

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Open to Public Inspection

		inue Service				r copy or this return to s	- 			2009
			ar year,	or tax year begir	ning 7/01	, 20	008, and endin			
В	Check if	applicable	Please use					_	Employer Identif	
	Add	dress change	IRS label	INSTITUTE	FOR INDIA	N DEVELOPMEN	PT_INC	ED/ _	72-09245	
	Na	me change	or print or type.	8281 GOODW			RECEN) E	Telephone numb	er
	Init	tial return	See specific Instruc-	BATON ROUG	E, LA 708	06	111		225-924-	-1291
	\vdash	rmination	instruc- tions				1 "I	, 1		
	\vdash	nended return				/	FEB 1?	77 1 1 6	Gross receipts \$	2,009,310.
	\vdash	-	E Name a	Ind address of principa	officer			H(a) Is this a gro		
	Ap				ai onicei	_PS(C-CSCO-D	EST. 1-24	ates included?	Yes No
				AS C ABOVE					h a list (see inst	
<u> </u>		exempt status		(c) (3) ◄	(insert no)	4947(a)(1) or	527			
<u>J</u>	Web	osite: ► N/A						H(c) Group exem		
K_		of organization	X Corpora	ation Trust	Association	Other ►	L Year of Format	tion 1981	M State of le	gal domicile LA
Pa	rt I	Summa	ry							
				ganization's miss	ion or most sig	nificant activities.	TO OPERA	TE EXCLUS	SIVELY FO	OR
60		EDUCATION	NAL. C	ULTURAL DE	VELOPMENT.	_CHARITABLE	LITERACY	, AND SC	IENTIFIC	RESEARCH
č						ING IN LOUIS				
rna	•	330322		40141001				·		
ve	2	Check this box	→ []	if the organization	n discontinued	its operations or c	disposed of mo	ore than 25%	of its assets	
ŏ				bers of the gove					3	9
S						ing body (Part VI,	line 1b)		4	9
Activities & Governance	5	Total number	of emplo	yees (Part V, lin	e 2a)				5	203
tiv	6	Total number	of volunt	eers (estimate if	necessary)				6	19
Ă	7a	Total gross un	related b	ousiness revenue	from Part VIII,	, line 12, column (0	C)		7a	0.
	b	Net unrelated	business	taxable income	from Form 990)-T, line 34			7 b	0.
			•		· <u></u>	·-		Prior	Year	Current Year
	8	Contributions	and oran	ts (Part VIII, line	1h)				04,344.	2,009,310.
Revenue			_	ue (Part VIII, line	1,7	01/0111	2,003,010.			
Ven				art VIII, column (· · · · · · · · · · · · · · · · · · ·			
æ										
						əc, 10c, and 11e) art VIII, column (A	\ line 12\	1 9	04,344.	2,009,310.
							y, iiie 12)		23,662.	560,045.
				ounts paid (Part					23,002.	300,043.
Α.				members (Part I			= 40\	<u> </u>	F7 012	1 115 050
ø	15	Salaries, other	r comper	nsation, employe	e benefits (Par	t IX, column (A), lı	nes 5-10)	9	57,013.	1,115,052.
nse	16 a	Professional fi	undraisir	ig fees (Part IX,	column (A), line	e 11e)				
Expenses	b	Total fundraisi	ıng expe	nses (Part IX, co	lumn (D), line 2	25) ►		- "	·	*,
Ω ·			-	X, column (A), I				4	30,659.	340,701.
	i	•	•			column (A), line 25	5)		11,334.	2,015,798.
						column (A), mic 2s	<i>.</i> ,		-6,990.	-6,488.
	19	Revenue less	expense	s Subtract line	16 Irom line 12					
Net Assets or Fund Balancos								Beginnin		End of Year
30.00		Total assets (83,470.	15,958.
ŽŽ.	21	Total liabilities	s (Part X	, line 26)					88,224.	39,803.
žZ	22	Net assets or	fund bala	ances Subtract I	ine 21 from line	e 20		. 1	-4,754.	-23,845.
Pa	rt II	Signatu	re Blo	k						
		Under penalties	of periury.	I declare that I have e	xamined this return.	including accompanying r) is based on all informa	schedules and sta	tements, and to th	e best of my kno	wledge and belief, it is
		true, correct, an	nd complete	Declaration of prepa	rer (other than office	r) is baséd on all'informa	ation of which prepared	arer has any know	ledge	•
Sir	าก	$\triangleright \emptyset_{1}$	11.	R Illist	z ./			/	2-1-2	PRO
Sig He	re	Signature of	of officer					Date	~	- E/IA
2		► Ke	ViN	R:11.	+ E	ec Dir			₹5	· (60)
		1 <u> </u>	nt name an	d title) 1) 6 - X	ec Dije	·	 		1>
		, , , , , , , , , , , , , , , , , , ,			2 44		Date	1	if Re Pre	eparer's continuing number
E @	!			Tan	:		Date	Check self	. 1 400	ee instructions
ra D-	IU D-	Preparer's	_ <u>r</u> .	1 wy Co	muu		121	employ	red Line	26050147
Ψ,	rer'c	signature		TROY COURV			12-6-1	<u>'U </u>	TOP I	258141
盟	rer's e e lly	Firm's name (o				TEN & CO			_	7
Őř	Ĭv	yours if self employed),	► 183	S BEADLE	RD			EIN	▶ 72-13	69868
7	_	address, and ZIP + 4	LAF	AYETTE, LA	70508-421	.1		Phone	no ► (337	7) 232-4141
Ma	y the I	RS discuss thi	s return	with the prepare	r shown above?	(see instructions))			X Yes No
BA.		Daire are And a				e the congrete inc			EA0112 12/22	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
'	Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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, VII, VIII, IX, or X as applicable	11	Х	
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	12		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 8	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ı	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	14b		Х
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	15		Х
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	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
	a 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	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
(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?	24c		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	ļ
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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		х
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		х
D A A	· - · ·	Earn	. 000	くろりりるく

Form 990 (2008) INSTITUTE FOR INDIAN DEVELOPMENT INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
i	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		X
١	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
		31		Λ
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 I	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		Х
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
2 / /		Form	990	(2008)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable	2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g. (gambling) winnings to prize winners?	amıng 1c	<u> </u>	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	203		, ·
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruction	ns)	·	Ú
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a 4a		Х
b If 'Yes,' enter the name of the foreign country ▶			P.
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
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?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	<u> </u>	, .	
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75%	⁷ 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	d to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		,	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as rec	quired? 7h		Х
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, excess business holdings at any time during the year?	have 8	مُنْدِ مند نسب	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	7.5	7.	4.3.
a Did the organization make any taxable distributions under section 4966?	9a	4.4.4.	X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter	<u> </u>	- 34	
a Initiation fees and capital contributions included on Part VIII, line 12		7.88 %) b	\ . = '
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l r.
11 Section 501(c)(12) organizations. Enter	·		` } } }
a Gross income from other members or shareholders	2 2 3		ا بر دائن ا
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			. " . ' ! <u></u>
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
RAA	Form	990 (2008

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

<u>Se</u>	ction A.	Governing Body and Management				
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O. See instructions	describe the circumstances,	. 1: .	Yes	No
1	•	number of voting members of the governing body	1a 9			2 1
	b Enter the	number of voting members that are independent	1b 9	. O		. "
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		$\frac{x}{X}$
3	Did the o	rganization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other personal trustees.	under the direct supervision	3		Х
4	Did the o	rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X
_		·	nin nanata?	5		Х
5 6		rganization become aware during the year of a material diversion of the organization organization have members or stockholders?	11.5 922612	6		$\frac{\lambda}{X}$
		organization have members, stockholders, or other persons who may elect one or i	more members of the	7a		X
	•	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving	ertaken during the year by	**		4
	a The gove	rning body?		8a		X
	b Each con	nmittee with authority to act on behalf of the governing body?		8b		X
9	a Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u>
	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	1 ² All organizations must EE SCHEDULE O	10		Х
	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		Х
<u>Se</u>	ction B.	Policies				
					Yes	No
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	to conflic		-	12 b		X
		organization regularly and consistently monitor and enforce compliance with the pose O how this is done	olicy? If 'Yes,' describe in	12 c		Х
		organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision	×	and and and	
	-	nization's CEO, Executive Director, or top management official?		15a		X
		icers of key employees of the organization?		15 b		X
	Describe	the process in Schedule O (see instructions)	!			,
16		irganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X
	b If 'Yes,' h	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation I the organization's exempt	16b		<u>.</u>
Se		Disclosures				
17		states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a in Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	 aılabl	e for	public
		website Another's website X Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docurats available to the public	ments, conflict of interest pol	cy, ar	nd fina	ancial
20		e name, physical address, and telephone number of the person who possesses the temperature by BILLIOT 8281 GOODWOOD BLVD STE I-2 BATON ROUGE LA		anızat 	ion -	

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

- 1 a 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) Check this box if the organization did no		(D)	(E)	(F)						
Name and Title	(B) Average hours	Posi	(c) Position (check all that			hat app	ly)			Estimated
	Former Highest compensated employee Key employee Officer Institutional trustee or director					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations		
TOM NEAL										
BOARD MEMBER	1	X					_	0.	0.	0.
LONNIE MARTIN BOARD MEMBER	1	x						0.	0.	0.
BRENDA ROBICHAUX										
CHAIRPERSON] 1	X		Х				0.	0.	0.
JOHN PROCELL										
BOARD MEMBER	1	X						0.	0.	0.
KEVIN_SICKEY]				i	ļ				
BOARD MEMBER	1	Х						0.	0.	0.
CHRISTINE NORRIS										
BOARD MEMBER	1	Х					<u> </u>	0.	0.	0.
EARL BARBRY SR.								_		
BOARD MEMBER	1	Х		ļ	Ь.		-	0.	0.	0.
JOHN DARDEN	┨ .			١,,						0
SECRETARY TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T	1	X	-	X			⊢	0.	0.	0.
TOMMY BOLTON	١,	Х		Х				0.	o.	0.
VICE CHAIRMAN	1 -	 ^		┝≏	\vdash		-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
	-									
		<u> </u>	ļ	<u> </u>	<u> </u>		\vdash			· · · · · · · · · · · · · · · · · · ·
	-									
	<u> </u>	-		\vdash			\vdash			
	<u> </u>			<u> </u>	_					
	-									

TEEA0107L 04/24/09

(A)	(B)		3) (c)		~\ ~\	,		(D)	(E)	(F)				
(A)	Average	Posi	tion (hat a	nnlv)			1				
Name and Title	hours per week			Officer	_	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate: amount of or compensate from the organization and relate organization	ther ion on ed			
		ļ												
			_											
				ļ										
		_												
				_	ļ.,					<u> </u>				
1 b Total				-		-		0.	0.	1	0.			
2 Total number of individuals (including those in 1a) organization ► 0	who rec	eive	d m	ore	thar	יו \$וי	00,0	UU in reportable d	ompensation from	tne				
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater that individual 5 Did any person listed on line 1a receive or accrue or accr	eportable han \$15 compens	e coi 50,00 satio	mpe 00? n fr	ensa If 'Y om	tion 'es' anv	and com	d oth	er compensation e Schedule J for :	from such	3 4	X			
rendered to the organization? If 'Yes,' complete Sc Section B. Independent Contractors										5	<u> </u>			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization														
(A) Name and business address	s							Description) of Services	(C) Compensati	on			
	-					_								
						-								
 Total number of independent contractors (including compensation from the organization ► 0 	those ii	n 1)	who	o red	ceiv	ed n	nore	than \$100,000 in						

Pai	t VIII Statement of Revenue		(B)	12.	(5)
and the same areas		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9,0	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b	1 ,			
유할	c Fundraising events.	1	*		ź
A S	d Related organizations 1d	1			
₫₫	e Government grants (contributions) 1 e 2,006,985.	-			
S S	e Government grants (contributions) 1e 2,006,985.	-	á å	ø.č.	,
Ĕ삐	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,325.	"	*	\$945.	* *
툂	similar amounts not included above 1f 2, 325.				
ΣŞ	g Noncash contribns included in lns 1a-1f. \$				
		2,009,310.		*	
필	Business Code	*			
, KE	2a				
3	b				
5	С				
É	d				
E S	e e				
8	f All other program service revenue	-	· ·- · · ·		
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f				
-	-	-			
	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents	-	- Jan	* }	\$
		-			
	b Less rental expenses	4			
	c Rental income or (loss)			4 ANDRONE	
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other	1			
1	assets other than inventory	_			
	b Less, cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
E C	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)				a.
Æ	See Part IV, line 18				
뜊	b Less direct expenses b	1			
9	c Net income or (loss) from fundraising events	•			
	· · · · · · · · · · · · · · · · · · ·				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b	-			
	c Net income or (loss) from garning activities	<u> </u>			
	1		ļ		
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold b	ļ			·
	c Net income or (loss) from sales of inventory	`\			
	Miscellaneous Revenue Business Code				l J
	11a	 			
	b	-			
	c	 			
	d All other revenue			ļ	
	e Total. Add lines 11a-11d			ļ	
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	2,009,310.	0.	0.	0.

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	560,045.	560,045.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			>, , ,	
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,019,627.	1,019,627.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,032.	17,032.		
9	Other employee benefits.				
10	Payroll taxes	78,393.	78,393.		
11	Fees for services (non-employees)		· · · · · · · · · · · · · · · · · ·		
	Management				
	Legal				····
C	: Accounting				
	Lobbying			*30.	
	Prof fundraising svcs See Part IV, In 17			.4	
	Investment management fees	24.075	04.076		
	Other	24,076.	24,076.		
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	46.056	46.056		
16	Occupancy	46,856.	46,856. 61,254.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	61,254.	01,234.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				- -
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).	84,798.	84,798.		
ā	FOOD PURCHASES	37,369.	37,369.		
ŀ	SUPPLIES	28,467.	28,467.		
(EQUIPMENT RENTAL & MAINTENANCE	17,153.	17,153.		
•	TELEPHONE	12,947.	12,947.		
•	ENERGY ASSISTANCE	9,811.	9,811.		
1	All other expenses	17,970.	10,133.	7,837.	
25	Total functional expenses. Add lines 1 through 24f	2,015,798.	2,007,961.	7,837 <u>.</u>	0.
26	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	L				Form 990 (2008)

Page 11

					(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing.			44,955.	1						
	2	Savings and temporary cash investments		ľ		2	·					
	3	Pledges and grants receivable, net		ľ	34,576.	3	12,019.					
	4	Accounts receivable, net			· ·	4						
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	tees, key employees,		5						
	6	Receivables from other disqualified persons (as define		ler section 4958(f)(1))		٠	<u> </u>					
		and persons described in section 4958(c)(3)(B) Comp	plete F	Part II of Schedule L		6						
A S S E T S	7	Notes and loans receivable, net				7						
Ē	8	Inventories for sale or use				8						
Š	9	Prepaid expenses and deferred charges				9						
	10 a	Land, buildings, and equipment cost basis	10 a	11,523.	" " + h decin	4						
	b	Less accumulated depreciation Complete Part VI of					Lambian some Lambian					
		Schedule D	10 b	7,584.	3,939.	10 c	3,939.					
	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	34)		83,470.	16	15,958.					
	17	Accounts payable and accrued expenses			12,971.	17						
	18	Grants payable			13,244.	18	10.011					
	19	Deferred revenue	19	13,244.								
Ĭ	20											
ĝ	21	Escrow account liability Complete Part IV of Schedul			<i>;</i>	21						
LIABILITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L										
Ē				et. a.a.		23						
5	23	Secured mortgages and notes payable to unrelated th	iira pa	rues		24						
	24 25	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule D			62,009.	25	26,559.					
	26	Total liabilities. Add lines 17 through 25.			88,224.	26	39,803.					
	20	Organizations that follow SFAS 117, check here	X ar	nd complete lines		20	35,7003.					
Ĕ		27 through 29 and lines 33 and 34.	[<u></u>] c	ia complete inics	· **	-	. 🐴 🛊					
	27	Unrestricted net assets			-6,598.	27	-23,845.					
ASSE	28	Temporarily restricted net assets			1,844.	28						
š	29	Permanently restricted net assets				29						
R		Organizations that do not follow SFAS 117, check he	ere ►	and complete								
	1	lines 30 through 34.										
FUZD	30	Capital stock or trust principal, or current funds				30						
	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31						
Ê	32	Retained earnings, endowment, accumulated income	, or otl	ner funds		32						
BALAZCES	33	Total net assets or fund balances.			-4,754.	33	-23,845.					
	34	Total liabilities and net assets/fund balances			83,470.	34	15,958.					
Pa	ırt X	Financial Statements and Reporting										
1	Ac	counting method used to prepare the Form 990	Cash	X Accrual	Other		Yes No					
2	a We	ere the organization's financial statements compiled or	review	ved by an independent	accountant?		2a X					
		ere the organization's financial statements audited by a					2b X					
		Yes' to 2a or 2b, does the organization have a commit riew, or compilation of its financial statements and sele					2c					
3	Au	a result of a federal award, was the organization requidit Act and OMB Circular A-133?			udits as set forth in the	Singl	3a X					
		Yes,' did the organization undergo the required audit o	r audit	s?			3b X					
BA	Α						Form 990 (2008)					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number INSTITUTE FOR INDIAN DEVELOPMENT INC 72-0924541 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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 11 Type III — Functionally integrated Type III— Other Type I Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col (i) of your support? (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the (vii) Amount of Support (i) Name of Supported Organization (n) EIN (IV) Is the inization in col organization in col (i) listed in your governing document? organized in the Yes Yes No Yes No No Total

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

INSTITUTE FOR INDIAN DEVELOPMENT INC Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 2,009,310 563,181 124,472. 1,241,412. 1,904,344. 5,842,719. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge. 719. 472 412. 1,904, 344 2,009 310 5,842, Total. Add lines 1-3 563,181 124 241 The portion of total contributions by each person nigs.. 150 (other than a governmental unit or publicly supported 53 4 organization) included on line 1 that exceeds 2% of the amount 35 354 -0. shown on line 11, column (f) 3 Public support. Subtract line 5 5,842,719. 64 from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006beginning in) 2,009,310 5,842,719. 7 Amounts from line 4 563,181 124,472 241,412 904,344 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 through 10 5,842,719. 0. 12 Gross receipts from related activities, etc. (see instructions) 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) \blacktriangleright organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 100.0% 14 100.0% 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 INSTITUTE FOR INDIAN DEVELOPMENT INC 72-0924541 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008(f) Total Calendar year (or fiscal yr beginning in)▶ 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, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line ¥7. 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 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)) % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18

19 a 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

Schedule	A (For	m 9	90 or	990-6	EZ) 2	2008	IN	ISTI	TUT	E I	FOR	IN	DI	N.	DEV	ÆLC	PME	ENT	INC	:	7	2-0	924	541		F	age 4
Part IV	Sup	pple	emer	ıtal I	nfo	rmat	ion.	Cor	nple	ete	this	par	t to	pro	ovid	le th	e e	xpla	natio	n re	quire	d by	Pai	t II,	line	10;	
	Pai	L II	, iiiie	1/a	Of	170,	OI I	arı	111,	11116	12.		OVIC	ie a	iiiy	Ollie	- ac	Julu	onai	IIIIOI	mau	OH.	See	11151	ructic)115)	
												- - ·															
																									. -		
																									. -		
			- 																						. .		
									- -																		
																									- - -		
						- -					. – –								- 		- - -						
																	- - ·		 -								
																									. .		
· = = =											_	_	_	_	_												
						· - - ·			· – –			- -															
																			-		· — —						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

INS	TITUTE FOR INDIAN DEVELOPMENT	INC	72-0924541
Par	til Organizations Maintaining Donor	Advised Funds or Other Similar Fun	ds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit?	rs, and donor advisors in writing that grant func the benefit of the donor or donor advisor or oth	ds may be ler Yes No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	
	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	
			Held at the End of the Year
-	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	: Number of conservation easements on a certif		2c
	Number of conservation easements included in		2d
3	Number of conservation easements modified, year ▶	transferred, released, extinguished, or termina	ted by the organization during the taxable
4	Number of states where property subject to co	inservation easement is located >	
5	Does the organization have a written policy re enforcement of the conservation easement it l	nolds?	∐ Yes ∐ No
6	Staff or volunteer hours devoted to monitoring		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ► \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and exper to the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1:	If the organization elected, as permitted under	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in furthera	nent and balance sheet works of art, historical
ı	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in furthera	nent and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	
;	a Revenues included in Form 990, Part VIII, line	e 1	* \$
ı	Assets included in Form 990, Part X		* \$

	LTUTE FOR IND			72-092		Page 2
Part III Organizations Mainta	ining Collections	s of Art, Histor	rical Treasures, o	r Other Similar Ass	ets (contin	ued)
 Using the organization's accession that apply) 	on and other records	, check any of the	following that are a s	ignificant use of its coll	ection items (check all
a Public exhibition		d Loan or	r exchange programs			
b Scholarly research		e 🔝 Other				
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIV		·			se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive	donations of art,	historical treasures, of	or other similar	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrangei	nents Comple	te if organization			
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or ot	her intermediary	for contributions or oth	ner assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the followin	g table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co		1				
	(a) Current year	(b) Prior year	(c) Two years bac		(e) Four yea	
1 a Beginning of year balance		<u> </u>	* ', '		*****	
b Contributions					-	·
c Investment earnings or losses		4	* ' ' ' '		<u>'</u>	50.50
d Grants or scholarships			*			
 Other expenditures for facilities and programs 			, ,,-	, ,		*
f Administrative expenses		-		2.2.4	1	
g End of year balance		L	~ <u> </u>		1	
2 Provide the estimated percentage	=					
a Board designated or quasi-endov		&				
b Permanent endowment ▶	*					
c Term endowment ►	——⁴					
3a Are there endowment funds not a organization by.	in the possession of	the organization t	hat are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations listed a	is required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments—Land, B	uildings, and Eq	uipment. See	Form 990, Part X	, line 10.		
Description of investment		t or other basis evestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book \	/alue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			11,523.	7,584.	3	3 <u>,939.</u>
e Other						
Total. Add lines 1a-1e (Column (d) she	ould equal Form 990	, Part X, column ((B), line 10(c))	<u> </u>		3,939.
D. 4.				C-L	Iula D (Earm C	プロロン つりりつ

BAA

Schedule D (Form 990) 2008

Pärt VII Investments-Other Securities See	Form 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion
Financial derivatives and other financial products		Cost or end-or-year mar	ket value
Closely-held equity interests			
0.1	-		
Other			·, -· · · · ·
			
			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)	- //		
Part VIII Investments-Program Related (Se		e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
(a) Description of investment type	(B) Book Value	Cost or end-of-year mar	ket value
	-		
	-		•
			
			
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)	>		
Part IX Other Assets (See Form 990, Part	X, line 15) N/A		
(a) Description		(b) Book value
	-		
		· · · · · · · · · · · · · · · · · · ·	
Total. Column (b) Total (should equal Form 990, Part X	(, col (B), line 15)	•	
Part X Other Liabilities (See Form 990, Part X	art X, line 25)		
(a) Description of Liability	(b) Amount	.*	·
Federal Income Taxes	1	·	ş *
ACCRUED PAYROLL	985	<u>, </u>	
CASH OVERDRAFT	12,191		
COMPENSATED ABSENCES PAYABLE	10,113	—1	*
			
LINE OF CREDIT	3,270	<u>- </u>	
			
		_	
		_	
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25	5) ► 26,559		
In Part XIV, provide the text of the footnote to the orga			ility for uncertain tax

Schedule D (Form 990) 2008 INSTITUTE FOR INDIAN DEVELOPMENT INC

72-0924541

Page 3

	A VI Decemblishing of Change in Not Access from Form Of		72-0924541 Page 4
	t XI. Reconciliation of Change in Net Assets from Form 9	ou to Financial Stateme	ents N/A
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8	40	·
10 Dái	Excess or (deficit) for the year per financial statements. Combine lines 3		per Return N/A
	t XII Reconciliation of Revenue per Audited Financial Sta		per Return N/A
1	Total revenue, gains, and other support per audited financial statements	•	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اءه ا	
	Net unrealized gains on investments	2 a	
	Donated services and use of facilities		
	Recoveries of prior year grants	2c	
	Other (Describe in Part XIV)	2d	
	Add lines 2a through 2d		2e
-	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b		4c
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I,		5
Pa	t XIII Reconciliation of Expenses per Audited Financial St	atements with Expens	
1	Total expenses and losses per audited financial statements		1 32 %
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1	** ,
	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
	Losses reported on Form 990, Part IX, line 25	2c	, ` `
	d Other (Describe in Part XIV)	2d]	
•	e Add lines 2a through 2d		
3	Subtract line 2e from line 1	1 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· ()
	Investments expenses not included on Form 990, Part VIII, line 7b		·`.
1	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I,	line 18)	5
<u> </u> Ra	t XIV Supplemental Information		
	4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d		
			Schedule D (Form 990) 2008
BAA	TEEA3304L 12/23	7UG	Schedule & (FUHII 330) 2000

Reart XIV Supplemental Information (continued)	age 3
	. — — -
	. — — -
	. – – -

SCHEDÜLEI		ະ ອີເ	ants and Oth	Grants and Other Assistance to Organizations,	o Organization	S,		UMB No 1545-0047
(Form 990)			Government	Governments and Individuals in the U.S	ils in the U.S.			2008
Department of the Treasury Internal Revenue Service		► Complete if the or	e if the organizatio	ganization answered 'Yes,' on Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	orm 990, Part IV, lines '.	21 or 22.		Open to Public Inspection
1 ~	TNDTAN DEVETOPMENT	MENT INC					Employer identification number 72-0924541	ation number
Part General In		nts and Assista	nce					
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the	to substantiate the grants or assistance	amount of the gran	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	antees' eligibility for th States	ne grants or assistance	e, and	☐ Yes ☐ No
	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	tecipient that repair 990) if addit		Organizations in the United States. Complete of the organization answered 'Yes' on Form more than \$5,000. Check this box of no one recipient received more than \$5,000. Use as needed	ed States. Completed States of the result of the contract of t	e if the organizati ecipient received	on answered 'Ye more than \$5,00	es' on Form 00. Use
1 (a) Name and address of organization or government	ess of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN CENTER OF ARKANSAS 1100 N UNIVERSITY STE 143	VIER OF ARKANSAS STE 143	71-0493819	501 (C) 3	560,045.	0			PROVIDE ASSISTANCE TO NATIVE
								AMERICANS
			:					
		,						
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations.	and government or	ganizations				A A	0 1
	and Paperwork Reduc	tion Act Notice, see	the Instructions for	or Form 990.	TEEA3901L 12/19/08	12/19/08	Sched	Schedule I (Form 990) 2008

Page 2 **Part:Ⅲ类 Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 72-0924541 INSTITUTE FOR INDIAN DEVELOPMENT INC

Schedule I (Form 990) 2008

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

BAA

Schedule 1 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Publication

Department of the Treasury Internal Revenue Service additional inf

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

INSTITUTE FOR INDIAN DEVELOPMENT INC	72-092 <u>4541</u>
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR INDIAN DEVELOPMENT INC

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

2008

OMB No 1545-0047

Openito Public

Employer identification number

72-0924541

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
					ł
Part II Identification of Related Tax-Exempt Organizations	ıns				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
INTER-TRIBAL COUNCIL OF LA, INC.	PROVIDE LEADERSHIP,				
8281 GOODWOOD BLVD I2 BATON ROUGE, LA 70806	ADVOCACY & SERVICES FOR				
72-0768043	NATIVE AMERICANS	LA	501 (C) 4		N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	3L	TEEA5001L 12/23/08	Schedu	Schedule R (Form 990) (2008)

ENT INC	Partnership	
I DEVELOPMI	axable as a	
OR INDIAN	nizations T	
INSTITUTE F	of Related Orga	
Schedule R (Form 990) 2008 INSTITUTE FOR INDIAN DEVELOPMENT INC	Partill Identification of Related Organizations Taxable as a Partnership	

	General or managing partner?		
	Code V-UBI Code volubi Code V-UBI Code V-UBI Code V-UBI Code Schedule K-1 (Form 1065)		
•	Disproportionate allocations?		
	(G) Share of end-of-year assets		
	Share of total income Share of end-of-year assets		
	(E) Predominant income (related, investment, unrelated)		
	(D) Direct controlling entity		
	Legal domicile (state or foreign	(famo)	
1	Primary Activity Legal Direct domicile controlling entity (state or foreign foreign country)		
	(A) Name, address, and EIN of related organization		

Trust
ö
ion
orat
Sorp
a Co
as a
<u>ة</u>
бab
<u>a</u>
<u>.</u> ن
5
ä
Ę
gai
ō
짇
¥
ਙ
<u></u>
0
.ō
á
ij.
Į
de

F
Pa
1

(A) Name, address, and EiN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(C) (D) (D) (E) Type of entity (Share of total income Share of end-of-year (state or foreign controlling entity (C corp, S corp, country) (C corp, s c	(G) Share of end-of-year assets	(H) Percentage ownership
	T1						
ВАА		TEEA5002L 12/23/08	723/08			Schedule R (Form 990) (2008)	990) (2008)

Park.V: Transactions With Related Organizations

Schedule R (Form 990) 2008 INSTITUTE FOR INDIAN DEVELOPMENT INC

Rart VIओ Unrelated Organizations Taxable as a Partnership

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

Name, address, and EIN of entity (B) (C) (C) (C) (C) (C) (C) (C)	(B) Primary activity	(State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No		Yes No
					· -		
					-		
							_
							
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	n 990) (2008)