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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
THE INDIANAPOLIS DISTRICT DENTAL SOCIETY, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
8780 PURDUE ROAD 8

City or town, state or country, and ZIP + 4
INDIANAPOLIS IN 46268-1173

D Employer identification number
35-0789028

E Telephone number
317-471-8131

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.INDYDENTALSOCIETY.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 168,411

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	17,753
	3	Membership dues and assessments SEE STATEMENT 1		3	118,392
	4	Investment income		4	1,134
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			SEE STMT 2
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 1,420		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	1,420
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 3)		8	29,712
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	168,411
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	103,598
	13	Professional fees and other payments to independent contractors		13	2,127
	14	Occupancy, rent, utilities, and maintenance		14	10,231
	15	Printing, publications, postage, and shipping		15	10,494
	16	Other expenses (describe ▶ SEE STATEMENT 4)		16	55,614
	17	**Total expenses.** Add lines 10 through 16 ▶		17	182,064
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-13,653
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	152,000
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	138,347

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	156,316	22	136,196
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 5)	2,008	24	4,420
25 Total assets	158,324	25	140,616
26 Total liabilities (describe ▶ SEE STATEMENT 6)	6,324	26	2,269
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	152,000	27	138,347

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

SCANNED OCT 20 2010

G5 V

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ CAROLYN HANSEN Telephone no ▶ 317-471-8131

Located at ▶ 8780 PURDUE ROAD, SUITE 8 INDIANAPOLIS, IN ZIP + 4 ▶ 46268

			Yes	No
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Yes	No
46	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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Carolyn Hansen 9/27/10
Signature of officer Date

▶ CAROLYN HANSEN, Executive Director, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	LISA L. PINEGAR, CPA	Date 09/22/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00109136
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	SHAUB CPA GROUP 584 NORTH EMERSON AVE. GREENWOOD, IN 46143			EIN ▶ 35-1540980 Phone no ▶ 317-888-2047

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: THE INDIANAPOLIS DISTRICT DENTAL SOCIETY, INC.

Identifying number: 35-0789028

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	69

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	741
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	810
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning , and ending

2009

Name
THE INDIANAPOLIS DISTRICT DENTAL SOCIETY, INC.

Employer Identification Number
35-0789028

	(A)	(B)	(C)	Others	Total
Gross receipts	1,420	0	0	0	1,420
Less contributions	0	0	0	0	0
Gross revenue	1,420	0	0	0	1,420
Less direct expenses	0	0	0	0	0
Net income (loss)	1,420	0	0	0	1,420

Description (A) NEW MEMBER RECEPTION

(B)

(C)

Others

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
	$ 118,392
TOTAL	$ 118,392

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
IBM SELECTRIC TYPEWRITER							
PURCHASE		9/14/90	12/31/09	$	$ 300	$ 300	$
BROTHER FAX MACHINE							
PURCHASE		9/30/92	12/31/09		313	313	
XEROX CART							
PURCHASE		6/01/95	12/31/09		112	112	
COMPUTER NETWORK							
PURCHASE		7/28/97	12/31/09		5,392	5,392	
WALLPAPER							
PURCHASE		4/24/99	12/31/09		491	491	
HP-6P LASER PRINTER							
PURCHASE		7/06/99	12/31/09		466	466	
PRINTER DUPLEXER & ENVELOPE							
PURCHASE		2/29/00	12/31/09		545	545	
DELL COMPUTER							
PURCHASE		8/01/02	12/31/09		1,141	1,141	
DELL COMPUTER							
PURCHASE		9/05/02	12/31/09		642	642	
TOTAL				$ 0	$ 9,402	$ 9,402	$ 0

Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
ADVERTISING INCOME	$ 17,295
MISC REVENUE	7,657
MANAGEMENT INCOME	4,760
TOTAL	$ 29,712

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
ADVERTISING INCOME	$
SUPPLIES	960
EXPENSES	
	4,030
INFORMATION TECHNOLOGY	2,018
TRAVEL	2,555
BOARD EXPENSES	2,981
AWARDS	2,978
CONTINUING EDUCATION	4,953
ROSTER	3,895
WEB SITE	369
PEER REVIEW	114
MEMBERSHIP MEETINGS	12,159
MEMBER SERVICES	3,822
BANK & CREDIT CARD FEES	618
INSURANCE	2,027
PRINTING	6,332
POSTAGE	5,240
OTHER ADMIN EXPENSE	563
TOTAL	$ 55,614

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
	$ 36,288	$ 25,513
LESS ACCUMULATED DEPRECIATION	34,280	24,315
FOUNDATION RECEIVABLE		3,222
	2,008	4,420

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PEER REVIEW PAYABLE	$	$ 2,269
FOUNDATION PAYABLE	6,324	
	6,324	2,269

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES FOR DENTISTS.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
PROFESSIONAL DEVELOPMENT MEETINGS AND SEMINARS FOR DENTISTS. SOCIETY PUBLICATIONS PROVIDING INFORMATION NEEDED BY DENTISTS. NETWORKING AND INFORMATION EXCHANGE MEETINGS AND GATHERINGS FOR DENTISTS.

Statement 9 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
PROFESSIONAL DEVELOPMENT MEETINGS AND SEMINARS FOR DENTISTS. SOCIETY PUBLICATIONS PROVIDING INFORMATION NEEDED BY DENTISTS. NETWORKING AND INFORMATION EXCHANGE MEETINGS AND GATHERINGS FOR DENTISTS.

Indianapolis District Dental Society
2009 Officers and Board of Directors
for the term beginning January 1, 2009 and ending December 31, 2009

Dr. Suzanne S. Germain, President (10)
55 Brendon Way, Suite 200, Zionsville 46077
Ofc 317/873-6750 Fax 317/873-6708
Home 317/733-8331 Cell 317/752-5950
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04/21/09

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	THE INDIANAPOLIS DISTRICT DENTAL SOCIETY, INC.	35-0789028
	Number, street, and room or suite no If a P O box, see instructions 8780 PURDUE ROAD 8	
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS IN 46268-1173	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ CAROLYN HANSEN

Telephone No ▶ 317-471-8131 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 2009 or
▶ [ ] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization THE INDIANAPOLIS DISTRICT DENTAL SOCIETY, INC.		Employer identification number 35-0789028
	Number, street, and room or suite no If a P O box, see instructions 8780 PURDUE ROAD 8		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS IN 46268-1173		

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ CAROLYN HANSEN
  Telephone No ▶ 317-471-8131 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/10

5 For calendar year 2009 , or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Lisa L. Pinegar, CPA Title ▶ CPA/Agent Date ▶ 08/12/10