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## Form 990

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-0047 2008

(except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service **Open to Public Inspection** The organization may have to use a copy of this return to satisfy state reporting requirements For the 2008 calendar year, or tax year beginning 2008, and ending D Employer Identification Number Check if applicable Name of organization Address change IRS label SOCIETY OF AMERICAN INDIAN DENTIST, 20-5966903 or print or type See E Telephone number Number and street (or P O box if mail is not delivered to street addr) Name change Initial return specific 5320 W. SAHARA AVENUE (702) 871-1808 Instruc-City, town or country State ZIP code + 4 Termination LAS VEGAS NV 89146 11,474 Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates Application pending Yes No H(b) Are all affiliates included? DAVE SMITH 9975 MAGICAL VIEW ST LAS VEGAS NV 89178 Yes No If 'No,' attach a list (see instructions) Tax-exempt status |X | 501(c) ) < (insert no ) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number X Corporation Type of organization Association L Year of Formation 2008 M State of legal domicile NV Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION TO AMERICAN INDIANS IN THE DENTISTRY FIELD Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 3 I٢ ಠ Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of emptoyees (Part V, line 2a) Total number of volubleers (estimate if necessary) 5 6 115 Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a Net unrelated business taxable income from Form 990-T, line 34 7b MAR 0 8 2011 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 11,260 11,474. Revenue Program Service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) SCANNED WAR Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,260 11,474. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 8,489 12,004. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,489 12,004. وري Revenue less expenses Subtract line 18 from line 12 2,771 -530. **Beginning of Year End** of Year 20 Total assets (Part X, line 16) 2,771 4,240. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 2<u>,</u>771 4,240. Part II Signature Block Under penalties of peruly, I declare that I have true, correct, and complete Declaration of ores examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is are (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer DAVE SMITH Type or print name and title Preparer's identifying number (see instructions) Check if self-employed **Paid** Preparer's signature Preparer's Firm's name (or yours if self-employed), MARK SHERMAN CPA PROFESSIONAL Use

NV

89106-4827

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

LAS VEGAS

Only

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Form 990 (2008

645-6318

Yes



No

|     |   | 5966903        |                | Page 2           |
|-----|---|----------------|----------------|------------------|
| Par |   |                |                |                  |
| 1   | Briefly describe the organization's mission   |                |                |                  |
|     | TO PROVIDE EDUCATION TO AMERICAN INDIANS IN THE DENTISTRY FIELD   |                | - <i>-</i>     |                  |
|     |   |                |                |                  |
|     |   |                |                |                  |
|     |   |                |                |                  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the prior  | <u> </u>       |                |                  |
| _   | Form 990 or 990-EZ?   | U Y            | es X           | No               |
|     | If 'Yes,' describe these new services on Schedule O.  |                |                |                  |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  | Y              | 'es X          | No               |
|     | If 'Yes,' describe these changes on Schedule O.   |                |                |                  |
| 4   | Describe the exempt purpose achievements for each of the organization's three largest program services by expen   | ses Section    | n 501(c)(3     | 3)               |
|     | and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported | ns to others   | , the total    |                  |
|     | expenses, and revenue, if any, for each program service reported  |                |                |                  |
|     |   | <del></del>    |                |                  |
| 4 a | (Code ) (Expenses \$ 12,005. including grants of \$ 0.) (Revenue  | \$             | 11,4           | 74.)             |
|     | SCHOLARSHIP AND SUPPORT TO AMERICAN INDIANS TO FURTHER THEIR EDUCATION  | N IN DE        | NTISTR         | Y                |
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| 41  | (Code ) (Expenses \$ Including grants of \$ ) (Revenue  | ŝ              |                | )                |
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| 40  | : (Code) (Expenses \$ including grants of \$) (Revenue  | Ś              |                | ,                |
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|     |   |                |                |                  |
| 40  | Other program services. (Describe in Schedule O )   |                |                |                  |
|     | (Expenses \$ including grants of \$ ) (Revenue \$   |                |                |                  |
| 4e  | Total program service expenses ► \$ 12,005. (Must equal Part IX, Line 25, column (B))   |                |                |                  |
|     |   |                |                |                  |

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Form 990 (2008) SOCIETY OF AMERICAN INDIAN DENTIST, INC.

Part IV Checklist of Required Schedules

| 1 Is the prograzation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, 'complete Schedule B, Schedule of Contributors?  2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 Did the organization regime of indirect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part III  3 Section 501(cX) 3 organizations. Did the organization experience of the section 603(e) notice and reporting requirement and privary fav. If Yes, complete Schedule C, Part III  5 Section 501(cX) 301(cX) 301(cX        |      |  |     | Yes        | No          |
|---|------|--|-----|------------|-------------|
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Ves. *complete Schedule C, Part II    3 Section 501(cK9), 501(cK9), and 51(cK9) organizations. But the organization subject to the section 6033(e) notice and reporting recipient precipient of amounts in such funds of accounts? If Ves. *complete Schedule D, Part II    5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds of accounts? If Ves. *complete Schedule D, Part II    7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, *complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, *complete Schedule D, Part II    9 Did the organization maintain explications of art, historical treasures, or other similar assets? If Yes, *complete Schedule D, Part IV    10 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, *complete Schedule D, Part V    11 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, *complete Schedule D, Part V    12 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes, *complete Schedule D, Part V    13 Is the organization as school described in accordance with GAPP? If Yes, *complete Schedule D, Part V    14 Did the organization have aggregate revinues or expenses of more than \$10,000 from granthaling, fundraising, business, and program service activities outside the U.S.? If Yes, *complete Schedule P, Part II    15 Did the organization report more than \$15,000 to Part IX, column (A), line 3, more than \$5,000 of grants or as     | 1    |  | 1   | Х          |             |
| for public office? If "res," complete Schedule C, Part II  5 Section S01(cX4), 501(cX5), and 501(cX6) organization engage in lobbying activities? If "Yes," complete Schedule C, Part III  5 Section S01(cX4), 501(cX5), and 501(cX6) organizations, is the organization subject to the section 6033(e) notice and reporting requirement and proxy lax" if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised finds or any 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 II  7 Did the organization report an amount in Part X, lines 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount in Part X, lines 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part VI  10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI  11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI  12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part VI  13 Is the organization as chool described in section 1700(1)(1)(4)(1)" If "Yes," complete Schedule E  14 Did the organization as chool described in section 1700(1)(3)(4)(1)" If "Yes," complete Schedule F, Part II  15 Did the organization as chool described in section 1700(1)(3)(4)(1)" If "Yes," complete Schedule F, Part II  16 Did the organization as chool described in section 1700(1)(3)(4)(1)" If "Yes," complete Schedule F, Part II  17 Did the organization organization organization organization organization organization organization organization organization organ        | 2    | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   |            | X           |
| 5 Section 501(c)(3), 501(c)(5), and 501(c)(5) organizations, is the organization subject to the section 6033(e) notice and reporting requirement and proxy (ax // 1 Yes, complete Schedule C, Part III  6 Dut the organization maintain any donor advanced funds or any 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 III  7 Dut the organization report on Part IX, Line 21; serve as a custodian for amounts not listed in Part X, complete Schedule D, Part III  8 Dut 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 V  10 Dut 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 V  10 Dut the organization report an amount in Part X, line 10, 12, 13, 15, or 25? If Yes, complete Schedule D, Part V  11 Dut the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If Yes, complete Schedule D, Part V  12 Dut the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If Yes, complete Schedule D, Part V  13 Is the organization a schedule described in section 170(b)(1)(10)(1) If Yes, complete Schedule D, Part X, XI, and XIII  14 Dut the organization as a major and provide schedule Schedule D, Part X, XI, and XIII  15 Dut the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report more than \$15,000 on Part IX, column (A) in 10 part 1      | 3    |  | 3   |            | х           |
| reporting requirement and proxy tax. If "Yes, complete Schedule C, Part III  6  | 4    | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | 4   |            | _X_         |
| on the distribution or investment of amounts in such funds of accounts? If Yes,' complete Schedule D, Part I    7 Did the organization receive or hold a consensation easement, including assements to preserve open space, the environment, historic land areas or historic structures? If Yes,' complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part II    9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, sorr private selling, debt management, credit repair, or debt negotiation services? If Yes,' complete Schedule D, Part V    10 Did the organization hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part V    11 Did the organization oreport an amount in Part X, lines 10, 12, 13, 15, or 25° If Yes,' complete Schedule D, Part V    12 Did the organization oreport an amount in Part X, lines 10, 12, 13, 15, or 25° If Yes,' complete Schedule D, Part X    13 Is the organization oreport an amount in Part X, lines 10, 12, 13, 15, or 25° If Yes,' complete Schedule D, Part X    14 Did the organization oreport an amount in Part X, lines 10, 12, 13, 15, or 25° If Yes,' complete Schedule D, Part X    15 Did the organization maintain an office, employees, or agents outside of the U.S.?  16 Did the organization near on Part IX, column (A), line 3, more than \$5,000 of graints or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of graints or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of graints or assistance to any organization report more than \$15,000 on Part IX, column (A), line 9 if Yes,' complete Schedule F, Part II    15 Did the organization report more than \$15,000 on Part IX, column (A), line 9 if Yes,' complete Schedule F, Part II    16 Did the organization report more than \$15,000 on Part IX, column (A), line 9 if Yes,' complete Sche  | 5    | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III                                  | 5   |            |             |
| environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II ' X  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III ' S  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not isoled in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV ' Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V ' III Did the organization peport an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts Vi, VII, VIII, IX, or X as applicable ' II X X III Did the organization as school described financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X X III X X X X III X X X X III X X X X X III X X        | 6    | Did the organization maintain any donor advised funds or any 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   |            | Х           |
| 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 V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Part SVI, VIII, IX, or X as applicable 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 11 X 11 X 12 Did the organization are school of the Schedule D, Parts XI, XII, and XIII 12 X 13 Is the organization are school described in section 170(b)(1)(4)(6)(7) If 'Yes,' complete Schedule E 13 X 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? 14 Yes,' complete Schedule F, Part II 14 X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to anothyduals located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Did the organization report more than \$15,000 on Part VIII, line 93? If 'Yes,' complete Schedule G, Part II 16 X 17 X X 18 Did the organization report more than \$15,000 on Part VIII, line 91? If 'Yes,' complete Schedule G, Part II 16 X 17 X X 18 Did the organization report more than \$15,000 on Part VIII, line 91? If 'Yes,' complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11 If 'Yes,' complete Schedule G, Part II 19 X 20 Did the organization report more than \$10,000 on Part IX, column (A), line 11 If 'Yes,' complete Schedule G, Part III 19 X 20 Did the organization have | 7    |  | 7   |            | Х           |
| or provide credit counseling, debt management, credit repair, or debt negotation services? If Yes, 'complete Schedule D, Part V 10 X 10 Ib the organization hold assets in term, permanent, or quasi-endowments? If 'Yes, 'complete Schedule D, Part V 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If Yes, 'complete Schedule D, Parts XI, XII, and XIII X 11 Ib the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If Yes, 'complete Schedule D, Parts XI, XII, and XIII X 12 Ib the organization as chool described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule E 13 X 14 Ib Did the organization maintain an office, employees, or agents outside of the U.S.? If 'Yes, 'complete Schedule E 14 X 14 Ib Did the organization maintain an office, employees, or agents outside of the U.S.? If 'Yes, 'complete Schedule F, Part II Ib Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes, 'complete Schedule F, Part II Ib Did the organization report more than \$15,000 on Part IX, column (A), line 1 Part II' Yes, 'complete Schedule G, Part III Ib Did the organization report more than \$15,000 on Part IX, line 1 Part II' Yes, 'complete Schedule G, Part III Ib Did the organization operate one or more hospitals? If 'Yes, 'complete Schedule F, Part II Ib Did the organization report more than \$15,000 on Part IX, line 1 Part II' Yes, 'complete Schedule G, Part III Ib X Ib Did the organization operate one or more hospitals? If 'Yes, 'complete Schedule F, Part II Ib Ib Did the organization operate one or more hospitals? If 'Yes, 'complete Schedule F, Part II Ib Ib Did the organization operate one or more hospitals? If 'Yes, 'complete Schedule F, Part II Ib X Ib Did the organization expert more than \$15,000 on Part IX, li   | 8    |  | 8   |            | Х           |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable  12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  13 Is the organization a school described in section 170(b)(1)(A)(u)? If 'Yes,' complete Schedule E  14 In 24 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part II  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or assistance to individual slocated outside the United States? If 'Yes,' complete Schedule F, Part II  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part II  18 Did the organization report more than \$15,000 on Part IX, lolumn (A), line 11e? If 'Yes,' complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule G, Part III  19 A X  20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule G, Part III  21 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule G, Part III  22 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule II  23 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule II  24 Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25 Did the organization maintain an escrow account other than a refunding escrow at any   |      | or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV   |     |            |             |
| VII, VIII, VII, IX, or X as applicable   11   |      |  | 10  | ļ <u>.</u> | <u> X</u>   |
| prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII"  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the U.S.?  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  15 Did the organization perior on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part III  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part III  19 X  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and III  21 Did the organization report more than \$5,000 on Part IX, column (A), line 11f "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization answer "Yes" to Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III  22 X  23 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, and that was issued after December 31, 2002? If "Yes," complete Schedule IX Part III  24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24b Did the organization accounts of the vear, and that was issued after | 11   |  | 11  |            | х           |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I I  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  17 Did the organization report more than \$15,000 total on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 total on Part VIII, lines 92° If "Yes," complete Schedule G, Part III  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  21 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and II  22 Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III  24 Did the organization answer and that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule I, If "Yos," to part IX, organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  b Did the organiza  |      | prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII   | 12  |            | х           |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I    15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II    16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III    17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part II    18 Did the organization report more than \$15,000 on Part IXII, line 9a? If 'Yes,' complete Schedule G, Part III    19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H    20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule I, Parts I and II    21 Did the organization operated one or more hospitals? If 'Yes,' complete Schedule I, Parts I and II    22 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule I, Parts I and III    22 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25    24b Did the organization mest any proceededs of tax-exempt bonds beyond a temporary period exception?  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    25b X  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end   |      | -  |     |            | -           |
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| 20 X 21 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 22 Indicate organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and III 22 Indicate organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule I, Parts I and III 24 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I  25a X  25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III  27 X   |      |  |     |            | <del></del> |
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| 22 X  23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule I, Parts I and III  24 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J  24 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  27 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III  28 X  |      |  |     |            |             |
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| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I  25a X  b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I  25b X  25b X  25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III  27 X   | c    |  |     |            |             |
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| contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X   | 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26  |            | Х           |
|   | 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III             | 27  |            | <u></u>     |

Part IV Checklist of Required Schedules (continued)

|    |   | i   | Yes | No |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee  |     |     |    |
| ,  | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | 28a |     | Х  |
| ا  | b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV   | 28b | _   | Х  |
| ı  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV   | 28c |     | Х  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29  |     | Х  |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30  |     | х  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31  | -   | Х  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32  |     | Х  |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33  |     | Х  |
| 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  |     | Х  |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2   | 35_ |     | X  |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36  |     | Х  |
| 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  |     | Х  |

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| _   |          | Yes   | No                     |
|---|----------|-------|------------------------|
| 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S.         Information Returns Enter -0- if not applicable       1a  |          |       |                        |
| <b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  | l        |       | ĺ                      |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c      |       | Х                      |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |          |       |                        |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |       | <u> </u>               |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   | 1        |       |                        |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a       |       | х                      |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>   | 3ь       |       | <u> </u>               |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |       | Х                      |
| b If 'Yes,' enter the name of the foreign country ▶   |          |       | ĺ                      |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts  |          |       |                        |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |       | Х                      |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |       | X                      |
| c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | 5 c      |       |                        |
| 6a Did the organization solicit any contributions that were not tax deductible?   | 6a       |       | Х                      |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  | 6b       |       |                        |
| 7 Organizations that may receive deductible contributions under section 170(c).   | . [      |       |                        |
| a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?   | 7a       |       | Х                      |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7b       |       |                        |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7с       |       | х                      |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   | j        |       |                        |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |       | х                      |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7 f      | - 1   | Х                      |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g      |       |                        |
| h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h       |       | ļ                      |
| 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8        |       | х                      |
| 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.   |          |       |                        |
| a Did the organization make any taxable distributions under section 4966?   | 9a       |       | X_                     |
| <b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?   | 9ь       |       | Х                      |
| 10 Section 501(c)(7) organizations. Enter   |          |       |                        |
| a Initiation fees and capital contributions included on Part VIII, line 12  | - [      |       | l                      |
| <b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |       | ĺ                      |
| 11 Section 501(c)(12) organizations. Enter.   | ł        |       | 1                      |
| a Gross income from other members or shareholders   | j        |       |                        |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |          |       |                        |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |       | <u> </u>               |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   | <u> </u> | 000   | (0000                  |
| BAA   | rorm     | 990 ( | $\langle 2008 \rangle$ |

Form 990 (2008) SOCIETY OF AMERICAN INDIAN DENTIST, INC. 20-5966903 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A.                | Governing Body and Management  | <u> </u>                            |                |            |  |  |  |  |  |  |  |
|-----|------------------------|--|-------------------------------------|----------------|------------|--|--|--|--|--|--|--|
|     | - For each<br>processe | n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the<br>es, or changes in Schedule O See instructions  | circumstances,                      | Yes            | No         |  |  |  |  |  |  |  |
| 1 a | Enter the              | e number of voting members of the governing body   |                                     |                | ٠          |  |  |  |  |  |  |  |
| ŀ   | Enter the              | e number of voting members that are independent 1b1  |                                     |                |            |  |  |  |  |  |  |  |
| 2   | Did any officer, d     | officer, director, trustee, or key employee have a family relationship or a business relationship was director, trustee or key employee?   | vith any other 2                    |                | <br>Х      |  |  |  |  |  |  |  |
| 3   | Did the o              | organization delegate control over management duties customarily performed by or under the directors or trustees, or key employees to a management company or other person?  | rect supervision                    |                | х          |  |  |  |  |  |  |  |
| 4   | Did the o              | organization make any significant changes to its organizational documents  | 4                                   |                | X          |  |  |  |  |  |  |  |
|     | since the              | e prior Form 990 was filed?  |                                     |                |            |  |  |  |  |  |  |  |
| 5   |                        | organization become aware during the year of a material diversion of the organization's assets?  | 5                                   | -              | _X         |  |  |  |  |  |  |  |
| 6   | Does the               | e organization have members or stockholders?   | 6                                   | <del>↓</del> _ | X          |  |  |  |  |  |  |  |
|     | governin               |  | 7.                                  | -              | x          |  |  |  |  |  |  |  |
| ŀ   | Are any                | decisions of the governing body subject to approval by members, stockholders, or other persons   | 57 7                                | b              | X          |  |  |  |  |  |  |  |
| 8   | the following:         |  |                                     |                |            |  |  |  |  |  |  |  |
|     | •                      | erning body?   | 8                                   |                | X          |  |  |  |  |  |  |  |
|     |                        | mmittee with authority to act on behalf of the governing body?   | 8                                   | <del></del>    | X          |  |  |  |  |  |  |  |
|     |                        | e organization have local chapters, branches, or affiliates?   | 9                                   | <u>a</u>       | X          |  |  |  |  |  |  |  |
|     | and bran               | does the organization have written policies and procedures governing the activities of such chap<br>inches to ensure their operations are consistent with those of the organization?   | 9                                   | ь              |            |  |  |  |  |  |  |  |
| 10  | Was a co<br>describe   | opy of the Form 990 provided to the organization's governing body before it was filed? All organi<br>in Schedule O the process, if any, the organization uses to review the Form 990   | izations must                       |                | х          |  |  |  |  |  |  |  |
|     | organiza               | any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reaction's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>  | ched at the                         |                | х          |  |  |  |  |  |  |  |
| Sec | tion B.                | Policies   |                                     | 1              | T          |  |  |  |  |  |  |  |
| 10. | - D #                  | 2 (6)  | T10                                 | Yes            | No         |  |  |  |  |  |  |  |
|     |                        | e organization have a written conflict of interest policy? If 'No,' go to line 13  | 12                                  | a              | X          |  |  |  |  |  |  |  |
|     | to conflic             |  | 12                                  | b              | ļ <u>.</u> |  |  |  |  |  |  |  |
|     | Schedule               | e organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes<br>e O how this is done  | 12                                  |                |            |  |  |  |  |  |  |  |
|     |                        | e organization have a written whistleblower policy?  | 13                                  | -              | X          |  |  |  |  |  |  |  |
|     |                        | e organization have a written document retention and destruction policy?   | 14                                  | <del> </del>   | X          |  |  |  |  |  |  |  |
|     | persons,               | process for determining compensation of the following persons include a review and approval by comparability data, and contemporaneous substantiation of the deliberation and decision:  |                                     | -              |            |  |  |  |  |  |  |  |
|     |                        | anization's CEO, Executive Director, or top management official?   | 15                                  | <del></del>    | X          |  |  |  |  |  |  |  |
| t   |                        | ficers of key employees of the organization?   | 15                                  | b              | X          |  |  |  |  |  |  |  |
|     |                        | the process in Schedule O (see instructions)   |                                     |                |            |  |  |  |  |  |  |  |
|     | entity du              | organization invest in, contribute assets to, or participate in a joint venture or similar arrangemei<br>ring the year?  | _16:                                | a              | x          |  |  |  |  |  |  |  |
| t   | in joint v             | has the organization adopted a written policy or procedure requiring the organization to evaluate<br>enture arrangements under applicable federal tax law, and taken steps to safeguard the organiz<br>ith respect to such arrangements? | e its participation cation's exempt | h              |            |  |  |  |  |  |  |  |
| Sec |                        | Disclosures  |                                     |                |            |  |  |  |  |  |  |  |
|     |                        | states with which a copy of this Form 990 is required to be filed  |                                     |                |            |  |  |  |  |  |  |  |
| 18  | Section (              | 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5 on Indicate how you make these available. Check all that apply   | .01(c)(3)s only) availabl           | e for pu       | iplic      |  |  |  |  |  |  |  |
|     | Own                    | website Another's website X Upon request   |                                     |                |            |  |  |  |  |  |  |  |
| 19  | Describe<br>statemer   | in Schedule O whether (and if so, how) the organization makes its governing documents, conflicts available to the public.  | ct of interest policy, and          | d financ       | cial       |  |  |  |  |  |  |  |
| 20  | State the              | e name, physical address, and telephone number of the person who possesses the books and re  | cords of the organization           | on.            |            |  |  |  |  |  |  |  |
| ,   | DAVE_                  | SMITH 9975 MAGICAL VIEW ST LAS VEGAS NV 891  | 178 (702)                           | 871-           | 1808       |  |  |  |  |  |  |  |
| BAA |                        |  | For                                 | n <b>990</b>   | (2008)     |  |  |  |  |  |  |  |

BAA

Form 990 (2008)

# 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. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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

| (A)            | (B)                          | ale ai      | iy Oi                 |         |                      | rector,                       | , uu: |   |   | <b>(5)</b>   |
|----------------|------------------------------|-------------|-----------------------|---------|----------------------|-------------------------------|-------|---|---|--|
| Name and Title |                              | Posi        | ition (               |         | <b>c)</b><br>k all i | that app                      | lv)   | (D)   | (E)   | <b>(F)</b>   |
|                | Average<br>hours<br>per week | or director | anstitutional trustee | Offirer | Key amployee         | High est compensated employee | FUNTE | Reportable compensation from the organization (W-2/1099-MISC) | Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| DAVE SMITH     |                              |             |                       |         |                      |                               |       |   |   | -  |
| PRESIDENT      | 2.00                         |             |                       | Х       |                      |                               |       | 0.  | 0.  | 0.   |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         | ·-··                 |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                | į                            |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |
|                |                              |             |                       |         |                      |                               |       |   |   |  |

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| Form 990 (2008) SOCIETY OF AMERICAN INDIA  | AN DE               | NT1            | ST          | ,             | INC           | <u>.                                    </u> |              |   | 20-5966903   |   | Page 8   |
|--|---------------------|----------------|-------------|---------------|---------------|--|--------------|---|--|---|--|
| Part VII   Section A. Officers, Directors, Trust   |                     | (ey            | Em          |               |               | es,  | and          |   |  |   |  |
| (A)  | (B)<br>Average      | Posi           | tion (      | (check        | •             | hat ar                                       | (vlac        | (D)   | <b>(E)</b><br>Reportable   |   | F)<br>nated  |
| Name and Title   | hours<br>per week   |                |             | Officer       |               | Highest compensated employee                 | Former       | Reportable compensation from the organization (W-2/1099-MISC) | reportable compensation from related organizations (W-2/1099-MISC) | amount<br>compe<br>fron<br>organ<br>and | rated<br>: of other<br>:nsation<br>n the<br>iization<br>related<br>zations |
|  |                     |                |             |               |               |  |              |   | -  |   |  |
|  |                     |                |             |               |               |  |              |   |  |   |  |
|  |                     |                |             |               |               | _  |              |   |  | _                                       |  |
|  |                     |                |             |               |               |  |              |   |  |   |  |
|  |                     |                |             |               |               |  |              |   |  |   |  |
|  | -                   |                |             |               |               |  |              |   |  |   |  |
|  |                     |                |             |               |               |  | _            |   |  | <del></del>                             |  |
|  | -                   |                |             |               |               |  | -            |   |  |   |  |
|  |                     |                |             |               |               |  |              |   |  |   |  |
|  | ]<br>               |                |             |               |               | 1  |              |   |  |   |  |
|  |                     |                |             | -             |               |  |              |   |  |   |  |
|  |                     |                |             |               | -             |  |              |   |  | _                                       |  |
| 1 h Tatal  | <u> </u>            | ļ              |             |               |               |  | _            |   |  |   |  |
| Total number of individuals (including those in 1a) w organization     Total number of individuals (including those in 1a) w     | ho rece             | ived           | mor         | e th          | an \$         | \$100  | ,000         | 0 .<br>) in reportable con                                    | 0 .  <br>npensation from the                                       |   | 0.   |
| organization.  |                     |                |             |               |               |  |              |   | <del></del>  |   | Yes No   |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc                  | dividual            |                | -           |               | •             |  | _            | ·   |  | 3                                       | x  |
| 4 For any individual listed on line 1a, is the sum of rep<br>the organization and related organizations greater th<br>individual | ortable<br>an \$150 | com<br>0,000   | pen:        | satio<br>'Ye: | on a<br>s' co | nd o<br>mpl                                  | ther<br>lete | compensation fro<br>Schedule J for suc                        | om<br>ch   | 4                                       | x  |
| 5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche                    | mpensa<br>edule J t | ation<br>for s | fror<br>uch | n ar<br>pers  | ny ui<br>son  | nrela  | eted         | organization for s  | ervices  | 5                                       | x  |
| Section B. Independent Contractors   | <u> </u>            |                |             |               |               |  |              |   | #100 000 f   |   |  |
| Complete this table for your five highest compensate compensation from the organization  | a indep             | enae<br>       | ent c       | ontr          | acto          | ors ti                                       | hat i        | received more tha   | n \$100,000 of   |   |  |
| (A) Name and business address  | 5                   | <u></u>        |             |               |               |  |              | (B)<br>Description of   | of Services  | (C)<br>Compens                          | sation   |
|  |                     |                |             |               |               |  |              |   |  | ······································  |  |
|  |                     |                |             |               |               |  |              |   |  |   |  |
|  |                     |                |             | _             |               |  |              |   |  |   |  |
| 2 Total number of independent contractors (including the compensation from the organization ►                                    | hose in             | 1) w           | ho r        | ece           | ıved          | moi  | re th        | nan \$100,000 in  |  |   |  |

| <u> </u>  |      | ii   Statement of Ite   | VCIIGO              |                    |                   |                      |  |                                |   |
|---|------|---|---------------------|--------------------|-------------------|----------------------|--|--------------------------------|---|
|   |      |   |                     |                    |                   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|   | 12   | Federated campaigns   |                     | 1 a                |                   |                      |  |                                |   |
| ž.  |      |   |                     |                    |                   | -                    |  |                                |   |
| & Š   | D    | Membership dues   |                     | 1 b                |                   | -                    |  |                                |   |
| S. A  | С    | Fundraising events  |                     | 1c                 |                   |                      |  |                                |   |
| Ĕĸ  | d    | Related organizations   |                     | 1 d                |                   |                      |  |                                |   |
| S.E   | е    | Government grants (contribution                                   | ons)                | 1e                 |                   | *,                   |  |                                |   |
| 52  |      | All adhar as abulantus and a                                      |                     |                    |                   |                      | į                                      |                                |   |
| 둞   |      | All other contributions, gifts, g<br>similar amounts not included | rants, and<br>above | 1f                 | 11,474.           | 1                    |  |                                |   |
| E 0   |      | Noncash contribns included in                                     |                     | \$                 | 11, 1, 1,         | •                    |  |                                |   |
| Š₹  | 9    | Total. Add lines 1a-1f  | ms ra-m.            | ٧_                 |                   | 11 474               |  |                                |   |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | "    | Total. Add lines 1a-11  |                     | <u>-</u> -         | Business Code     | 11,474.              |  |                                |   |
| Ž   |      |   |                     | -                  | business Code     | ,                    | İ                                      |                                | -   |
| Z   | 2a   |   |                     |                    |                   |                      |  |                                |   |
| 2   | b    |   |                     | _                  |                   |                      |  |                                |   |
| Š   | С    |   |                     | L                  |                   |                      |  |                                |   |
| SER   | d    |   |                     |                    |                   |                      |  |                                |   |
| ž   | e    |   |                     | . – – –            |                   |                      |  |                                |   |
| 8   | f    | All other program service   |                     |                    |                   |                      |  |                                |   |
| Š   | ۾ ا  | Total. Add lines 2a-2f  |                     |                    | <b>&gt;</b>       |                      |  |                                |   |
|   |      |   |                     |                    |                   |                      |  |                                |   |
|   | 3    | Investment income (incl<br>other similar amounts)                 | uding divi          | idends,            | interest and      |                      |  |                                |   |
|   |      | Income from investment  | of tax ax           | romnt h            | and proceeds      |                      |  |                                |   |
|   |      |   | or lax-ex           | empt b             | ona proceeds      |                      |  | <u></u>                        |   |
|   | 5    | Royalties   |                     |                    | <del></del>       |                      |  |                                |   |
|   | _    |   | (i) R               | ear                | (II) Personal     |                      | j                                      |                                |   |
|   | l    | Gross Rents   |                     |                    |                   |                      |  |                                |   |
|   | l    | Less rental expenses  |                     |                    |                   |                      |  |                                |   |
|   | С    | Rental income or (loss)   |                     |                    |                   |                      |  | and the second                 |   |
|   | d    | Net rental income or (lo  | ss)                 |                    | <b></b>           |                      |  |                                |   |
|   | 7a   | Gross amount from sales of  | (i) Secu            | urities            | (ii) Other        |                      |  |                                |   |
|   |      | assets other than inventory                                       |                     |                    |                   | ]                    |  | ,                              |   |
|   |      |   |                     |                    |                   | •                    |  | ·                              |   |
|   | D    | Less cost or other basis and sales expenses                       |                     |                    |                   |                      |  |                                |   |
|   |      | Gain or (loss)  |                     |                    |                   |                      |  |                                |   |
|   |      | · · · · · · · · · · · · · · · · · · ·                             |                     |                    | <u> </u>          | -                    | • •                                    | *                              | ė   |
|   | u    | Net gain or (loss)  |                     |                    |                   |                      |  |                                |   |
| NUE   | 8a   | Gross income from fund (not including \$                          | raising ev          | ents               |                   |                      |  |                                |   |
| Ę   |      | of contributions reported   | on line 1           | c)                 |                   |                      |  |                                |   |
| 2   |      | See Part IV, line 18  |                     | а                  | İ                 |                      |  |                                |   |
| OTHER REVE  |      | Less direct expenses  |                     | ь                  | }                 |                      |  |                                |   |
| 5   |      | Net income or (loss) from   | m fundras           | -<br>SIDO AVA      | ents ►            |                      |  |                                | -   |
|   |      |   |                     |                    |                   |                      |  |                                |   |
|   | Уa   | Gross income from gam<br>See Part IV, line 19                     | ing activit         | ties<br><b>a</b> i |                   |                      |  |                                |   |
|   |      |   |                     |                    |                   |                      |  |                                |   |
|   |      | Less' direct expenses   |                     | b                  | ·                 |                      | -                                      |                                | -   |
|   | С    | Net income or (loss) from   | m gaming            | activiti           | es -              |                      |  |                                | ·   |
|   | 10 a | Gross sales of inventory  | , less retu         | ırns               |                   |                      |  |                                |   |
|   |      | and allowances  |                     | а                  |                   |                      |  |                                |   |
| į   |      | Less: cost of goods sold  |                     | b                  |                   | <b> </b> .           |  |                                |   |
|   | c    | Net income or (loss) from   |                     | f inve <u>nt</u>   | ory <b></b>       |                      |  |                                |   |
|   |      | Miscellaneous Reveni  |                     |                    | Business Code     |                      |  |                                |   |
|   | 11 a |   |                     |                    |                   |                      |  |                                |   |
|   | b    |   | <del>-</del>        | _ [                |                   |                      |  |                                |   |
|   | c    |   |                     |                    |                   |                      |  |                                |   |
|   | ď    | All other revenue   |                     | -                  | -·                |                      |  |                                | -   |
|   |      | Total. Add lines 11a-11d  | !                   | <u>_</u>           |                   |                      |  |                                | <del></del>   |
|   |      |   |                     |                    | ·                 |                      |  |                                |   |
|   | 12   | Total Revenue. Add line: 10c, and 11e                             | s 1h, 2g,           | კ, 4, 5,           | 6d, 7d, 8c, 9c, ► | 11,474.              |  |                                |   |

Form 990 (2008)

Part IX Statement of Functional Expenses

Form 990 (2008)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Fundraising Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbyina e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 500. 500 0. 0. 12 Advertising and promotion 0 0. 184 184 Office expenses Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 11,241 11,241 0. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a OTHER COSTS 79 79 0. 0. f All other expenses 25 Total functional expenses. Add lines 1 through 24f 12,004. 12,004 0. 0. Joint Costs. Check here ► \_\_\_\_ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

BAA

Page 11

| Pa          | <u>rt X</u>   | Balance Sheet  |   |                          |                |                      |             |          |  |  |  |
|-------------|---|--|---|--------------------------|----------------|----------------------|-------------|----------|--|--|--|
|             |   |  |   | (A)<br>Beginning of year |                | ( <b>B</b><br>End of | )<br>year   |          |  |  |  |
|             | 1   | Cash – non-interest-bearing  |   | 2,771.                   | 1              |                      | 4,2         | 40.      |  |  |  |
|             | 2   | Savings and temporary cash investments   |   |                          | 2              |                      |             |          |  |  |  |
|             | 3   | Pledges and grants receivable, net   |   |                          | 3              |                      |             |          |  |  |  |
|             | 4   | Accounts receivable, net   |   |                          | 4              |                      |             |          |  |  |  |
|             | 5   | Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule L     | trustees, key employees,                |                          | 5              |                      |             |          |  |  |  |
|             | 6   | Receivables from other disqualified persons (as defined  |   |                          |                |                      |             |          |  |  |  |
|             |   | and persons described in section 4958(c)(3)(B) Compl   |   |                          | 6              |                      |             |          |  |  |  |
| A           | 7   | Notes and loans receivable, net  |   |                          | 7              |                      |             |          |  |  |  |
| A S E T S   | 8   | Inventories for sale or use  |   |                          | 8              |                      |             |          |  |  |  |
| Ī           | 9   | Prepaid expenses and deferred charges  |   | -                        | 9              |                      |             |          |  |  |  |
| •           | -   | Land, buildings, and equipment, cost basis   | 10a                                     |                          |                |                      |             |          |  |  |  |
|             | l .   | Less accumulated depreciation Complete Part VI of  |   |                          |                |                      |             |          |  |  |  |
|             | -   | Schedule D   | 10b                                     |                          | 10c            |                      |             |          |  |  |  |
|             | 11  | Investments – publicly-traded securities   |   |                          | 11             |                      | -           |          |  |  |  |
|             | 12  | Investments – other securities See Part IV, line 11  |   |                          | 12             |                      |             |          |  |  |  |
|             | 13  | Investments – program-related See Part IV, line 11   |   | 13                       |                |                      |             |          |  |  |  |
|             | 14  | Intangible assets  |   |                          | 14             |                      |             | -        |  |  |  |
|             | 15  | Other assets See Part IV, line 11  |   |                          | 15             |                      |             |          |  |  |  |
|             | 16  | Total assets Add lines 1 through 15 (must equal line 3   | 4)                                      | 2,771.                   | 16             |                      | 4.2         | 40.      |  |  |  |
| _           | 17  | Accounts payable and accrued expenses  |   |                          | 17             |                      |             |          |  |  |  |
|             | 18  | Grants payable   |   | 18                       |                |                      |             |          |  |  |  |
|             | 19  | Deferred revenue   |   |                          | 19             | -                    |             |          |  |  |  |
| Ļ           | 20  | Tax-exempt bond liabilities  |   |                          | 20             |                      |             |          |  |  |  |
| LIABILITI   | 21  | Escrow account liability Complete Part IV of Schedule  | D                                       |                          | 21             |                      |             |          |  |  |  |
|             | 22  | Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers       | ees, key employees,                     |                          |                |                      |             |          |  |  |  |
|             |   | of Schedule L  |   | -yy ***                  | 22             |                      | - *         | •        |  |  |  |
| Ė           | 23  | Secured mortgages and notes payable to unrelated thir  | d parties                               |                          | 23             |                      |             |          |  |  |  |
| -           | 24  | Unsecured notes and loans payable  |   |                          | 24             |                      | -           |          |  |  |  |
|             | 25  | Other liabilities Complete Part X of Schedule D  |   |                          | 25             |                      |             |          |  |  |  |
|             | 26  | Total liabilities. Add lines 17 through 25   |   | 0.                       | 26             |                      |             | 0.       |  |  |  |
|             |   | Organizations that follow SFAS 117, check here ▶   | and complete lines                      |                          |                |                      |             |          |  |  |  |
| N<br>E<br>T | Ì   | 27 through 29 and lines 33 and 34.   | •                                       |                          |                |                      |             |          |  |  |  |
| Ş           | 27  | Unrestricted net assets  |   |                          | 27             |                      |             |          |  |  |  |
|             | 28  | Temporarily restricted net assets  |   |                          | 28             |                      |             |          |  |  |  |
| Ę           | 29  | Permanently restricted net assets  |   |                          | 29             |                      |             |          |  |  |  |
| R           |   | Organizations that do not follow SFAS 117, check her   | e ► X and complete                      |                          |                |                      |             |          |  |  |  |
|             |   | lines 30 through 34.   |   |                          |                |                      |             |          |  |  |  |
| E DZD       | 30  | Capital stock or trust principal, or current funds   |   |                          | 30             |                      |             |          |  |  |  |
|             | 31  | Paid-in or capital surplus, or land, building, and equipm  | nent fund                               |                          | 31             | •                    | 2,0         | 00.      |  |  |  |
| BALAZCES    | 32  | Retained earnings, endowment, accumulated income, of   |   | 2,771.                   | 32             | •                    |             | 40.      |  |  |  |
| Ñ           | 33  | Total net assets or fund balances.   |   | 2,771.                   | 33             |                      |             | 40.      |  |  |  |
| E<br>S      | 34  | Total liabilities and net assets/fund balances   |   | 2,771.                   | 34             |                      |             | 40.      |  |  |  |
| Pa          | ırt X   | Financial Statements and Reporting   | .+                                      |                          |                |                      |             |          |  |  |  |
|             |   |  |   |                          |                |                      | Yes         | No       |  |  |  |
| 1           | 1 Accounting method used to prepare the Form 990 X Cash Accrual Other |  |   |                          |                |                      |             |          |  |  |  |
|             |   | re the organization's financial statements compiled or re  |   |                          |                | 2a                   |             | Х        |  |  |  |
| _           |   | re the organization's financial statements audited by an   | - · · · · · · · · · · · · · · · · · · · |                          |                | 2b                   |             | X        |  |  |  |
|             | c If "  | Yes' to 2a or 2b, does the organization have a committee   | e that assumes responsibility           | for oversight of the aud | lit,           |                      | $\neg \neg$ |          |  |  |  |
|             | rev   | iew, or compilation of its financial statements and select a result of a federal award, was the organization require | tion of an independent accou            | ntant?                   |                | 2c                   |             |          |  |  |  |
| J           | Au  | dit Act and OMB Circular A-133?  |   | 22 22                    | - <del>-</del> | 3a                   |             | <u>X</u> |  |  |  |
| P.A         |   | Yes,' did the organization undergo the required audit or a   | audit\$ /                               |                          |                | 3b<br>Form           | 990 (       | 20081    |  |  |  |
| BA          | M   |  |   |                          |                | 1 01111              | (           |          |  |  |  |

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name o | f the  | organization  |                        | · -· ·   |  |                                 | -   |                 |                       | Employer                | ıdentıficat                     | tion number      |         |
|--------|--|---|------------------------|--|--|---------------------------------|---|-----------------|-----------------------|-------------------------|---------------------------------|------------------|---------|
| SOC    | IE:  | TY OF A   | MERIC                  | AN INDIAN DENT                                 | TIST, INC.   |                                 |   |                 |                       | 20-59                   | 66903                           | 3                |         |
| Part   | 1  | Reason  | for Pu                 | blic Charity Statu                             | s (All organizations   | must c                          | omple                                       | te this         | part.)                | (see ı                  | nstruct                         | tions)           |         |
| The o  | rgai   | nization is n   | not a priv             | ate foundation becaus                          | se it is (Please check onl   | y <b>one</b> or                 | rganızat                                    | on )            |                       |                         |                                 |                  |         |
| 1      |  | A church, o   | conventio              | on of churches or asso                         | ciation of churches descr  | ibed in s                       | section                                     | 170(Ь)(1        | χΑχi).                |                         |                                 |                  |         |
| 2      | П  | A school de   | escribed               | in section 170(b)(1)(A                         | XXII). (Attach Schedule E  | )                               |   |                 |                       |                         |                                 |                  |         |
| 3      |  | A hospital  | or coope               | rative hospital service                        | organization described in  | n <b>sectio</b>                 | n 170(b)                                    | (1)(A)(iii      | <b>).</b> (Atta       | ch Sche                 | dule H)                         |                  |         |
| 4      | П  | A medical i   | research               | organization operated                          | d in conjunction with a ho   | spital de                       | escribed                                    | ın <b>secti</b> | on 1 <b>70</b> (      | b)(1)(A)(               | (iii) Ente                      | er the hospital  | 's      |
|        | _  | name, city,   | , and sta              | te <sup>,</sup>                                |  |                                 |   |                 |                       |                         |                                 |                  |         |
| 5      |  | 170(b)(1)(A   | <b>(C)</b>             | Complete Part II)                              | of a college or university of  |                                 |   | -               | _                     | nental u                | nit descr                       | ribed in sectio  | n       |
| 6<br>7 | H  | An organiz  | ation tha              | it normally receives a                         | overnmental unit describe<br>substantial part of its sup               |                                 |   |                 |                       | or from t               | he genei                        | ral public desc  | cribed  |
| 8      |  | ☐ In <b>section 170(b)(1)(A)(vi).</b> (Complete Part II ) ☐ A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II ) |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
| 9      | X  | An organiz  | ation tha              | at normally receives (                         | 1) more than 33-1/3 % of   | its supp                        | ort from                                    | contrib         | utions, i             | nember                  | ship fees                       | s, and gross re  | eceipts |
|        |  | from activit<br>investment  | ties relat<br>i income | ed to its exempt funct                         | ions – subject to certain i<br>ss taxable income (less si              | exceptio                        | ns. and                                     | (2) no n        | nore tha              | ın 33-1/3               | 3 % of its                      | s support from   | ı gross |
| 10     |  | An organiz  | ation org              | ganized and operated                           | exclusively to test for pub  | lic safet                       | y See s                                     | ection 5        | 09(a)(4               | ). (see i               | nstructio                       | ons)             |         |
| 11     | An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        | a Type I b Type II c Type III – Functionally integrated d Type III – Other   |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        | e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other   |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
| ·      |  | than found<br>509(a)(2)   | ation ma               | nagers and other than                          | one or more publicly sup   | pported                         | organiza                                    | itions de       | scribed               | ın secti                | on 509(a                        | a)(1) or section | n       |
| f      |  | If the organ  |                        | received a written dete                        | ermination from the IRS th   | hat is a                        | Type I, T                                   | Гуре II о       | r Type I              | II suppo                | rting org                       | ganization,      |         |
| g      |  | Since Augu  | ust 17, 2              | 006, has the organizat                         | tion accepted any gift or  | contribu                        | ition fror                                  | n any of        | the foll              | owing pe                | ersons?                         | _                |         |
|        |  |   |                        |  |  |                                 |   |                 |                       |                         |                                 | _ Y              | es No   |
|        |  | (i) a per   | son who                | directly or indirectly overning body of the si | controls, either alone or to<br>ipported organization?                 | ogether v                       | with pers                                   | sons des        | scribed               | n (II) an               | d (III)                         | 11 g (i)         | i       |
|        |  |   | -                      | ber of a person desc                           | · · · · · · · · · · · · · · · · · · ·                                  |                                 |   |                 |                       |                         |                                 | 11 g (ii)        |         |
|        |  |   | •                      |  | described in (i) or (ii) ab  | ove?                            |   |                 |                       |                         |                                 | 11 g (iii)       |         |
| h      |  | • •   |                        |  | ne organizations the organ   |                                 | support                                     | s               |                       |                         |                                 | 1 3 2            |         |
|        | (1   | ) Name of Supp  |                        | (ii) EIN                                       | (iii) Type of organization   | T                               | Is the                                      |                 | ou notify             | (vi)                    | s the                           | (vii) Amount of  | Support |
|        | •  | Organizatio   | on                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        | (described on lines 1-9<br>above or IRC section<br>(see instructions)) | organizat<br>(i) listed<br>gove | tion in col<br>d in your<br>erning<br>ment? | the organ       | iization în<br>(i) of | organizat<br>(i) organi | ion in col<br>zed in the<br>S ? | , ,              |         |
|        |  |   |                        |  |  | Yes                             | No  | Yes             | No                    | Yes                     | No                              |                  |         |
|        |  |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        |  |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        |  | _   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        |  |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |
|        |  |   | ·                      |  |  |                                 |   |                 |                       |                         |                                 |                  | •       |
|        |  |   |                        |  |  |                                 |   | ļ. <u></u>      |                       |                         |                                 |                  |         |
|        |  |   |                        |  |  | <u> </u>                        |   |                 |                       | _                       |                                 |                  |         |
| Total  |  |   |                        |  |  |                                 |   |                 |                       |                         |                                 |                  |         |

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

Schedule A (Form 990 or 990-EZ) 2008

|              |  |  | <u> </u>                                 | ·                                 | <u> </u>            | ·                   |          |                   |                |
|--------------|--|--|--|-----------------------------------|---------------------|---------------------|----------|-------------------|----------------|
| Sec          | tion B. Total Support  |  | ,  |                                   |                     |                     |          |                   |                |
| aleı<br>egir | ndar year (or fiscal year<br>nning in) ►   | (a) 2004                                 | (b) 2005                                 | (c) 2006                          | (d) 2007            | (e) 2008            | 3        | (f) Tota          | nl<br>         |
| 7            | Amounts from line 4  |  |  |                                   |                     |                     |          |                   |                |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources |  |  |                                   |                     |                     |          |                   |                |
| 9            | Net income form unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on                    |  |  |                                   |                     |                     |          |                   |                |
| 10           | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)                                  |  |  |                                   |                     |                     |          |                   |                |
| 11           | Total support. Add lines 7 through 10  |  |  |                                   |                     |                     |          |                   |                |
| 12           | Gross receipts from related activ  | ities, etc (see ins                      | tructions)                               |                                   |                     |                     | 12       |                   |                |
|              | First five years. If the Form 990 organization, check this box and tion C. Computation of Pu                                   | stop here                                |  | d, third, fourth, o               | fifth tax year as   | a section 501       | (c)(3)   |                   | ▶              |
|              | Public support percentage for 20   |  |  | e 11 column (f)                   |                     |                     | 14       |                   | %              |
|              | Public support percentage for 20   |  |  | c 11, coldinii (i)                |                     | ŀ                   | 15       |                   | <del>/</del> % |
|              | ,, ,   | •  | •  |                                   |                     | يا<br>محمد ده (۵ ۵) |          | . Abra bar        |                |
| 16 a         | <b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization  | e organization did<br>qualifies as a pub | not check the book<br>licly supported or | x on line 13, and<br>ganization   | the line 14 is 33-1 | /3 % or more        | e, cneci | K this dox        | ▶ 🗌            |
| b            | <b>33-1/3 support test</b> — <b>2007.</b> If the and <b>stop here.</b> The organization  | e organization did<br>qualifies as a pub | not check a box of<br>licly supported or | on line 13, or 16a,<br>ganization | and line 15 is 33-  | -1/3% or mor        | e, chec  | ck this box       | <b>-</b>       |
| 17 a         | <b>10%-facts-and-circumstances te</b> or more, and if the organization in the organization meets the 'facts                    | neets the 'facts-a                       | nd-circumstances                         | s' test, check this t             | oox and stop here   | . Explaın ın F      | art IV   | 0%<br>how         | ▶ [            |
| Ь            | 10%-facts-and-circumstances te<br>or more, and if the organization<br>organization meets the 'facts-and                        | neets the 'facts-a                       | nd-circumstances                         | s' test, check this t             | oox and stop here   | . Explain in F      | art IV   | is 10%<br>how the | ► □            |
| 18           | Private foundation. If the organiz   | zation did not che                       | ck a box on line,                        | 13, 16a, 16b, 17a,                |                     |                     |          |                   | <b>&gt;</b>    |
| BAA          |  |  |  |                                   | S                   | chedule A (F        | orm 99   | 0 or 990-EZ       | 2) 2008        |
|              |  |  |  |                                   |                     |                     |          |                   |                |
|              |  |  | TEEA0402                                 | 12/17/08                          |                     |                     |          |                   |                |
|              |  |  |  |                                   |                     |                     |          |                   |                |

Schedule A (Form 990 or 990-EZ) 2008 SOCIETY OF AMERICAN INDIAN DENTIST, INC. 20-5966903 Page 3 | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2004 **(b)** 2005 (e) 2008 (f) Total (c) 2006 (d) 2007 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 17 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 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 **►** X Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 %

- 19a 33-1/3 support tests 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
  - b 33-1/3 support tests 2007. If the organization did not check a box on line 14 or 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 20

| Schedule A | (Form 990 or 990-E                  | EZ) 2008              | SOCIETY                          | OF AM               | MERICAN                 | INDIA               | N DENT             | IST,               | INC.              | 20-5966903                           | Page <b>4</b>          |
|------------|-------------------------------------|-----------------------|----------------------------------|---------------------|-------------------------|---------------------|--------------------|--------------------|-------------------|--------------------------------------|------------------------|
| Part IV    | Supplemental  <br>Part II, line 17a | Information or 17b; o | <b>on.</b> Compl<br>or Part III, | ete this<br>line 12 | s part to<br>2. Provide | provide<br>e any ot | the exp<br>her add | lanatio<br>itional | on requ<br>inform | ured by Part II,<br>nation. (see ins | line 10;<br>tructions) |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    |                   |                                      |                        |
|            | <del></del>                         | . – – – –             | <b>-</b>                         |                     |                         |                     |                    |                    |                   | <b></b>                              |                        |
|            |                                     | · <b></b>             |                                  |                     |                         |                     |                    |                    |                   |                                      |                        |
|            |                                     | <del>-</del>          |                                  |                     |                         |                     | <b>-</b>           |                    | <b></b>           |                                      |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    |                   |                                      |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    |                   | <b></b>                              |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    |                   | <b></b>                              |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    | <b>-</b> -         |                   |                                      |                        |
|            | <b>-</b>                            | · <b></b>             | <del>-</del>                     |                     | <b>-</b>                |                     | <del>-</del>       | <b>-</b>           |                   |                                      |                        |
|            | <b></b>                             | - <b></b>             | <del>-</del>                     |                     |                         |                     |                    |                    |                   |                                      |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    | <b>-</b>          |                                      |                        |
|            |                                     |                       |                                  |                     |                         |                     |                    |                    |                   |                                      |                        |
|            |                                     |                       |                                  |                     |                         | <b></b>             | <del>-</del>       | <b>-</b>           |                   |                                      |                        |
|            | <b></b>                             |                       | <b>-</b>                         |                     |                         |                     | <del>-</del>       |                    |                   |                                      |                        |
| ~          |                                     | . – – – –             | <b>-</b>                         |                     |                         |                     | <del>-</del>       |                    |                   |                                      |                        |
|            |                                     |                       |                                  |                     | <b>-</b>                |                     |                    |                    |                   |                                      |                        |
|            | <del></del>                         | · <del></del>         |                                  |                     | <b>-</b>                |                     | <b>-</b>           |                    |                   |                                      |                        |
|            |                                     | · <b></b>             |                                  |                     | <del>-</del>            |                     | <b>-</b>           | <b>-</b>           |                   | <b></b>                              |                        |
|            |                                     | ·                     |                                  | <b>-</b>            |                         | <b>-</b> -          |                    | <b>-</b> -         | <b>-</b>          |                                      |                        |
|            |                                     |                       |                                  | <b>-</b>            |                         |                     | <del>-</del>       |                    | <del>-</del>      | <b></b>                              |                        |
|            |                                     | · <b>-</b>            |                                  |                     | <b>-</b>                |                     |                    |                    | <b>-</b>          | <b>-</b>                             |                        |
|            |                                     |                       |                                  |                     | <b></b>                 |                     |                    |                    |                   | <b></b>                              |                        |
|            |                                     |                       |                                  | <b>-</b>            |                         |                     |                    |                    |                   |                                      |                        |
|            |                                     | · <b></b>             |                                  | <del>-</del>        |                         |                     | - <b></b>          |                    | <b></b>           | <b></b>                              |                        |
|            |                                     | · ·                   |                                  | <b></b>             | - <b>-</b>              |                     | - <b></b>          |                    |                   |                                      |                        |
|            |                                     | ·                     | <b>-</b> -                       |                     |                         |                     | <b></b> -          |                    |                   |                                      |                        |
| <b>-</b> - | <del>-</del>                        |                       | <del>-</del>                     |                     | <b></b>                 |                     | <b>-</b> -         |                    |                   |                                      |                        |
|            | - <b>-</b>                          |                       |                                  |                     | <b>-</b>                |                     | <del>-</del> -     |                    | <b>-</b>          |                                      |                        |

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