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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010	D Employe	er identification number
		pplicable	C Name of organization INDIAN LAND TENURE FOUNDATION		
_	ress ch	_	Doing Business As	41-201	4273
	ne char	_		E Telepho	ne number
_	al retur minated		Number and street (or P O box if mail is not delivered to street address) Room/suite 151 E COUNTY RD B2	(651)7	66-8999
	ended r	return pending	City or town, state or country, and ZIP + 4 LITTLE CANADA, MN 55117	G Gross red	eıpts \$ 3,633,072
, 466	ilcation	pending	F Name and address of principal officer H(a) is this agr		
			JOHN SIROIS	oup return for a	affiliates? Yes No
			151 EAST COUNTY ROAD B2 LITTLE CANADA, MN 55117 H(b) Are all aff	iliates includ	ed?
			If "No,"		ıst (see ınstructions)
I Tax	k-exem	pt status	▼ 501(c)(3)	exemption	number 🟲
J W	ebsit e	: - ww	W ILTF ORG		
K Forn	n of org	ganızatıon	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	ation 2002	M State of legal domicile
Pa	rt I	Sum	mary		MIN
Activities & Governance	I F	NDIÁN RESERV	escribe the organization's mission or most significant activities LAND TENURE FOUNDATION'S MISSION IS TO ENSURE THAT ALL LANDS WITHI ATION BOUNDARIES IS UNDER NATIVE AMERICAN OWNERSHIP AND CONTROL MAKING TO NATIVE AMERICAN TRIBES AND OTHER ORGANIZATIONS THAT CA	OURPR	IMARY ACTIVITY IS
8 05	3 (hack th	ıs box ┡┌ ıf the organization discontinued its operations or disposed of more than 25%	6 of its no	t accots
26 40			of voting members of the governing body (Part VI, line 1a)	1	11
ĕ			of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	11
톭			nber of individuals employed in calendar year 2010 (Part V, line 2a)		
ă			nber of volunteers (estimate if necessary)		
			elated business revenue from Part VIII, column (C), line 12	7	a 0
	ЬΝ	Net unrel	ated business taxable income from Form 990-T, line 34	7	b -22,699
			Prior Y	ear	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)	1,016,47	71,724
	9	Progra	m service revenue (Part VIII, line 2g)	273,68	246,448
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	1,969,31	372,949
<u> </u>	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-83	500,000
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	-679,990	1,191,121
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	54,868	
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)	(0
88	15	Salarıe 10)	s, other compensation, employee benefits (Part IX, column (A), lines 5-	858,26	723,193
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	72,77	2 0
ੜੇ	b	Total fur	ndraising expenses (Part IX, column (D), line 25) • 239,514		
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,386,31	1,113,463
	18	Total e	xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,372,22	2,165,911
	19	Revenu	ue less expenses Subtract line 18 from line 12:	3,052,21	-974,790
Net Assets or Fund Bafances			Beginning o Yea		End of Year
A.S.S.	20			9,857,980	
ep d	21			4,086,57	
	22 () (sets or fund balances Subtract line 21 from line 20	5,771,408	16,024,870
Under	penal edge a	ties of pe	erjury, I declare that I have examined this return, including accompanying schedules and state, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all		
Sign Here	:	JOHN Type	ture of officer Date SIROIS BOARD CHAIR or print name and title		
		Print/Type preparer's	LAWDENCE H MOHD LAWDENCE H MOHD Date City	eck if self- ployed 🕨	_ PTIN
Paid Prepa		Fırm's nan	ne BAKER TILLY VIRCHOW KRAUSE LLP	<u>'</u>	Firm's EIN 🕨
Use (г	Fırm's add	Iress • 225 S 6TH ST STE 2300		Phone no (612) 876-4500

Form	990 (2010) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission D WITHIN THE ORIGINAL BOUNDARIES OF EVERY RESERVATION AND OTHER AREAS OF HIGH SIGNIFICANCE WHERE TRIBES AIN 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 343,061 including grants of \$ 177,590) (Revenue \$) THE INDIAN LAND TENURE FOUNDATION CONTINUES DEVELOPING OUTREACH FOR ADAPTATION AND IMPLEMENTATION OF THE CURRICULUM "LESSONS OF OUR LAND AN INTERDISCIPLINARY INDIAN LAND CURRICULUM FOR HEAD START AND K-12 " GRANTEES CONTINUE TO WORK TOWARDS ADAPTING THE CURRICULUM, STATE SPECIFIC FOR IDAHO, MONTANA, SOUTH DAKOTA, CALIFORNIA AND MINNESOTA ADDITIONALLY, INDIVIDUAL SCHOOL DISTRICT IN CALIFORNIA TO WORK ON ADAPTING AND IMPLEMENTING THE CURRICULUM TO THEIR LOCAL COMMUNITIES, INCLUDING ROUND VALLEY UNIFIED SCHOOL DISTRICT IN CALIFORNIA WHO IS ADAPTING THE CURRICULUM, OFFERING TWO TEACHER DEVELOPMENT TRAININGS FOR CALIFORNIA TEACHERS AND DEVELOPING STRATEGIES FOR IMPLEMENTATION FALL OF 2011 OTHER EDUCATIONAL EFFORTS INCLUDE A GRANT TO THE NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE IN MINNESOTA TO DEVELOP A PLAN FOR DISSEMINATION OF "DAKOTA LANDS IN MINNESOTA" RESEARCH PROJECT INFORMATION TO LOCAL INDIAN AND NON-INDIAN COMMUNITIES AT THE ALL MY RELATIONS ART GALLERY AS WELL AS DRAFTING A MANUSCRIPT FOR PUBLISHING THE SAINT PAUL PUBLIC SCHOOLS GRANT WRAPPED UP IN 2010 WITH 64 SCHOOLS IN THE DISTRICT INCORPORATING ANCHOR LESSONS FROM THE ILTF CURRICULUM IN THE K-12 GRADES, REACHING OVER 38,000 STUDENTS OVER THE THREE YEARS OF THE PROGRAM ASSESSMENTS WERE CONDUCTED SHOWING THAT 92 5% OF ALL STUDENTS WHO COMPLETED THE EVALUATIONS SHOWED INCREASED KNOWLEDGE ON INDIAN LAND TENURE ISSUES ADDITIONALLY, AMERICAN INDIAN STUDENTS RECEIVED INSTRUCTION IN THE CURRICULUM THROUGH THE AMERICAN INDIAN EDUCATION PROGRAM (AIEP) PULL-OUT CLASSES WITH GUIDANCE FROM A PARENT ADVISORY COMMITTEE
4b	(Code) (Expenses \$ 245,457 including grants of \$) (Revenue \$ 241,827)
-	THE MISSION OF THE INDIAN LAND TENURE FOUNDATION IS "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" IN ORDER TO WORK TOWARDS THE MISSION, ILTF, IN COLLABORATION WITH THE NATIVE AMERICAN COMMUNITY DEVELOPMENT CORPORATION (NACDC) RECOGNIZED A NEED TO BRIDGE THE GAP IN LENDING TO TRIBES THE INDIAN LAND CAPITAL COMPANY (ILCC) WAS CREATED AS A FOR-PROFIT TO ADDRESS THOSE NEEDS IN INDIAN COUNTRY LAND OWNERSHIP PATTERNS PREVALENT THROUGHOUT INDIAN COUNTY, WHERE THE U S FEDERAL GOVERNMENT HOLDS MUCH OF THE LAND IN "TRUST" FOR INDIAN PEOPLE AND TRIBES, CREATES A VERY CHALLENGING SITUATION FOR TRIBES WANTING TO FINANCE THE PURCHASE OF LAND WITHIN RESERVATION BOUNDARIES FOR MOST FINANCIAL LENDING INSTITUTIONS, A FORM OF COLLATERAL IS REQUIRED HOWEVER, SINCE THE FEDERAL GOVERNMENT OWNS TITLE TO THE LAND, IT IS VIRTUALLY IMPOSSIBLE TO FOR INDIAN NATIONS TO FIND LENDING OPTIONS ILCC FILLS THIS NEED HOWEVER, IN ORDER TO QUALIFY FOR A LOAN, TRIBES MUST DEVELOP A STRATEGIC LAND PLAN THIS IS WHERE ILTF AND NACDC, AS NON-PROFIT PARTNERS, COME INTO PLAY ILTF AND NACDC PROVIDE THE TECHNICAL SUPPORT AND GRANTS TO TRIBES FOR THE DEVELOPMENT OF A STRATEGIC LAND PLAN WHICH PLAYS AN INTEGRAL PART IN OBTAINING FUNDING FROM THE ILCC FOR SECURING A LOAN FOR LAND PURCHASES TO DATE, OVER 7,000 ACRES OF ANCESTRAL HOMELANDS HAVE BEEN PURCHASED BY THE BLACKFEET TRIBE IN MONTANA, SNOQUALMIE TRIBE IN WASHINGTON, YUROK TRIBE IN CALIFORNIA, LOWER SIOUX TRIBE IN MINNESOTA, AND THE SHOALWATER BAY TRIBE IN WASHINGTON ILTF AND NACDC CONTINUE TO WORK WITH TRIBES AND POTENTIAL FUNDERS IN ORDER TO CREATE ADDITIONAL OPPORTUNITIES FOR TRIBES TO PURCHASE LOST HOMELANDS AS THEY BECOME AVAILABLE IN A STRATEGIC AND PLANNED MANNER
4c	(Code) (Expenses \$ 61,824 including grants of \$) (Revenue \$)
70.	THE INDIAN LAND TENURE FOUNDATION (ILTF) RECEIVED RENEWED FUNDING IN 2010 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 THE PROJECT WAS TO WORK WITH INDIVIDUAL TRIBAL COMMUNITIES IN A FACILITATED PARTICIPATORY PROCESS UTILIZING A FOUR-TIER STRATEGIC PLANNING AND ACTION STRATEGY IN TOTAL, THREE GRANTS WERE AWARDED IN 2008 TO THE FORT BELKNAP AND FORT PECK INDIAN COMMUNITIES IN MONTANA TO ADDRESS VARIOUS ACTIVITIES DURING 2010 ALL THREE GRANTS WERE COMPLETED ONE GRANT AWARDED TO THE FORT PECK INDIAN TRIBE WAS FOR THE CARBON SEQUESTRATION PROJECT TO DEVELOP A MANAGEMENT PLAN AND HANDBOOK DESIGNED TO LAY OUT THE STEPS NECESSARY FOR COMPLETION OF A CARBON SEQUESTRATION SALE THIS HANDBOOK WAS COMPLETED AND WILL BE SHARED WITH INDIAN NATIONS DESCRIBING THE SALE PROCESS THE TRIBE IS STILL IN NEGOTIATIONS TO CONTRACT APPROXIMATELY 189,218 ACRES OF RANGELAND WITH THE NATIONAL CARBON OFFSET COALITION, BUT IS WAITING FOR THE PRICE TO GO UP BEFORE COMMUNITY WORK WAS COMPLETED ON A USER HANDBOOK AND TRAINING SESSIONS DEVELOPED AND OFFERED THROUGH THE FORT PECK COMMUNITY COLLEGE THE COLLEGE ANTICIPATED UTILIZING THE HANDBOOK AND TRAINING SESSIONS DEVELOPED AND OFFERED THROUGH THE FORT PECK COMMUNITY COLLEGE THE COLLEGE ANTICIPATED UTILIZING THE HANDBOOK AND TRAINING SESSIONS DEVELOPED AND OFFERED THROUGH THE FORT PECK COMMUNITY COLLEGE THE COLLEGE ANTICIPATED UTILIZING THE HANDBOOK AND TRAINING SESSIONS AS A PART OF THEIR CONSTRUCTION PROJECTS IN 2011 FORT BELKNAP INDIAN TRIBE WAS AWARDED A GRANT TO RESEARCH AND DEVELOP A COMPREHENSIVE, CULTURALLY APPROPRIATE AND SUSTAINABLE SACRED SITE PROTECTION AND PRESERVATION PLAN FOR THE AREA KNOWN AS GRINNELL NOTCH EXTENSIVE RESEARCH AND IDENTIFICATION OF ADDITIONAL SACRED SITES WERE DOCUMENTED UNFORTUNATELY, WITH MINIMAL WORK MAS

4d Other program services (Describe in Schedule O) See also Additional Data for Description 151,665) (Revenue \$ (Expenses \$ 726,261 including grants of \$

Total program service expenses►\$ 4e

1,376,603

4,621)

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		No
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</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \checkmark Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

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Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance

Check if Schedule C contains a response to any question in the Part V Vex No. No.		990 (2010)			Page 5
Service the number reported in 80x 3 of some 1056. Sinter Doubt of applicable 10	Pa			_	
and an other the number reported in lace 3 of Form 10% enter 10 of Photoappicable 5 country the number of Forms W-20 includes in line 1a. Other 9-7 (fines applicable) 6 country (another) where the cumber of Forms W-20 includes in line 1a. Other 9-7 (fines applicable) 2 country (another) where the cumber of Photoappicable and the country of P		Check is schedule of contains a response to any question in this part v	• •		No
be Stated the number of Forms W. 20 included in line 1a. Enter-O-life of applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		163	
Dut the organization comply with backup withholding rules for reportable payments to venders and reportable payments to venders and reportable payments from the payments of payments or personal organizations and reportable payments from the payments or personal payments are provided from the calendar year anding orth or within this year covered by this payment to receive the calendar year anding orth or within this year covered by this payment to receive the calendar year and reportable payment than returns? Note, if the sum of lines is and 2 as greater than 250, you may be required to e-tile (see instructions). The payment of the organization have unrelated assesses gross in come of \$1,000 or more suming the year? The payment of the analysis of the payments of the organization in the set interest in, or a significant or other financial accounts of the organization and the payments of the payment of the organization have annual gross receipts that are normally expect that payment on the payment of the paymen			5		
and many (sembline) with major to prize without \$2.0 First the number of imployees resorted on Firm W-3.7. Frame midal of Waye and Tax Statements field for the calendar year anding with or within the year covered by this grade in the property of the calendar year anding with or within the year covered by this grade in the property of the calendar year anding with or within the year covered by this grade in the year of the property of the calendar year and grade and grade in the year of year of the year of year of the year of the year of y	D	the number of Forms W-2G included in line 1a Enter -U- if not applicable 1b			
2a ester the number of employees reported on From W-3. Transcritated "Yage and Tax Sadements falls for the calinated year ending with normal to the state of the calinated of the calinated system of the state of the calinated o	c		1c		
the first in sold one in ego, dot the organization file all required feeral employment tax seturns? Note. If the sum of lines 1 a and 2 are greater than 250, you may be required to e-file (see instructions) All of the organization have unrelated business gross income of \$1,000 or more allumption of the organization for the system of \$1,000 or more allumption or \$1,000 or \$1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2 are greater than 250, you may be required to enfire (see instructions) 30		 	,		
Note: If the sum of times 1e and 2e is greater than 250, you may be required to -nife (see instructions) 8	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?] 2h	Vac	
year? year? year? his fiftyear, has it field a Form 990-T for this year? If No.* provide an explanation in Schedule 0. his fiftyear, has it field a Form 990-T for this year? If No.* provide an explanation in Schedule 0. his fiftyear, has it field a Form 990-T for this year? If No.* provide an explanation in Schedule 0. his fiftyear, ander the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts by Iffyear, enter the name of the foreign country. by Iffyear, enter the name of the foreign country. by Iffyear, enter the name of the foreign country. by Iffyear, one of the name of the foreign country. by Did any taxable party notify the organization had it was or as a party to a prohibited tax shalter transaction? ciffyear to line So or Sb, did the organization his Form 8836-T2. 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization between the twee not tax deductible? 51 52 53 54 55 65 66 66 Cover the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to incide with very colorization an express statement that such contributions or girls were not tax deductible? 66 67 68 69 16**Teres, do do the organization to incide with very colorization an express statement that such contributions or girls were not tax deductible? 60 61**Teres, do do the organization notify the donor of the value of the goods or services provided? 71 62 63 64 65 66 67 67 67 67 67 67 67 67		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. 40 At any time during the calendar year, dot the organization have an interest in, or a signature or other authority one, a financial account in a freege country (but has a binal account), according to the control of the region of the country. 51 If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bink and Financial Accounts 52 Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 53 Did any taxable party neity the organization that it was or is a party to a prohibited tax shalter transaction? 54 Did any taxable party neity the organization that it was or is a party to a prohibited tax shalter transaction? 55 C S S S S S S S S S S S S S S S S S S	3a			l	
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b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
Form 990 (20	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI										. F	7
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Se	ction A. Governing Body and Management			
			Yes	No
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1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	14	163	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a 15b	Yes	
ь		130	res	
	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	Yes	
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	Yes	
Se	ction 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 Form 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

(651) 766-8999

- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 MR CRIS STAINBROOK 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi	tion (that a	C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DAVID BAKER MEMBER	1 50	Х						0	0	0
(2) DAWN BATTISTE MEMBER	1 50	Х						0	0	0
(3) VIRGIL DUPUIS CHAIRMAN	1 50	Х		Х				0	0	0
(4) STACI EMM MEMBER	1 50	Х						0	0	0
(5) ERICK GILES SECRETARY/TREASURER	1 50	Х		Х				0	0	0
(6) JOSEPH HILLER MEMBER	1 50	Х						0	0	0
(7) MARGIE HUTCHINSON MEMBER	1 50	Х						0	0	0
(8) MICHAEL JOHNSON MEMBER	1 50	Х						0	0	0
(9) ROSS RACIN MEMBER	1 50	Х						0	0	0
(10) JOHN SIROIS VICE-CHAIRMAN	1 50	х		Х				0	0	0
(11) WILLIAM TOVEY MEMBER	1 50	Х						0	0	0
(12) CRIS STAINBROOK PRESIDENT	40 00			Х				125,000	0	38,487
(13) D'ARCY BORDEAUX ACCOUNTANT/HR DIRECTOR	40 00			Х				55,365	0	10,527
(14) JASON BOOTH VP OF DEVELOPMENT AND COMMUNICATIONS	40 00			х				68,750	0	15,484
(15) TERRY JANIS PROGRAM OFFICER	40 00					х		80,000	0	27,540
(16) PATRICIA CHASE OFFICE MANAGER/GRANTS MANAGER	40 00					х		49,564	0	15,557

\$100,000 in compensation from the organization **F**0

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

	(A) Name and Title	Name and Title Average Position (check all Reportable Reportable that apply) compensation compensation										(F) Estima amount o compens	ited f other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relate organiza	:he on and ed
											+		
											‡		
,	Sub-Total							▶					
С	Total from continuation sheet	s to Part VII, Sec	tion A				>						
t	Total (add lines 1b and 1c) .							Þ	249,115		0		64,498
	Total number of individuals (in \$100,000 in reportable compe					ted	above)) who	received more tha	n			
	Did the organization list any fc	•						ee, o	or highest compens	ated employee		Yes	No
	on line 1a? If "Yes," complete S	chedule J for such	ındıvıd	u <i>al</i>		•	•	•			3		Νo
	For any individual listed on line organization and related organization and related organizations.										4	Yes	
	Did any person listed on line 1 services rendered to the organ									r individual for	5		Νο
C -	ction B. Independent Co	ntractors											
<u> </u>	Complete this table for your five \$100,000 of compensation fro	e highest comper		ndep	ende	ent c	ontrac	tors	that received more	than			
		(A) ame and business add							Descr	(B) iption of services		(C) Compen	
_													
_													
_									<u> </u>		-		

Form 9							P	age 9
Part \	VIII	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
						revenue		tax under
								sections
								512,
								513, or 514
29.22	1a	Federated campaigns	1 a					314
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
		Fundraising events						
±£°								
% E		Related organizations						
<u> 등</u> 등		Government grants (contributions)						[
돌	f	All other contributions, gifts, grants similar amounts not included above	, and 1f e	71,724				
H O	g	Noncash contributions included in li	nes 1a-1f \$					
<u>5</u> €	h	Total. Add lines 1a-1f			71,724			
				Business Code				
Program Serwce Revenue	2a	LOAN PROGRAM INCOME		525990	241,827	241,827		
95 Se	b	MISCELLANEOUS REVENUE		525990	4,621			
- es	С							
er K	d							
ع د	е							
ଫ୍ର	f	All other program service re-	venue					
Š	g	Total. Add lines 2a-2f			246,448			
	3	Investment income (includin			,			
		and other similar amounts)			303,605			303,605
	4	Income from investment of tax-ex	empt bond proceeds					
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of	2,511,295					
		assets other than inventory						
	b	Less cost or other basis and	2,441,951					
		sales expenses	69,344					
		Gain or (loss)	<u> </u>		69,344			69,344
άs		Net gain or (loss)			05,544			05,544
Other Revenue	Ou	(not including	ng events					
⊕ >-		\$	line 1 a)					
č		of contributions reported on See Part IV, line 18						
<u> </u>			а					
ŏ		Less direct expenses .						
		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
		Net income or (loss) from ga		ь				
		Gross sales of inventory, les						
		returns and allowances .						
			a					
		Less cost of goods sold .	_					
	С	Net income or (loss) from sa	les of inventory F	Business Code				
	11-	Miscellaneous Revenue		Business Code 900099	500,000			500,000
	_	CLASS-ACTION SETTLEM	<u>= IN</u>	300039	500,000			300,000
	b		<u></u>					
	٥							<u> </u>
		All other revenue Total. Add lines 11a-11d	•					
		iotal. Aud mies 11a-11d			500,000			
	12	Total revenue. See Instructi	ons	ļ		246 445	_	972.040

Part IX Statement of Functional Expenses

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

A	ll other organizations must complete column (A) but are not required to c	•	ns (B), (C), and	` 	
	ot include amounts reported on lines 6b, o, 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	329,255	329,255		
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	313,613	139,682	92,517	81,414
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	273,519	119,754	80,131	73,634
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	94,606	44,901	28,658	21,047
10	Payroll taxes	41,455	17,792	12,617	11,046
а	Fees for services (non-employees) Management				
b	Legal	669		669	
c	Accounting	28,175		28,175	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	75,898		75,898	
g	Other	358,022	305,252	50,103	2,667
12	Advertising and promotion	10,600	6,755	3,405	440
13	Office expenses	54,790	39,596	11,071	4,123
14	Information technology				
15	Royalties				
16	Occupancy	11,700	5,182	4,688	1,830
17	Travel	104,334	40,305	50,423	13,606
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,531	20,380	6,283	4,868
20	Interest	62,498		62,498	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,300	32,793	19,933	11,574
23	Insurance	7,225	3,686	2,426	1,113
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	SUBSIDIARY EXPENSES	245,457	245,457		
b	MISCELLANEOUS EXPENSES	28,208	15,224	12,065	919
c	POSTAGE	15,558	9,087	3,299	3,172
d	DUES AND SUBSCRIPTIONS	13,760	1,502	4,637	7,621
е	TRAINING AND EDUCATION	738		298	440
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,165,911	1,376,603	549,794	239,514
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 74,926 1 1 635,719 1,178,479 2 585,000 425,000 3 133,764 77,140 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 3,810,144 3,979,085 8 8 1,017 5,000 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 1,241,241 10a Part VI of Schedule D 435.593 ь Less accumulated depreciation 10b 864,315 **10c** 805.648 10.442.095 11 10.867.071 11 2.960.950 3,054,550 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 19,857,980 16 20,041,923 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 69.833 17 78.019 17 Accounts payable and accrued expenses . 18 316,739 18 239.034 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3.700.000 23 3.700.000 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 4,086,572 26 4,017,053 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 685.864 27 994,701 Unrestricted net assets Temporarily restricted net assets 15,085,544 15,030,169 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 15,771,408 33 16,024,870 33 Total net assets or fund balances 19,857,980 34 Total liabilities and net assets/fund balances 20.041.923

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	191,12
2	Total expenses (must equal Part IX, column (A), line 25)	2			 165,91
3	Revenue less expenses Subtract line 2 from line 1	3		- 9	74,79
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,7	771,40
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,2	228,25
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		16,0	24,87
Par	Table Transport		<u>. </u>	৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	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?		3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3Ь		

SCHEDULE A

(Form 990 or 990EZ)

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

Inspection

		ie organization TENURE FOUNDATION	Employer identifica	ation number
INDE		TENORE FOODDATION	41-2014273	
Pa	rt I	Reason for Public Charity Status (All organizations must complete this		ns
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one l	oox)	
1	Γ	A church, convention of churches, or association of churches described in section 170	(b)(1)(A)(i).	
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)		
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1	L)(A)(iii).	
4	Γ	A medical research organization operated in conjunction with a hospital described in se hospital's name, city, and state	ection 170(b)(1)(A)(iii). Enter the
5	Γ	An organization operated for the benefit of a college or university owned or operated by	a governmental unit de	escribed in
		section 170(b)(1)(A)(iv). (Complete Part II)		
6	Γ	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 governmed described in section 170(b)(1)(A)(vi) (Complete Part II)	ental unit or from the g	eneral public
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		
9		An organization that normally receives (1) more than 331/3% of its support from conti	ributions, membership i	fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions,		
		its support from gross investment income and unrelated business taxable income (less	s section 511 tax) from	businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Pa	art III)	
10	Г	An organization organized and operated exclusively to test for public safety. See sectio	n 509(a)(4).	
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the fur one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e thro a Type I b Type II c Type III - Functionally integrate	n 509(a)(2) See sectio ugh 11h	
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirec other than foundation managers and other than one or more publicly supported organiza- section 509(a)(2)		· ·
f		If the organization received a written determination from the IRS that it is a Type I, Ty check this box	pe II or Type III suppo	orting organization, T
g		Since August 17, 2006, has the organization accepted any gift or contribution from an following persons?		
		(i) a person who directly or indirectly controls, either alone or together with persons de	-	Yes No
		and (III) below, the governing body of the the supported organization?	<u> </u>	11g(i)
		(ii) a family member of a person described in (i) above?	⊢	1g(ii)
_		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	[1	.1g(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	(iv) Is the organization in col (i) listed in your governing document?		•		Is the organization in col (i) organized		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

	ection A. Public Support	e organization ra	alls to quality ur	ider the tests ii	sted below, pie	ase co	mpiete i	art III.)
	endar year (or fiscal year beginning	() 2006	4122027	() 2000	(I) 2000	() >		/C) T
-	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,132,360	2,214,801	269,622	1,016,477		71,724	4,704,984
2	grants ") 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 5	Total. Add lines 1 through 3 The portion of total contributions	1,132,360	2,214,801	269,622	1,016,477		71,724	4,704,984
5	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							2,231,000
6	(f) Public Support. Subtract line 5 from line 4							2,473,984
S	ection B. Total Support		lI					
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
_	beginning in)	1,132,360	2,214,801	269,622	1,016,477	(-, -	71,724	4,704,984
7 8	A mounts from line 4 Gross income from interest,	1,132,300	2,214,601	203,022	1,010,477		71,724	4,704,304
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	516,456	620,531	606,041	98,382		303,605	2,145,015
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on 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)							6,849,999
12	Gross receipts from related activiti	es, etc (See instr	uctions)			12		926,362
13	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or fif	th tax year as a !	501(c)(3) organız	ation, ▶
	ection C. Computation of Pul						T	
14	Public Support Percentage for 2010	0 (line 6 column (f) divided by line 1	1 column (f))		14		36 120 %
15	Public Support Percentage for 2009	9 Schedule A, Part	t II, line 14			15		37 100 %
Ь	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test-	alifies as a publicly organization did r n qualifies as a pul — 2010. If the orga	y supported organ not check the box blicly supported o nization did not cl	ization on line 13 or 16a rganization neck a box on line	a, and line 15 is 3 e 13, 16a, or 16b	33 1/3% and line	or more,	▶ ▽
b	is 10% or more, and if the organiza in Part IV how the organization mee organization 10%-facts-and-circumstances test-	ets the "facts and	circumstances" t nization did not cl	est The organiza neck a box on line	tion qualifies as a	a publici r 17a ar	y support nd line	ed ▶厂
10	15 is 10% or more, and if the organization Explain in Part IV how the organization	tion meets the "fa	cts and circumsta	inces" test The o	organization qual	ıfıes as	a publicly	▶ ┌
18	Private Foundation If the organizat instructions	non ala not check a	a DOX ON MAR 13, .	10a, 10b, 1/a Or	I/D, CHECK LIHS I	oux and	>ee	▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493313008101

OMB No 1545-0047

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. Open to Public

	me of the organization DIAN LAND TENURE FOUNDATION		Emp	loyer identificat	ion numbe	er er		
Pa	rt I Organizations Maintaining Donor A			2014273 or Accounts.	Comple	te if the		
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		b) Funds and oth	ner accour			
1	Total number at end of year	(4) Donor advised funds		b) i ulius aliu oti	iei accoui	17		
2	Aggregate contributions to (during year)	-				21,724		
3	Aggregate grants from (during year)					329,255		
4	Aggregate value at end of year	77,095				083,012		
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	isors in writing that the assets held in do	nor advı	sed	✓ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•		✓ Yes	∏ No		
Pa	rt III Conservation Easements. Complete	ıf the organizatıon answered "Yes"	to Forn	າ 990, Part IV	, lıne 7.			
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ion or pleasure)	certified	d historic struct		a		
				Held at the I	End of the	Year		
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	5	2b					
c	Number of conservation easements on a certified his	storic structure included in (a)	2c					
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during							
	the taxable year 🛌							
4	Number of states where property subject to conserv	ation easement is located .						
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, har		violations, and	┌ Yes	┌ No		
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	ments di	uring the year 🛌				
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during	j the year ► \$ _				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction		☐ Yes	┌ No		
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financia						
Par	Complete of the organization answered		or Otl	ner Similar A	\ssets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	l for public exhibition, education or reseai	ch in fu			<u> </u>		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research			•			
	(i) Revenues included in Form 990, Part VIII, line 1	L		► \$				
	(ii) Assets included in Form 990, Part X			F \$		_		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or finan	cial gain, provid	e the			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	res, or Oth	<u>ner</u>	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ıy of th	ne foll	owing	that are	e a significant	t use	e of its collection	1	
а	Public exhibition		d	Γ	Loan	orexch	ange prograr	ms			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the o	rganızatıon's	exe	mpt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				ımıl		Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıon		"Ye	s" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	for c	ontribu	utions o	r other asset	s no	r ^t	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able				A mau		
_	B						4.	_	A mou	ınt	
c C	Beginning balance						10				
d	Additions during the year						10	-			
e f	Distributions during the year						10	_			
f	Ending balance	000 5					11	Г	_		
2a	Did the organization include an amount on Fo		ie 21?						1	Yes	No
	If "Yes," explain the arrangement in Part XIV				- 4 1137				T) / lim = 40		
Рa	rt V Endowment Funds. Complete	if the organizatio)Prior `						\ Four Y	ears Back
1a	Beginning of year balance	(a)current rear	(5	<i>)</i> 11101	rcar	(c) w	7 Tears back	u)	ilec reals back (e	ji our i	cars back
 b	Contributions										
c	Investment earnings or 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 yea	r end balance held	as			•	I				
а	Board designated or quasi-endowment										
ь	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re hel	d and a	dmınıstered f	or th	ne		
	organization by	3								Yes	No
	(i) unrelated organizations								3a(i)		
_	(ii) related organizations								3a(ii)	1	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						•	3b		
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings)00 Da	rt V line 1				
Pal	t VI Investments—Land, Buildings	s, and Equipme	:III. 3			•		$ \Gamma$	(-) A		
	Description of investment					or other estment)	(b)Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
1a	Land		•				43,1	25			43,125
ь	Buildings		•				373,8	22	127,374		246,448
				- 1			I 544 0	64	72,988		471,876
c	Leasehold improvements		•				544,8	-+	72,300		471,070
	Leasehold improvements						167,2	-	157,132		-
d e_	·						· ·	93	*		10,161 34,038

(a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)O ther		
(A) LIMITED PARTNERSHIP (VARDE FUND IX, LP	2,169,550	F
(B) REAL ESTATE (MAMMOTH EQUITIES)	334,401	С
(C) LIMITED PARTNERSHIP (HALEY ASSOCIATES)	550,599	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,054,550	
Part VIII Investments—Program Related. See	Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total (Column (h) should equal Form 900, Part V and (D) tran 35 \		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		

Total expenses (Form 990, Part IX, column (A), line 25)	Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
Second Content of the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,191,121
Met unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,165,911
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-974,790
Fig. Fig.	4	Net unrealized gains (losses) on investments	4	1,228,252
Prior period adjustments	5	Donated services and use of facilities	5	
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 253,46 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total expenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 2 1,228,252 b Donated services and use of facilities 2 2b 2b 2c	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Port XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	7	Prior period adjustments	7	
9	8	Other (Describe in Part XIV)	8	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	1,228,252
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	253,462
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	Par		er Re	eturn
A Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	2,343,475
b Donated services and use of facilities	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 d Other (Describe in Part XIV) 2d 2d e Add lines 2a through 2d 2e 1,228,25 3 Subtract line 2e from line 1 3 1,115,22 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 75,898 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 75,898 b Other (Describe in Part XIV) 4b 4c 75,898 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,191,12 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2,090,01 1 Total expenses and losses per audited financial statements 1 2,090,01 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4a a Donated services and use of facilities 2a 4a 2a b Prior year adjustments 2b 4a 2a c Other losses 2c 2c 4a d Other (Describe in Part XIV) 2d 2a 4a a Subtract line 2e from line 1 25,090,01 3 2,090,01 4 Amounts include	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 2e 1,228,25 a Add lines 2a through 2d 2e 1,228,25 3 Subtract line 2e from line 1 3 1,115,22 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 75,898 b Other (Describe in Part XIV) 4b 4c 75,898 b Other (Describe in Part XIV) 4b 4c 75,898 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 1,191,12 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 a Donated services and use of facilities 2a 4 b Prior year adjustments 2a 4 c Other losses 2a 4 d Other (Describe in Part XIV) 2d 4 e Add lines 2a through 2d	b	Donated services and use of facilities		
e Add lines 2a through 2d 2e 1,228,25 3 Subtract line 2e from line 1	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts 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	e	Add lines 2a through 2d	2e	1,228,252
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3	Subtract line 2e from line 1	3	1,115,223
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 75,898		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c			75,898
1 Total expenses and losses per audited financial statements				1,191,121
statements 1 2 A mounts 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 3 Subtract line 2e from line 1 3 4 A mounts included on Form 990, Part IX, line 25, but not on line 1:			per	
a Donated services and use of facilities	1		1	2,090,013
b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses 2c d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	а	Donated services and use of facilities		
d Other (Describe in Part XIV)	b	Prior year adjustments		
e Add lines 2a through 2d	c	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV) 2d		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	e	Add lines 2a through 2d	2e	0
	3	Subtract line 2e from line 1	3	2,090,013
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 75,898	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 75,898		
b Other (Describe in Part XIV) 4b	b	Other (Describe in Part XIV)		
	c		4c	75,898
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2,165,91			5	2,165,911

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,

Ident if ier	Return Reference	Explanat ion
DESCRIPTION OF UNCERTAIN	PART X	THE INTERNAL REVENUE SERVICE (IRS) HAS NOTIFIED
TAX POSITIONS UNDER FIN 48		INDIAN LAND TENURE FOUNDATION THAT IT QUALIFIES
		FOR TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF
		THE INTERNAL REVENUE CODE AND CORRESPONDING
		PROVISIONS OF STATE LAW AND, ACCORDINGLY, IS NOT
		SUBJECT TO FEDERAL OR STATE INCOME TAXES
		HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE
		SUBJECT TO TAXATION THE ORGANIZATION IS NOT
		CURRENTLY UNDER EXAMINATION BY ANY TAXING
		JURISDICTION INDIAN LAND CAPITAL COMPANY, LLC IS
		TREATED AS A PARTNERSHIP FOR FEDERAL AND STATE
		INCOME TAX PURPOSES AS SUCH, THE PARTNERSHIP'S
		INCOME, LOSSES AND CREDITS ARE INCLUDED IN THE
		INCOME TAX RETURNS OF ITS PARTNERS IN
		ACCORDANCE WITH THE ACCOUNTING STANDARD ON
		ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE
		ORGANIZATION ADDRESSES THE DETERMINATION OF
		WHETHER TAX BENEFITS CLAIMED ON A TAX RETURN
		SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS
		UNDER THIS GUIDANCE, THE ORGANIZATION MAY
		RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX
		POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT
		THE TAX POSITION WILL BE SUSTAINED ON
		EXAMINATION BY TAXING AUTHORITIES, BASED ON THE
		TECHNICAL MERIT OF THE POSITION EXAMPLES OF TAX
		POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE
		ORGANIZATION AND VARIOUS POSITIONS RELATED TO
		THE POTENTIAL SOURCES OF UNRELATED BUSINESS
		TAXABLE INCOME THERE WERE NO UNRECOGNIZED TAX
		BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES
		DURING 2010 AND 2009 OPEN TAX YEARS SUBJECT TO
		EXAMINATION BY THE U.S. AND STATE TAXING
		AUTHORITIES ARE FOR THE YEARS 2008 TO 2010, WHICH
		STATUTES EXPIRE IN 2011 TO 2013, RESPECTIVELY

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Schedule I (Form 990)

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

OMB No 1545-0047

2010

DLN: 93493313008101

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection
Employer identification number

INDIAN LAND TENURE FOUND	DATION						
						41-2014273	
Part I General Inform 1 Does the organization mai	nation on Grants		on grants or assistance	the grantees' cliquell	ity for the grants or a	esistance and	
the selection criteria used	I to award the grants o	rassistance?					√ Yes
2 Describe in Part IV the or	<u> </u>						
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received ded	l more than \$5,000.	Check this box if n	o one recipient rec	eived more than \$5,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIAN LAW RESOURCE CENTER602 NORTH EWING STREET HELENA,MT 59601	52-1121079	501(C)(3)	15,000				NATIVE LAND LAW PROJECT
(2) NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE 1414 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-2117257	501(C)(3)	22,000				DAKOTA LAND PROJECT
(3) PUEBLO OF JEMEZPO BOX 100 JEMEZ PUEBLO, NM 87024	85-0213473	GOVERNMENT	150,000				ARCHIVAL RESEARCH
(4) ROUND VALLEY UNIFIED SCHOOL DISTRICTPO BOX 276 COVELO,CA 95428	94-6002711	PUBLIC SCHOOL	130,090				CURRICULUM IMPLEMENTATION

Enter total number of other organizations

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

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	2.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 1-A GRANTS MANAGEMENT DATABASE USED TO MAINTAIN RECORDS AND GRANT AMOUNTS 1-B GRANTEE MUST BE A 501(C)(3) 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

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DLN: 93493313008101

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number INDIAN LAND TENURE FOUNDATION 41-2014273 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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 The organization? 5a Νo 5b Any related organization? Nο If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(R) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) (11)	117,800 0		7,200 0	8,750 0		163,487 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313008101

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization INDIAN LAND TENURE FOUNDATION Employer identification number

41-2014273

ldentifier	Return Reference	Explanation
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

Additional Data

Software ID: Software Version:

EIN: 41-2014273

Name: INDIAN LAND TENURE FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 726,261 including grants of \$ 151,665) (Revenue \$ 4,621)

'IN 2010 ILTF HOSTED THREE REGIONAL MEETINGS ON THE NATIVE LAND LAW PROJECT RAPID CITY, SD WITH THE GREAT PLAINS TRIBAL CHAIRMAN'S ASSOCIATION, PHOENIX, AZ AT THE ARIZONA STATE UNIVERSITY COLLEGE OF LAW WITH TRIBAL CHAIRMAN FROM THE SOUTHWEST, AND SEATTLE, WA WITH TRIBAL REPRESENTATIVES FROM THE NORTHWEST ANOTHER MEETING BETWEEN THE INDIAN LAW RESOURCE CENTER BOARD AND ILTF'S BOARD CREATED THE OPPORTUNITY TO DISCUSS AND PLAN FUTURE ACTIVITIES TO MOVE FORWARD ON ADDRESSING SOME OF THE INJUSTICES RAISED IN THE RESEARCH A TABLOID WAS DEVELOPED AND PUBLISHED CALL "NATIVE LAND LAW" WHICH SPEAKS TO THE CHALLENGES OF NATIVE AMERICAN PEOPLE IN FINDING JUSTICE IN THE U.S. LEGAL SYSTEM AND IS CURRENTLY IS DISTRIBUTION OTHER SIGNIFICANT ACCOMPLISHMENTS IN 2010 INCLUDE COMPLETION OF OUR PUBLICATION MESSAGE RUNNER, VOL 5 CUTTING THE RED TAPE THIS PUBLICATION FOCUSES ON THE FEDERAL FORMS AND PROCESSES SURROUNDING INDIAN LAND OWNERSHIP AND MANAGEMENT AND HAS BECOME ONE OF OUR MOST POPULAR ISSUES TO DATE AS INDIAN TRIBES AND INDIAN LAND OWNERS EVALUATE THEIR OPTIONS IN LIGHT OF MANY OF THE IMPORTANT COURT AND LEGISLATIVE DECISIONS RECENTLY MADE, RED TAPE ASSISTS BY PROVIDING A NO-NONSENSE LOOK AT THE COMPLEX NATURE OF FEDERAL FORMS AND PROCESSES RELATED TO THEIR LANDS IN 2010 ILTF BEGAN ORGANIZING THE 1ST TRIBAL LAND STAFF NATIONAL CONFERENCE, HELD ON APRIL 18 - 20, 2011 IN LAS VEGAS, NEVADA IN 2010 WE CONTACTED OVER 770 TRIBAL LAND OFFICE STAFF AND REQUESTED THEIR INPUT ON FORMAT OF THE CONFERENCE AND TOPICS TO COVER WITH THIS INPUT WE ORGANIZED A CONFERENCE WITH FIFTEEN 1 5 HOUR SESSIONS AND TWO PLENARY SESSIONS OVER THE COURSE OF TWO DAYS OVER 25 HOURS OF TRAINING, DISCUSSION AND DEBATE DESIGNED SPECIFICALLY FOR TRIBAL LAND STAFF TO MEET THEIR INFORMATIONAL. EDUCATIONAL AND NETWORKING NEEDS

ldentifier	Return Reference	Explanation
	PART VI,	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

ldentifier	Return Reference	Explanation	
	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	

ldentifier	Return Reference	Explanation
	· ·	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 OUR FINANCIALS AS PART OF OUR ANNUAL REPORT WHICH IS DISTRIBUTED TO DONORS AND OTHERS

ldentifier	Return Reference	Explanation	
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,228,252	

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THE PROCESS FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEAR

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

DLN: 93493313008101

OMB No 1545-0047

Employer identification number

2010

Open to Public Inspection

Schedule R (Form 990) 2010

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

INDIAN LAND TENURE FOUNDATION

41-2014273 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	1
(1) INDIAN LAND CAPITAL COMPANY LLC 151 EAST COUNTY ROAD B2 LITTLE CANADA, MN55117 20-2744778	FINANCIAL LENDING	MN	INDIAN LAND TENURE FOUNDATION	RELATED	18,626	3,714,876		No		Yes		75 100 %
							<u> </u>					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV.												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	•	•	•	•	•		•

cneau	e k (Form 990) 2010					Page	<u>د</u> د
Part	V Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)			
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nızatıons lısted ın Part	s II-IV?				
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1	a Y	es	
b 0	ıft, grant, or capıtal contribution to other organization(s)			1	ь		No
c G	ıft, grant, or capıtal contribution from other organization(s)			1	c		No
d L	oans or loan guarantees to or for other organization(s)			1	d		No
e L	oans or loan guarantees by other organization(s)			1	e		No
f S	ale of assets to other organization(s)			1	F		No
	urchase of assets from other organization(s)			1	g		No
_	xchange of assets			1	_		No
	ease of facilities, equipment, or other assets to other organization(s)			1	i		No
j L	ease of facilities, equipment, or other assets from other organization(s)			1	j		No
k P	erformance of services or membership or fundraising solicitations for other organization(s)			1	k		No
I P	erformance of services or membership or fundraising solicitations by other organization(s)			1	ı		No
m S	haring of facilities, equipment, mailing lists, or other assets			1	m Y	es	
n S	haring of paid employees			1	n		No
o R	eımbursement paıd to other organization for expenses			1	0		No
p R	eimbursement paid by other organization for expenses			1	р		No
q	ther transfer of cash or property to other organization(s)			1	9		No
	ther transfer of cash or property from other organization(s)			1	r		No
				L	<u> </u>		
2 I	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relat	onships and transact	ıon thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of detern involv	nınıng	amou	nt
1) INDI	AN LAND CAPITAL COMPANY	Α	35,000	FMV			
2)							
			I				

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) INDIAN LAND CAPITAL COMPANY	А	35,000	FMV
(2)			
(3)			
(5)			
(6) 			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010