69 and lines 73 and 74.				
Ses	67	Unrestricted		3,252.		18,157.
ă	68	Temporarily restricted		19,887,054.	68	21,142,736.
Ba	69	Permanently restricted			69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here 🕨	and complete lines			
Ę		70 through 74.				
s o	70	Capital stock, trust principal, or current funds			70	
sset	71	Paid-in or capital surplus, or land, building, and equip			71	
t As	72	Retained earnings, endowment, accumulated income,			72	
Se	73	Total net assets or fund balances (add lines 67 throu		10 000 300		21 160 002
		column (A) must equal line 19, column (B) must equa		19,890,306.		21,160,893. 21,626,483.
	74	Total liabilities and net assets / fund balances (add	lines 66 and 73)	19,922,675.	. 74	21,020,403.

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.

Pa	rt IV-A Reconciliation of Revenu	e per Audited	Part	Reconc	iliation of Exp al Statements	enses per Al	udited
	Financial Statements wit Return	n Kevenue per		Return	ai Statements	with Expens	ses pei
a	Total revenue, gains, and other cupport		a	Talal and a sad la	sses per	. 1	552 222
	per audited financial statements	a  2,822,820.	b	audited financial state Amounts included on	ments	a 1,	332,233.
b	Amounts included on line a but not on		D	line 17, Form 990:	inio a bat not on		
	line 12, Form 990:		(1)	Donated services	_		
(1)	Net unrealized gains			and use of facilities			
	on investments \$		(2)	Prior year adjustment	S		
(2)	Donated services			reported on line 20,	•		
	and use of facilities \$		(0)	Form 990	. \$		
(3)	Recoveries of prior		(3)	Losses reported on	•		
	year grants \$			line 20, Form 990	, \$		
(4)	Other (specify):		(4)	Other (specify):	¢		
	\$	b 0.	-	Add amounts on lines	\$(1) through (4)	b	0.
	Add amounts on lines (1) through (4)  Line a minus line b		C	Line a minus line b	5 (1) tillough (4)	► c 1.	552,233.
C	Enter & fill to be an analysis and a second	2,022,020.	d	Amounts included on	line 17 Form		
d	Amounts included on line 12, Form 990 but not on line <b>a</b> :		u	990 but not on line <b>a</b>			
(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):			
, ,	\$		_		\$		_
	Add amounts on lines (1) and (2)	d 0.		Add amounts on lines	s (1) and (2)	<b>d</b>	0.
8	Total revenue per line 12, Form 990			Total expenses per lir	ie 17, Form 990		
-	(line c plus line d)	e 2,822,820.		(line c plus line d)		▶ e 1,	552,233.
Pa	art V List of Officers, Directors,	Trustees, and Key I	Empl	oyees (List each on	e even if not compen	(D)Contributions to	(E) Evnonco
	(A) Name and address		(R) 1	itle and average hours er week devoted to position	(If not paid, enter	employee benefit plans & deferred compensation	(E) Expense account and other allowances
CR	IS STAINBROOK		PRE	SIDENT			
	975 HEATH AVENUE NORTH						
FŌ	REST LAKE, MN 55025		40+		125,961.		0.
	WARD VALANDRA		VP	OF GRANTS	AND PROGR	AMS	
$\bar{1}\bar{1}$	20 NORTHWOOD DRIVE #21	6					
ĒĀ	GAN, MN 55121		40+	•	85,654.	8,654.	0.
SE	E STATEMENT 8						
							2
					0.	0.	3,000,
			}				
			<b></b>		<u> </u>		
			<u> </u>				
			-				
						-	
		· · ·					
	Did any officer, director, trustee, or key employee r	receive andrenate component	lion of	more than \$100 000 fro	m vour organization	and all related	I
10	organizations, of which more than \$10,000 was pr	ovided by the related organiz	ations?	? If "Yes," attach schedu	ıle. ► Yes [	X No	

	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		Х
70 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	504 000 and the second design and the second	78a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		Х
13	If "Yes," attach a statement			
ደበ 2	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
00 0	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
F	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81 2	Enter direct or indirect political expenditures. See line 81 instructions 81a 0			
t.	The state of the s	81b		X
82 2	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
<b>UL</b> 1	fair rental value?	82a		X
ŀ	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.)			
83 :	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
t	Open to the state of the state	83b	X	
84 8	The state of the s	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a		
1		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.			
(	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures 85d N/A			
(	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	_		
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	_		
(	N/A	85g		ļ
	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	_		
1	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	_		
-	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?			v
	If "Yes," complete Part IX	88		X
89	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
	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?			X
	If "Yes," attach a statement explaining each transaction	89b		
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0.
	sections 4912, 4955, and 4958			0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90				6
	Number of employees employed in the pay period that includes March 12, 2003  The books are in care of ► MR • CRIS STAINBROOK  Telephone no. ► 651-70	56-8	2990	
91	The books are in care of ► MR • CRIS STAINBROOK Telephone no. ► 651-70		, , , , ;	
	Located at ▶ 151 EAST COUNTY ROAD B2, LITTLE CANADA, MN ZIP+4 ▶	5511	7	
	Located at ► 151 EAST COUNTY ROAD B2, LITTLE CANADA, MN ZIP+4 ►	, J I I	- 1	
	0. (1. 40.47(.))		<b>•</b>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	N	/A	
323	and enter the amount of tax exempt interest received or decrees during the tax year.			1 (2003

Form 990 (2003)

Part VI	Analysis of Income-I	Producing A					
Note: Ent	er gross amounts unless other	vise -		ted business income		ed by section 512, 513, or 514	(E)
indicated	I.		( <b>A</b> ) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Progra	am service revenue:		code	Amount	sion code	Amount	function income
		1					
		1					
		ı					
e	care/Medicaid payments						· · · · · · · · · · · · · · · · · · ·
•	and contracts from government age	Г					
	pership dues and assessments	r-					
	st on savings and temporary cash i	1					
	ends and interest from securities	F					
	ental income or (loss) from real esta	T I					
a debt-f	financed property					1 000	
<b>b</b> not de	ebt-financed property				16	1,200.	
98 Net re	ental income or (loss) from persona	I property					
99 Other	investment income				14	2,807,915.	
100 Gain o	or (loss) from sales of assets						
other	than inventory	******					
	come or (loss) from special events						
	profit or (loss) from sales of inven	Г			18	49.	
103 Other	· · · · · · · · · · · · · · · · · · ·						
	SCELLANEOUS				03	2,598.	
d		1					
6	otal (add columns (B), (D), and (E))				0.	2,811,762.	0.
	(add line 104, columns (B), (D), and (E))						2,811,762.
	add line 104, columns (b), (b), and a 105 plus line 1d, Part I, should				****		
NUIG. LITTE	Relationship of Activ	vities to the	Accomp	lishment of Fye	mnt Pur	noses (See page 34 of the	instructions )
Line No.	Explain how each activity for whi						
LINE NO.	exempt purposes (other than by				Duten milhorn	antity to the accomplishment	or the organization s
	CXCTIPE PURPOSOS (SELIOT CITALIST)	providing lando la	- Cuon purp		<del></del>		
	Information Regardi	na Tavabla 9	Subsidia	rice and Dieron	arded En	titios (See page 34 of the	instructions )
Part IX	(A)	(B)	Jubsidia	(C)	araca En	(D)	(E)
Name, a	ddress, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
	nership, or disregarded entity	ownership interes					assets
N/A			%				
			%				
			%				
<u> </u>			%				
Part X	Information Regardi						
(a) Did t	the organization, during the year, re	ceive any funds, d	irectly or ind	irectly, to pay premiun	ns on a perso	nal benefit contract?	Yes X No
(b) Did t	the organization, during the year, pa	ıy premiums, dired	ctly or indired	ctly, on a personal ben	efit contract?	**************************************	Yes X No
Note: If	"Yes" to (b), file Form 8870 and	Form 4720 (see	e instruction	ns).			
Please	Under penalties of perjury, I declare that correct, and complete Declaration of pro-	I have examined this	return, includi	ng accompanying schedule all information of which p	es and statemer preparer has any	nts, and to the best of my knowled knowledge	lge and belief, it is true,
Sign	The state of the s	-1 ( mini oni	,			· ·	
Here	Signature of officer			Date	Type or p	rint name and title.	
	Preparer's				Date	Check if	Preparer's SSN or PTIN
Paid	signature					self- employed	
Preparer's	Firm's name (or VTRCHO)	W, KRAUS	E & CC	MPANY, LLI	?		08 59910
Use Only				, SUITE 24			· · · · · · · · · · · · · · · · · · ·
323161 12-17-03		POLIS, M				Phone no. ► (	952) 835-1344

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

Employer identification number

2003

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.") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours per week devoted to (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances GERALD SHERMAN PROG. OFFICER 59117 40 +54,167. 3,303 ROSCOE, MN Total number of other employees paid 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 0 \$50,000 for professional services

Pε	ırt	Ш	Statements About Activities (See page 2 of the instructions.)		Yes	No
2 a	pub lobb or li Org "Yes Dur trus pers atta Sale	lic op bying a ine i o anizat s," mu ing th stees, son is ach a e, excl	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities   \$ \$ \$ \$ \$ (Must equal amounts on line 38, Part VI-A, of Part VI-B.)  ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking st 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," detailed statement explaining the transactions.)  nange, or leasing of property?	1 2a 2h		x x x
C	Furi	nishin	g of goods, services, or facilities?	2c		X
d	Pay	ment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	Х	
е	Trai	nsfer	of any part of its income or assets?	2e		X
	you	deter	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how mine that recipients qualify to receive payments.) ave a section 403(b) annuity plan for your employees?	3a 3b	X	Х
4	Did	you n	naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4		Х
Pá	irt	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	<del></del>	L	
5 6 7 8 9 10 11a 11h 12	         	X	on is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  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).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  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 <b>Support Schedule</b> in Part IV-A.)  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 <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  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 <b>Support Schedule</b> in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described.			
			(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.)	ibou iii.		
			(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 6 of the instructions.)			

Par	Support Schedule (C Note: You may use the	Complete only if you ch he worksheet in the insi	ecked a box on line 10 tructions for convertin	g, 11, or 12.) <b>Use cas</b> g from the accrual to	the cash method of accounti	ounting.
begin	dar year (or fiscal year ning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Giffs, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,752.	0.	0	. 0.	2,752.
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	243,229.				243,229.
19	Net income from unrelated business	3				
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	245,981.		0	. 0.	_1
24	Line 23 minus line 17	245,981.				245,981.
25	Enter 1% of line 23	2,460.			<u> </u>	4 000
26	Organizations described on lines 1					4,920.
b c d	Prepare a list for your records to sh unit or publicly supported organizat Do not file this list with your return Total support for section 509(a)(1) Add: Amounts from column (e) for	ion) whose total gifts for Enter the total of all thes test: Enter line 24, column	1999 through 2002 excees se excess amounts 1 (e)	eded the amount shown	in line 26a.	0. 245,981.
		22	26b	·	<u>▶ 26d</u>	243,229.
е	Public support (line 26c minus line					2,752.
f	Public support percentage (line 26	ie (numerator) divided by	line 26c (denominator)	)	► 26f	1.1188%
27	Organizations described on line 12 records to show the name of, and to such amounts for each year: (2002)	otal amounts received in e $\mathrm{N/A}$	ach year from, each "disc	qualified person." <b>Do no</b> l	t file this list with your ret	urn. Enter the sum of
b	For any amount included in line 17 and amount received for each year, described in lines 5 through 11, as the larger amount described in (1) (2002)	that was received from ea that was more than the la well as individuals.) Do no or (2), enter the sum of th	ch person (other than "di Irger of (1) the amount It file this list with your r ese differences (the exce	squalified persons"), pre on line 25 for the year o eturn. After computing ss amounts) for each ye	epare a list for your records r <b>(2)</b> \$5,000. (Include in th the difference between the par: N/A	s to show the name of, e list organizations
C	Add: Amounts from column (e) for	lines: 15		16	**************************************	
U	17	lines: 15 20		21	<b>▶</b> 27c	N/A
d	Add: Line 27a total	aı	nd line 27b total		► 27d	
е	Public support (line 27c total minus	s line 27d total)	***********		<b>▶</b> 27e	N/A
f	Total support for section 509(a)(2)	test: Enter amount on line	23, column (e)	<b>▶</b> 27f	N/A	37 / n
g	Public support percentage (lin					N/A %
<u>h</u>	Investment income percentag				nator)) 27h	

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

Schedule A (Form 990 or 990-EZ) 2003 INDIAN LAND TENURE FOUNDATION Private School Questionnaire (See page 7 of the instructions.)

	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	:	Yes	No
29	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,	30		
	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?	31	000000000000000000000000000000000000000	************
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	· ·		
	if res, please describe, if 140, please explains (if you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?			ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?		ļ	ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
20	Does the organization discriminate by race in any way with respect to:	-		
33	Students' rights or privileges?	33a	4000000000	100000000000000000000000000000000000000
a b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	1		
e	Educational policies?	00-		
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.)			
		— 📗		
		— [		
		— 34a		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?		<b>-</b>	
b	If you answered "Yes" to either 34a or b, please explain using an attached statement.	0.70		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,		1,000,000	T
J0	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2003

P		Expenditures by Ele			ge 9 of	the instructions	.)		N/A
Che		ation belongs to an affiliated g			you ch	ecked <b>"a"</b> and "lir	nited co	ontrol"	provisions apply.
		mits on Lobbying E				(a) Affiliated total	group		(b) To be completed for ALL electing organizations
	(The teri	m "expenditures" means amoi	ints paid or incurred.)		T	N/A			oroding organization
26	Total lobbying expenditures to	a influence public opinion /ar	accraate labbying)		36	14/ 12			
	Total lobbying expenditures to				37				And the second s
38	Total lobbying expenditures (				38		Auto		
39	Other exempt purpose expend	,			39				
40					40				
41		·							
•••	If the amount on line 40 is -		nontaxable amount is -						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000								
	Over \$1,000,000 but not over \$1,50				41				
	Over \$1,500,000 but not over \$17,0								
	Over \$17,000,000	\$1,000,000		J					
42	Grassroots nontaxable amou	nt (enter 25% of line 41)			42				
43	Subtract line 42 from line 36.	Enter -0- if line 42 is more th	an line 36		43				
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more th	an line 38		44			**********	
	Caution: If there is an amo								
		(Some organizations that mad below. See the inst	ructions for lines 45 throu	gh 50 on page	11 of th	ne instructions.)	<del></del>		A. A
			Lobbying Exp	enditures Duri	ng 4-Ye	ear Averaging Pe	eriod 		N/A
	lendar year (or cal year beginning in)	(a) 2003	<b>(b)</b> 2002	(c) 200	•			(e) Total	
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount								0.
47	(150% of line 45(e)) Total lobbying								
4,	expenditures								0.
48	Grassroots nontaxable				***************************************				
	amount								0.
49	Grassroots ceiling amount								0
	(150% of line 48(e))								0.
50	Grassroots lobbying								0.
Б	expenditures Part VI-B Lobbying	Activity by Nonelect	ing Public Charit	AS					
30.5		only by organizations that did			the inst	ructions.)			
Du	ring the year, did the organizati								
	luence public opinion on a legis						Yes	No	Amount
				*****				Х	
b	Paid staff or management (In	clude compensation in exper	ses reported on lines <b>c</b> th	rough <b>h.</b> )		×		Х	
C	Media advertisements							X	
d	Mailings to members, legislat	tors, or the public						X	
е	• •							X	
f								X	
g	•							X	
h	Hallies, demonstrations, sem	inars, conventions, speeches	, lectures, or any other me	ans				Λ	

i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

0.

Page 6

Par		arding Transfers To and ations (See page 12 of the instri		d Relationships With Nonchari	itable		
51				r organization described in section			
0.		ction 501(c)(3) organizations) or in					
а	Transfers from the reporting orga			onticer organizations.	ſ	Yes	No
u					51a(i)		Х
					- (2)		X
b	Other transactions:		***************************************			***	
IJ		with a nonobaritable exempt organ	ization		b(i)		Х
	-						X
	` '	· -					X
					***		X
							X
					· · · · · · · · · · · · · · · · · · ·		X
	• •	·					X
C	Sharing of facilities, equipment, m						A
d				always show the fair market value of the			
				d less than fair market value in any		<b>.</b>	
	transaction or sharing arrangeme	nt, show in column (d) the value of	the goods, other assets, o	r services received:		N/A	<u> </u>
(a)		(c)		(d)			
Line	no. Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transactions, and	sharing ari	ranger	nents
***************************************							
							,
							······································
		1.					
			***************************************				
52 a	Is the organization directly or indi Code (other than section 501(c)(3 If "Yes," complete the following sc	3)) or in section 527?	ne or more tax-exempt org	ganizations described in section 501(c) of the	Yes	X	☑ No
	(a)		(b)	(c)			
	Name of orga	nization	Type of organization	Description of relations	ship 		
						***************************************	
							·
****			:				
***************************************							
	**************************************						
	WWW.						

FORM 990 RENTAL INCOME		STATEMENT 1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL PROPERTY	3	1,200.
TOTAL TO FORM 990, PART I, LINE 6A		1,200.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 2
INCOME			
2. RETURNS AND ALLO	WANCES	1,294	1,294
	LD (LINE 13)	1,245	49
6. INVENTORY AT BEG 7. MERCHANDISE PURC 8. COST OF LABOR . 9. MATERIALS AND SU 10. OTHER COSTS 11. ADD LINES 6 THROW	PPLIES	1,245	1,245

FORM 990	STATEMENT C	OF ORGANIZATION	S PRIMARY	EXEMPT	PURPOSE	STATEMENT	3
		PART	III				

### 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 O	F PROGRAM	SERVICE	ACCOMPLISHMENTS	STATEMENT	4

### DESCRIPTION OF PROGRAM SERVICE 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, OVER 5,400 ATTENDEES TO OVER 40 ACTIVITIES.

			GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	A			1,099,698.
FORM 990	OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION			VALUATION METHOD	AMOUNT
GOVERNMENT FIXED INCOME EQUITIES EDWARD JONES VANGUARD GROUP			MKT MKT MKT	6,855,067. 10,622,757. 1,406,845. 1,085,907.
TOTAL TO FORM 990, PART IV, I	LINE 56	, COLUMN B		19,970,576.

## $\mu = 2014273$ indian Land tenure foundation

STATEMENTS OF FUNCTIONAL EXPENSES Years Ended December 31, 2003

2003 Total	399,532 62,737 30,473 3,312 30,556 38,852 3,744 6,986 7,981 28,453 15,326 41,411 2,882 772,528 54,039 3,132 36,304	\$ 1,552,233
]	↔	€
Fundraising	58,522. 5,517 4,498 4,405 4,405 1,778 1,383 7,460 6,475 2,441 2,441 327 5,305 355	100,837
교	↔	8
Management and General	201,701 38,459 15,784 407 13,782 1,329 2,083 2,640 7,839 8,851 7,639 1,022 1,022 1,111 36,304 4,663 682	351,698
Ma	↔	69
Program	139,309 18,761 10,191 2,462 30,556 20,665 1,991 3,125 3,958 13,154 1,331 772,528 41,332 1,666 1,666	\$ 1,099,698
	↔	S
	Salaries and wages Employee benefits Payroll taxes expense Training and education Advertising and promotion Depreciation \$T^nT P Insurance Dues and subscriptions Postage Office expenses Professional fees Contracted services Rental Repairs and maintenance Grants and scholarships \$T^nT P Travel expenses Utilities Board development Communications and committees	Total Expenses

### Indian Land Tenure Foundation Fixed Assets and Depreciation 12/31/03

### 41-2014273

	Cost	Accumulated Depreciation 12/31/02	Depreciation Expense	Disposals	Accumulated Depreciation 12/31/03
Land	43,125				
Building and Improvements	373,822	7,035	13,876		20,911
Funiture and Fixtures	20,177	2,253	2,814	(203)	4,864
Equipment	105,433	19,096	22,162		41,258
_	542,557	28,384	38,852	(203)	67,033

41-2014273

# LIST OF OFFICERS, DIRECTORS, TRUSTEES, OTHER KEY PERSONNEL

Name & Address	Title & Average Hours per Week	Comp	Compensation	Health, Life, Pension, Etc.	, Life, n, Etc.	Expense Acct. & Other Allowances	r ct.	Date Term Expires
Ben Black Bear, Jr. P.O. Box 159 Rosebud, SD 57570	Chairman	↔	400.00	€9	t	<del>⇔</del>	1	May, 2006
Theresa Carmody P.O. Box 128 Wagon Mound, NM 87752	Vice-Chairperson	↔	300.00	₩	1	↔	1	May, 2004
Douglas Nash 1214 South Lynn Moscow, ID 83843	Secretary/Treasurer	↔	300.00	<del>⇔</del>		↔	•	May, 2005
Christian Keene Bends P.O. Box 1526 Lame Deer, MT 59043	Member	↔	300.00	↔	•	↔	1	May, 2004
Brian Collins 500 East Mason Lake Dr. South Grapeview, WA 98546	Member	↔	400.00	↔	•	↔		May, 2005
Virgii Dupuis P.O. Box 117 - Hwy 93 Pablo, MT 59855	Member	↔	200.00	↔	t	€		May, 2008
Jeremiah Farrow 74108 Thornhollow Road Adams, OR 97810	Member	↔	100.00	€9	1	↔	1	May, 2004
Arvel Hale 610 South 96th Avenue Yakima, WA 98908	Member	↔	300.00	€	ì	<del>⇔</del>	1	May, 2004
Margie Hutchinson P.O. Box 89 Okanagon, WA 98840	Member	₩	300.00	€	•	€	ı	May, 2006
Ross Racine 100 North 27th, Suite 500 Billings, MT 59101-2054	Member	↔	300.00	↔	1	↔	1	May, 2007
David Tovey P.O. Box 783 North Bend, OR 94759-0061	Member	↔	100.00	↔	•	↔		May, 2005

Indian Land Tenure Foundation
41-2014273

Schedule A, Poge 2, Port III, Line 3a: 12-31-03

Indian Land Tenure Foundation (ILTF) disburses grants and contracts to meet its Mission and Strategies. The majority of grant awards are according to stipulations contained in Request For Proposal (RFP), which are submitted at the quarterly meetings. The stipulations are reviewed and approved by the Board of Directors. The RFP's are advertised on the ILTF web site and through direct mailing to tribes and organizations in ILTF's database. All proposals from RFP's are presented to the Board for consideration and final determination to fund or not fund.

Unsolicited request for funds when received are reviewed for applicability to Mission and Strategies and have not been covered under a RFP. The concept in the fund request is summarized and presented to the Board for determination to go forward or stop. If decision by Board is to go forward a grant application is provided to the petitioner for proposal development and completion. The proposal is submitted to the Board for consideration and final determination to fund or not fund.