

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.

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDIAN LAND TENURE FOUNDATION		D Employer identification number 41-2014273
		Doing Business As		E Telephone number 651-766-8999
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 151 E COUNTY RD B2		G Gross receipts \$ 3,394,411.
		City or town, state or country, and ZIP + 4 LITTLE CANADA, MN 55117		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: VIRGIL DUPUIS 151 EAST COUNTY ROAD B2, LITTLE CANADA, MN		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.INDIANLANDTENURE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 2002 M State of legal domicile: MN				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INDIAN LAND TENURE FOUNDATION'S MISSION IS TO ENSURE THAT ALL LANDS WITHIN NATIVE AMERICAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-24,311.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 269,622.	Current Year 1,016,477.
	9 Program service revenue (Part VIII, line 2g)	188,240.	273,682.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	456,325.	-1,969,319.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,857.	-830.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	912,330.	-679,990.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,136,808.	54,868.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,125,475.	858,265.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	40,835.	72,772.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 247,370.		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,619,444.	1,386,315.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,922,562.	2,372,220.
	19 Revenue less expenses. Subtract line 18 from line 12	-3,010,232.	-3,052,210.
	20 Total assets (Part X, line 16)	Beginning of Current Year 20,213,130.	End of Year 19,857,980.
	21 Total liabilities (Part X, line 26)	4,469,657.	4,086,572.
22 Net assets or fund balances. Subtract line 21 from line 20	15,743,473.	15,771,408.	

Part II Signature Block

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

Sign
Here

Signature of officer _____ Date _____

VIRGIL DUPUIS, BOARD CHAIR

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature **Lawrence H. Mohr CPA** Date **09/28/10** Check if self-employed ☐ Preparer's identifying number (see instructions) **P20447603**

Firm's name (or yours if self-employed), address, and ZIP + 4 **BAKER TILLY VIRCHOW KRAUSE, LLP**
225 S. 6TH ST. STE. 2300
MINNEAPOLIS, MN 55402

EIN ▶ **37-0859910**

Phone no. ▶ **(612) 876-4500**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

LAND WITHIN THE ORIGINAL BOUNDARIES OF EVERY RESERVATION AND OTHER AREAS OF HIGH SIGNIFICANCE WHERE TRIBES RETAIN ABORIGINAL INTEREST ARE IN INDIAN OWNERSHIP AND MANAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 107,773. including grants of \$) (Revenue \$)

THE INDIAN LAND TENURE FOUNDATION (ILTF) RECEIVED RENEWED FUNDING IN 2009 FROM THE NATIONAL RURAL FUNDERS COLLABORATIVE TO PARTNER WITH THE NATIVE AMERICAN COMMUNITY DEVELOPMENT CORPORATION (NACDC) TO WORK WITH INDIAN COMMUNITIES IN MONTANA ON SUSTAINABLE ECONOMIC DEVELOPMENT THROUGH STRATEGIES THAT FOCUS ON RECAPTURING, PROTECTING, AND UTILIZING TRIBAL ASSETS. THE OBJECTIVE OF THIS PROJECT IS TO WORK WITH INDIVIDUAL TRIBAL COMMUNITIES IN A FACILITATED PARTICIPATORY PROCESS UTILIZING A FOUR-TIER STRATEGIC PLANNING AND ACTION STRATEGY.

GRANTS AWARDED IN LATE 2008 AND CONTINUED IN 2009 BY ILTF WITH THE FORT BELKNAP AND FORT PECK INDIAN COMMUNITIES ON THEIR RESERVATIONS IN MONTANA ADDRESSED: 1) A CARBON SEQUESTRATION PROJECT; 2) A WORKFORCE

4b (Code:) (Expenses \$ 329,194. including grants of \$) (Revenue \$)

AS A RESULT OF THE ECONOMIC DOWNTURN AND REDUCED FUNDING FROM FOUNDATIONS AND GOVERNMENT, ESTATE PLANNING SERVICES WAS DRASTICALLY REDUCED IN 2009. THANKS TO THE FINAL YEAR OF A THREE-YEAR GRANT, THE NORTHWEST ESTATE PLANNING PROJECT WAS CONTINUED THROUGH 2009 WITH LIMITED STAFF. ANOTHER EFFECT OF THE ECONOMIC DOWNTURN SAW ILTF'S STAFF CAPACITY CUT IN HALF IN MAY 2009. THIS INCLUDED ENDING ITS FUNDING RELATIONSHIP WITH THE INSTITUTE FOR INDIAN ESTATE PLANNING AND PROBATE AT SEATTLE UNIVERSITY SCHOOL OF LAW WHICH WAS RESPONSIBLE FOR OVERSEEING AND ASSISTING WITH THE ACTIVITIES ASSOCIATED WITH THIS PROJECT.

DURING THE COURSE OF THIS WORK WE IDENTIFIED EFFECTIVE STRATEGIES TO

4c (Code:) (Expenses \$ 39,991. including grants of \$) (Revenue \$)

ESTATE PLANNING SERVICES WITH MIDWEST PLANNING WERE DISCONTINUED AS OF APRIL 30, 2009 AS A RESULT OF THE ECONOMIC DOWNTURN AND REDUCED FUNDING FROM FOUNDATIONS AND GOVERNMENT. MUCH OF THE WORK DURING THOSE FOUR MONTHS ADDRESSED ADMINISTRATIVE CLOSURE TO THE PROJECT. ANOTHER EFFECT OF THE ECONOMIC DOWNTURN SAW ILTF'S STAFF CAPACITY CUT IN HALF IN MAY 2009. THIS INCLUDED ENDING ITS FUNDING RELATIONSHIP WITH THE INSTITUTE FOR INDIAN ESTATE PLANNING AND PROBATE AT SEATTLE UNIVERSITY SCHOOL OF LAW WHICH WAS RESPONSIBLE FOR OVERSEEING AND ASSISTING WITH THE ACTIVITIES ASSOCIATED WITH THIS PROJECT.

DURING THE COURSE OF THE ESTATE PLANNING WORK WE IDENTIFIED EFFECTIVE STRATEGIES TO REDUCE FURTHER FRACTIONATION OF INDIVIDUAL INDIAN

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,047,736. including grants of \$ 54,868.) (Revenue \$ 273,682.)

4e Total program service expenses ► \$ 1,524,694.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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 II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	12
b Enter the number of voting members that are independent	1b	12
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MR. CRIS STAINBROOK - 651-766-8999**
151 EAST COUNTY ROAD B2, LITTLE CANADA, MN 55117

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VIRGIL DUPUIS BOARD CHAIR	1.50	X		X				0.	0.	0.
JOHN SIROIS BOARD VICE-CHAIR	1.50	X		X				0.	0.	0.
ERIC J GILES BOARD SECRETARY/TREASURE	1.50	X		X				0.	0.	0.
MARGIE HUTCHINSON MEMBER	1.50	X						0.	0.	0.
STACI EMM MEMBER	1.50	X						0.	0.	0.
JOSEPH HILLER MEMBER	1.50	X						0.	0.	0.
MARGIE HUTCHINSON MEMBER	1.50	X						0.	0.	0.
MICHAEL KOTUTWA JOHNSON MEMBER	1.50	X						0.	0.	0.
ROSS RACINE MEMBER	1.50	X						0.	0.	0.
WILLIAM TOVEY MEMBER	1.50	X						0.	0.	0.
DAWN BATTISTE MEMBER	1.50	X						0.	0.	0.
DAVID BAKER MEMBER	1.50	X						0.	0.	0.
CRIS STAINBROOK PRESIDENT	40.00			X				130,716.	0.	35,491.
D'ARCY BORDEAUX ACCOUNTANT, HR DIRECTOR	40.00			X				60,660.	0.	10,362.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								191,376.	0.	45,853.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	144,979.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	871,498.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,016,477.				
Program Service Revenue	2 a <u>LOAN PROGRAM INCOME</u>	Business Code 525990	256,679.	256,679.			
	b <u>MISCELLANEOUS REVENUE</u>	525990	17,003.	17,003.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		273,682.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		98,382.			98,382.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 2000618.					
	b Less: cost or other basis and sales expenses	4068319.					
	c Gain or (loss)	-2067701					
	d Net gain or (loss)		-2067701.			-2067701.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 5,252.					
	b Less: direct expenses	b 6,082.					
	c Net income or (loss) from fundraising events		-830.			-830.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.		-679,990.	273,682.		0.	-1970149.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	54,868.	54,868.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	237,229.	123,359.	71,169.	42,701.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	406,507.	219,565.	119,079.	67,863.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	163,294.	88,376.	49,464.	25,454.
10 Payroll taxes	51,235.	27,066.	15,616.	8,553.
11 Fees for services (non-employees):				
a Management				
b Legal	7,336.		7,336.	
c Accounting	32,617.		32,617.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	72,772.			72,772.
f Investment management fees	71,346.		71,346.	
g Other	646,099.	605,434.	40,198.	467.
12 Advertising and promotion	2,252.	135.	1,649.	468.
13 Office expenses	46,373.	32,256.	10,440.	3,677.
14 Information technology				
15 Royalties				
16 Occupancy	11,817.	4,417.	5,956.	1,444.
17 Travel	85,049.	22,457.	57,339.	5,253.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,899.	20,054.	7,528.	2,317.
20 Interest	63,222.		63,222.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,391.	37,783.	22,372.	12,236.
23 Insurance	7,263.	5,001.	837.	1,425.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBSIDIARY EXPENSES	265,715.	265,715.		
b MISCELLANEOUS EXPENSES	22,004.	3,687.	17,329.	988.
c DUES AND SUBSCRIPTIONS	10,827.	7,371.	3,301.	155.
d POSTAGE	10,043.	6,814.	2,162.	1,067.
e TRAINING AND EDUCATION	2,062.	336.	1,196.	530.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,372,220.	1,524,694.	600,156.	247,370.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	299,155.	1	
	2 Savings and temporary cash investments	2,323,912.	2	635,719.
	3 Pledges and grants receivable, net	466,667.	3	585,000.
	4 Accounts receivable, net	51,899.	4	133,764.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,049,411.	7	3,810,144.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,256.	9	1,017.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,235,180.		
	b Less: accumulated depreciation	10b 370,865.		
		928,684.	10c	864,315.
	11 Investments - publicly traded securities	9,714,606.	11	10,867,071.
	12 Investments - other securities. See Part IV, line 11	4,377,540.	12	2,960,950.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,213,130.	16	19,857,980.	
Liabilities	17 Accounts payable and accrued expenses	178,808.	17	69,833.
	18 Grants payable	590,849.	18	316,739.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	3,700,000.	23	3,700,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,469,657.	26	4,086,572.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	417,208.	27	685,864.
	28 Temporarily restricted net assets	15,326,265.	28	15,085,544.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,743,473.	33	15,771,408.
	34 Total liabilities and net assets/fund balances	20,213,130.	34	19,857,980.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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? _____

b Were the organization's financial statements audited by an independent accountant? _____

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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

2009

**Open to Public
Inspection**

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number

41-2014273

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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
- (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	182,194.	1132360.	2214801.	269,622.	1016477.	4815454.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	182,194.	1132360.	2214801.	269,622.	1016477.	4815454.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2204918.
6 Public support. Subtract line 5 from line 4.						2610536.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	182,194.	1132360.	2214801.	269,622.	1016477.	4815454.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	379,424.	516,456.	620,531.	606,041.	98,382.	2220834.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						7036288.
12 Gross receipts from related activities, etc. (see instructions)					12	673,384.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	37.10 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	40.45 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

INDIAN LAND TENURE FOUNDATION**41-2014273**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

INDIAN LAND TENURE FOUNDATION

41-2014273

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL RURAL FUNDERS COLLABORATIVE 402 N. GOOD LATIMER EXPWY DALLAS, TX 75204	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SAN MANUAL BAND OF MISSION INDIANS 26569 COMMUNITY CENTER DRIVE HIGHLAND, CA 92346	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number

41-2014273

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate contributions to (during year)	20.	
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	73,928.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,125.		43,125.
b Buildings		373,822.	113,961.	259,861.
c Leasehold improvements		544,864.	45,137.	499,727.
d Equipment		161,233.	150,746.	10,487.
e Other		112,136.	61,021.	51,115.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				864,315.

Schedule D (Form 990) 2009

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	-----------------------------------------------------

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.)

20

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-679,990.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,372,220.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,052,210.
4	Net unrealized gains (losses) on investments	4	3,080,145.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,080,145.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	27,935.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,328,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,080,145.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,080,145.
3	Subtract line 2e from line 1	3	-751,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,346.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	71,346.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-679,990.

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

1	Total expenses and losses per audited financial statements	1	2,300,874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,300,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,346.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	71,346.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,372,220.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number
41-2014273

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
POITRA CONSULTING			X	450,000.	40,790.	450,000.
BOOTH PUBLICATIONS			X	0.	31,982.	0.
Total				450,000.	72,772.	450,000.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, IL, KS, KY, ME, MD, MA, MI, MN, MS, NJ, NC, ND, OH, OK, OR, PA, SC
SD, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

► Attach to Form 990.

Employer identification number
41-2014273

Part I	General Information on Grants and Assistance
--------	----------------------------------------------

☒ Yes ☐ No

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: 1-A GRANTS MANAGEMENT DATABASE USED TO MAINTAIN

RECORDS AND GRANT AMOUNTS.

1-B GRANTEE MUST BE A 501C3 ENTITY, GOVERNMENT OR HAVE A FISCAL AGENT TO BE ELIGIBLE TO RECEIVE A GRANT

1-C GRANTEE'S PROJECT MUST FALL WITHIN ONE OF THE FOUR DEFINED AREAS OF GRANTMAKING CRITERIA: EDUCATION, CULTURE, ECONOMIC, AND/OR LEGAL REFORM.

1-C GRANTEE'S PROJECT MUST FALL WITHIN ONE OF THE FOUR DEFINED AREAS OF GRANTMAKING CRITERIA: EDUCATION, CULTURE, ECONOMIC, AND/OR LEGAL REFORM.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number

41-2014273

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	X
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p>	5b	X
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p>	6b	X
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p>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</p>	7	X
<p>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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Inspection

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number
41-2014273

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESERVATION BOUNDARIES IS UNDER NATIVE AMERICAN OWNERSHIP AND CONTROL.
OUR PRIMARY ACTIVITY IS GRANT-MAKING TO NATIVE AMERICAN TRIBES AND
OTHER ORGANIZATIONS THAT CAN ASSIST IN REACHING THAT GOAL.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING 2009, INDIAN LAND TENURE FOUNDATION CEASED OPERATION OF THE
INDIAN ESTATE PLANNING AND PROBATE DUE TO LACK OF FUNDING AND CURRENT
ECONOMIC CONDITIONS. SEATTLE UNIVERSITY, WHICH HOUSED THE OFFICE, TOOK
OVER THE OFFICE AND RENAMED IT THE CENTER FOR INDIAN LAW & POLICY.
INDIAN LAND HAS NO PLANS TO PROVIDE ESTATE PLANNING SERVICES IN THE
NEAR FUTURE UNLESS FUNDING IS OBTAINED TO DO SO.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRAINING AND LAND DEVELOPMENT PROJECT; AND 3) A SACRED SITE PROTECTION
AND EDUCATION PROJECT FOR ECONOMIC DEVELOPMENT. THROUGH OUR PARTNER,
NACDC, LOCAL, CITY, COUNTY, STATE AND FEDERAL GOVERNMENT OFFICIALS AND
MEMBERS OF THE BUSINESS COMMUNITY PARTICIPATED IN ECONOMIC DEVELOPMENT
PLANNING SESSIONS WHICH OPENED IMPORTANT DIALOGUE WITH THE NON-INDIAN
COMMUNITY TO HELP BREAK DOWN BARRIERS OF RACE, CLASS CULTURE, POWER,
POLICY AND THE TRIBE'S PARTICIPATION IN THE DEVELOPMENT EFFORT.

DURING 2009 SIGNIFICANT PROGRESS WAS MADE ON ALL THREE GRANTS.

SPECIFICALLY, THE CARBON SEQUESTRATION PROJECT FOUGHT THROUGH VARIOUS
STRUGGLES INCLUDING ACCESSING INFORMATION FROM THE BIA. THE TRIBE IS
IN NEGOTIATIONS TO CONTRACT APPROXIMATELY 189,218 ACRES OF RANGELAND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number
41-2014273

WITH THE NATIONAL CARBON OFFSET COALITION, AS WELL AS DEVELOPING A
MANAGEMENT PLAN AND DRAFTING A HANDBOOK DESIGNED TO IDENTIFY THE STEPS
TO COMPLETE A CARBON SEQUESTRATION SALE. THE GRANTEE INVOLVED IN THE
WORKFORCE TRAINING AND LAND DEVELOPMENT PROJECT HAS CREATED A DRAFT
TRAINING HANDBOOK AND IS WORKING WITH THE COMMUNITY COLLEGE IN
CONDUCTING A TRAINING SESSION BASED ON THE DEFINED PROCESS. THE SACRED
SITE PROTECTION AND EDUCATION PROJECT GRANT WAS AWARDED IN AUGUST OF
2008. UNFORTUNATELY, ALTHOUGH THE MAJORITY OF THE RESEARCH FOR THIS
GRANT WAS COMPLETED, THE TRIBAL DEPARTMENT RESPONSIBLE FOR COMPLETING
THIS GRANT WAS CLOSED IN THE MIDST OF THE ECONOMIC RECESSION AND THE
FINAL COMPONENT OF REPORTING AND DISSEMINATION OF INFORMATION WAS NOT
COMPLETED.

MEETINGS WERE HELD REGULARLY WITH TRIBAL GOVERNMENTS AND VARYING LEVELS
OF CITY, COUNTY, STATE OR FEDERAL GOVERNMENT OFFICIALS TO DISCUSS THE
GOALS OF THE PROJECT. THE FOCUS OF THESE MEETINGS WAS ON COMMUNITY
DEVELOPMENT, WORKFORCE DEVELOPMENT, ECONOMIC REVITALIZATION, QUALITY
COMMUNITY, QUALITY ENVIRONMENT AND QUALITY WORKFORCE. AS A RESULT OF
THE MEETINGS, RECOMMENDATIONS WERE MADE FOR A COMPREHENSIVE VISION TO
BE DEVELOPED TO ADDRESS HOW THE VARIOUS ASPECTS OF THE COMMUNITY FIT
TOGETHER ACROSS JURISDICTIONS AND OVER TIME. A WORKING GROUP WAS
FORMED WITH A GOAL OF DEVELOPING A GENERAL SET OF GUIDELINES, A
MEMORANDUM OF UNDERSTANDING (MOU), TO WORK TOGETHER TO INCREASE
COMMUNICATION, COOPERATION AND COORDINATION ACROSS ALL JURISDICTIONS
AND TO PROMOTE THE INTERESTS OF ALL PARTIES INVOLVED. ONCE COMPLETED,
THE PLAN WILL CONCENTRATE ON EXISTING LAND USES AND POSSIBLE NETWORKS

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

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Employer identification number
41-2014273

AND CONNECTIONS BETWEEN EXISTING LAND USES AND FUTURE GROWTH AND
DEVELOPMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

REDUCE FURTHER FRACTIONATION OF INDIVIDUAL INDIAN ALLOTMENTS AND
CONSOLIDATE FRACTIONATED ALLOTMENTS. THESE STRATEGIES INCLUDED
COMMUNITY EDUCATION ON THE INDIAN ESTATE PLANNING PROCESS AND USE OF
MULTIPLE INSTRUMENTS SUCH AS GIFT DEEDS, EXCHANGES, TRUSTS AND LAND
SALES. LAW SCHOOL STUDENTS WERE SELECTED AND TRAINED FOR EXTERNSHIPS ON
RESERVATIONS WHERE THEY PROVIDED ESTATE PLANNING AND EDUCATION SERVICES
UNDER ATTORNEY SUPERVISION. DIRECT LEGAL REPRESENTATION FOR INDIAN
CLIENTS ON PROBATE ISSUES AND CONTINUING LEGAL EDUCATION TRAINING FOR
ATTORNEYS ON INDIAN PROBATE ISSUES WAS ALSO PROVIDED. DURING 2009 WILL
WRITING AND ESTATE PLANNING SERVICES WERE FOCUSED PRIMARILY ON TWO
RESERVATIONS IN EASTERN WASHINGTON WHERE THERE WAS A CONTINUOUS DEMAND
FOR SERVICES. IN OTHER AREAS OF THE NORTHWEST, ILTF MADE A CONCERTED
EFFORT TO DISSEMINATE INFORMATION ABOUT AIPRA INCLUDING A FOUNDATION
TABLOID, THE MESSAGE RUNNER, DEALING SPECIFICALLY WITH AIPRA AND WILL
WRITING.

THE 10-YEAR BENCHMARK TARGETS 10,000 WILLS WRITTEN AND 5,000 OTHER
ESTATE PLANNING DOCUMENTS. A CULMINATION OF THE PAST THREE YEARS ON
ALL ESTATE PLANNING PROJECTS SHOWS SERVICES AND/OR INFORMATION WAS
PROVIDED TO NEARLY 12,000 INDIAN PEOPLE RELATED TO THEIR
INTERGENERATIONAL TRANSFER OF THEIR LAND ASSET. 535 ESTATE PLANNING
DOCUMENTS WERE PREPARED AND EXECUTED FOR CLIENTS, 17 LAW STUDENTS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number
41-2014273

GAINED PRACTICAL EXPERIENCE IN INDIAN LAW, 10,776 PEOPLE ATTENDED
COMMUNITY EDUCATION EVENTS ON ESTATE PLANNING AND LAND CONSOLIDATION
TRAINING, AND APPROXIMATELY 2,150 RECEIVED WRITTEN MATERIAL ABOUT THE
PROBATE LAW AND NEED FOR HAVING A WILL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ALLOTMENTS AND CONSOLIDATE FRACTIONATED ALLOTMENTS. THESE STRATEGIES
INCLUDED COMMUNITY EDUCATION ON THE INDIAN ESTATE PLANNING PROCESS AND
USE OF MULTIPLE INSTRUMENTS SUCH AS GIFT DEEDS, EXCHANGES, TRUSTS AND
LAND SALES. LAW SCHOOL STUDENTS WERE SELECTED AND TRAINED FOR
EXTERNSHIPS ON RESERVATIONS WHERE THEY PROVIDED ESTATE PLANNING AND
EDUCATION SERVICES UNDER ATTORNEY SUPERVISION. DIRECT LEGAL
REPRESENTATION FOR INDIAN CLIENTS ON PROBATE ISSUES AND CONTINUING
LEGAL EDUCATION TRAINING FOR ATTORNEYS ON INDIAN PROBATE ISSUES WAS
ALSO PROVIDED. DURING 2009 ILTF CONTINUED TO MAKE A CONCERTED EFFORT
TO DISSEMINATE INFORMATION ABOUT AIPRA INCLUDING A FOUNDATION TABLOID,
THE MESSAGE RUNNER, DEALING SPECIFICALLY WITH AIPRA AND WILL WRITING.

THE 10-YEAR BENCHMARK TARGETS 10,000 WILLS WRITTEN AND 5,000 OTHER
ESTATE PLANNING DOCUMENTS. A CULMINATION OF THE PAST THREE YEARS ON
ALL ESTATE PLANNING PROJECTS SHOWS SERVICES AND/OR INFORMATION WAS
PROVIDED TO NEARLY 12,000 INDIAN PEOPLE RELATED TO THEIR
INTERGENERATIONAL TRANSFER OF THEIR LAND ASSET. 535 ESTATE PLANNING
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COMMUNITY EDUCATION EVENTS ON ESTATE PLANNING AND LAND CONSOLIDATION

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TRAINING, AND APPROXIMATELY 2,150 RECEIVED WRITTEN MATERIAL ABOUT THE
PROBATE LAW AND NEED FOR HAVING A WILL.

FORM 990, PART VI, SECTION B, LINE 11: EACH BOARD MEMBER RECEIVES A COPY
OF THE 990 BEFORE IT IS FILED. AN OVERVIEW IS CONDUCTED BY THE PRESIDENT,
WITH SPECIAL ATTENTION DRAWN TO NOTEWORTHY SECTIONS SUCH AS PUBLIC SUPPORT
TESTING, PROGRAM EXPENSES, ETC.

FORM 990, PART VI, SECTION B, LINE 12C: OUR POLICY PROVIDES EXAMPLES OF
RELATIONSHIPS THAT COULD CONSTITUTE A CONFLICT OF INTEREST. THE POLICY IS
GIVEN TO BOARD MEMBERS AT THEIR ANNUAL MEETING, AT WHICH TIME THEY ARE
ASKED TO DISCLOSE ANY INDIVIDUALS AND/OR ORGANIZATIONS WITH WHICH A
CONFLICT OF INTEREST MIGHT EXIST. EACH MEMBER ACKNOWLEDGES RECEIPT OF AND
UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY VIA SIGNATURE ON AN ANNUAL
BASIS. ANY MEMBER HAVING A CONFLICT OF INTEREST CANNOT PARTICIPATE IN
EITHER DELIBERATIONS OR DECISIONS ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD USED COMPENSATION
SURVEYS CONDUCTED BY THE MINNESOTA COUNCIL ON FOUNDATIONS AND LIKE
ORGANIZATIONS TO ASSIST IN DETERMINING THE COMPENSATION OF KEY EMPLOYEES.
SUCH COMPARABILITY STUDIES WERE CONDUCTED IN 2002 AND 2003. OUR BOARD
MEMBERS RECEIVE NO COMPENSATION AND SERVE ON A VOLUNTEER BASIS.

FORM 990, PART VI, SECTION C, LINE 19: ANY REQUESTS FOR SUCH DOCUMENTS ARE
MADE DIRECTLY TO THE ORGANIZATION, WHICH CAN FULFILL THE REQUESTS
ELECTRONICALLY OR IN OTHER FORMATS AS NECESSARY. GENERALLY, WE DISCLOSE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
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Name of the organization

INDIAN LAND TENURE FOUNDATION

Employer identification number

41-2014273

OUR FINANCIALS AS PART OF OUR ANNUAL REPORT WHICH IS DISTRIBUTED TO DONORS
AND OTHERS.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR
YEAR.

AMENDING FORM 990

CHANGES TO FORM 990, PART VI & PART VII AND SCHEDULE G, PART I

INDIAN LAND TENURE FOUNDATION IS AMENDING THE 2009 FORM 990 DUE TO THE
FOLLOWING ADDITIONS:

FORM 990, PART VI & PART VII - ADDED DAVID BAKER TO THE LIST OF
DIRECTORS, INCREASING THE TOTAL NUMBER OF VOTING MEMBERS WHO ARE
INDEPENDENT TO TWELVE.

FORM 990, PART IX, LINE 11E - FEES FOR SERVICES: PROFESSIONAL
FUNDRAISING SERVICES EXPENSES INCREASED FROM \$40,790 TO \$72,772 DUE TO
THE ADDITION OF BOOTH PUBLICATIONS UNDER FUNDRAISING ACTIVITIES. THE
ADDITIONAL AMOUNT OF \$31,982 WAS RECLASSIFIED OUT OF LINE 11G: "OTHER".

SCHEDULE G, PART I - ADDED AN ADDITIONAL FUND RAISING ACTIVITY. NAME OF
FUNDRAISER IS BOOTH PUBLICATIONS, WITH AMOUNTS PAID TO (OR RETAINED BY)
THE FUNDRAISER OF \$31,982.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
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41-2014273

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) INDIAN LAND CAPITAL COMPANY		A	40,194.
(2)			
(3)			
(4)			
(5)			
(6)			

Form 8453-EO Department of the Treasury Internal Revenue Service	Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2009, or tax year beginning _____, 2009, and ending _____, 20____ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B ▶ See instructions.	OMB No. 1545-1878 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2009</div>
Name of exempt organization <div style="text-align: center; font-weight: bold;">INDIAN LAND TENURE FOUNDATION</div>		Employer identification number <div style="text-align: center;">41-2014273</div>

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	-679990
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 990-B check here ▶ <input type="checkbox"/>	b Balance due (Form 990-B, line 3c)	5b	

Part II Declaration of Officer

- 6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmittal, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

BOARD CHAIR

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ LAWRENCE H. MOHR, CPA	Date 09/28/10	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00447603
	Firm's name (or yours if self-employed), address, and ZIP code ▶ BAKER TILLY VIRCHOW KRAUSE, LLP 225 S. 6TH ST. STE. 2300 MINNEAPOLIS, MN 55402				EIN 39-0859910 Phone no. (612) 876-4500

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

Paid Preparer's Use Only

 Preparer's signature
 Firm's name (or yours if self-employed), address, and ZIP code

Date

 Check if self-employed ☐

Preparer's SSN or PTIN

EIN

Phone no.