

**The Snyder Firm, PA
1751 Saint Julian Pl
Columbia, SC 29204-2409
803-252-0606**

November 24, 2008

CONFIDENTIAL

SC Dental Association
120 Stonemark Lane
Columbia, SC 29210

Phil:

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax
990-T - Exempt Organization Business Income Tax Return

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

The Snyder Firm, PA

Filing Instructions

SC Dental Association

Exempt Organization Tax Return

Taxable Year Ended June 30, 2008

Date Due: February 17, 2009

Remittance: None is required. Your Form 990 for the tax year ended 6/30/08 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 9 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

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

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

A For the 2007 calendar year, or tax year beginning 7/01/07, **and ending** 6/30/08

- 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
SC DENTAL ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
120 STONEMARK LANE

City or town, state or country, and ZIP + 4
COLUMBIA SC 29210

D Employer identification number
57-0399460

E Telephone number
803-750-2277

F Accounting method: Cash Other (specify)
u MODIFIED CASH

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

G Website: j WWW.SCDA.ORG

J Organization type (check only one) 501(c) (6) **t** (insert no.) 4947(a)(1) or 527

K Check here **u** if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **u**

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **u** 1927

M Check **u** if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **u** 925,201

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		106,083
	3 Membership dues and assessments	3	SEE STATEMENT 1	421,632
	4 Interest on savings and temporary cash investments	4		31,180
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe u <u>SEE STATEMENT 2</u>)	7		61,841	
8a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
		8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		304,465	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		925,201	
Expenses	13 Program services (from line 44, column (B))	13	772,105	
	14 Management and general (from line 44, column (C))	14	48,427	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		820,532
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	104,669	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,454,911	
	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, 19, and 20	21		1,559,580

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 3	25a	65,000	58,500	6,500
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	110,266	99,239	11,027
27 Pension plan contributions not included on lines 25a, b, and c	27	28,411	25,570	2,841
28 Employee benefits not included on lines 25a - 27	28	32,346	29,111	3,235
29 Payroll taxes	29	17,922	16,130	1,792
30 Professional fundraising fees	30			
31 Accounting fees	31	3,895		3,895
32 Legal fees	32	9,088		9,088
33 Supplies	33	5,024	4,522	502
34 Telephone	34	6,867	6,180	687
35 Postage and shipping	35	2,832	2,549	283
36 Occupancy	36			
37 Equipment rental and maintenance	37	18,520	18,000	520
38 Printing and publications	38	4,548	4,328	220
39 Travel	39	12,960	12,960	
40 Conferences, conventions, and meetings	40	316,065	316,065	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	9,400	8,460	940
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 4	43a	177,388	170,491	6,897
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	820,532	772,105	48,427

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? u SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a 501 (C) (6) ORGANIZATION - NOT REQUIRED (Grants and allocations \$) If this amount includes foreign grants, check here u <input type="checkbox"/>	507,562
b (Grants and allocations \$) If this amount includes foreign grants, check here u <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here u <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here u <input type="checkbox"/>	
e Other program services (attach schedule) SEE STMT 6 (Grants and allocations \$) If this amount includes foreign grants, check here u <input type="checkbox"/>	264,543
f Total of Program Service Expenses (should equal line 44, column (B), Program services) u	772,105

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	817,457	45	966,695	
	46 Savings and temporary cash investments	435,879	46	387,934	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a Investments—land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
	56 Investments—other (attach schedule)	SEE STMT 7	29,936	56	20,000
	57a Land, buildings, and equipment: basis	57a	509,310		
b Less: accumulated depreciation (attach schedule)	SEE STATEMENT 8	292,589	57b	226,121	
57c			57c	216,721	
58 Other assets, including program-related investments (describe <input type="checkbox"/>			58		
59 Total assets (must equal line 74). Add lines 45 through 58		1,509,393	59	1,591,350	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9		54,482	65	31,770
	66 Total liabilities. Add lines 60 through 65		54,482	66	31,770
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,454,911	67	1,559,580	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,454,911	73	1,559,580	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,509,393	74	1,591,350	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Yes No

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of PHIL LATHAM
120 STONEMARK DRIVE
Located at COLUMBIA, SC
ZIP + 4 29210
91b 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)?

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country **u**
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here **u**
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADMINISTRATIVE SERVICES					11,128
b JUA SEMINAR SUPPORT					26,489
c OTHER					25,993
d WEBSITE LINK LOGO	541800	6,287			
e BULLETIN	541800	36,186			
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					421,632
95 Interest on savings and temporary cash investments					31,180
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income	519100	113,766			-51,925
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ADVERTISING	541800	12,140			
c OTHER					2,235
d ANNUAL CONVENTION					290,090
e					
104 Subtotal (add columns (B), (D), and (E))		168,379		0	756,822
105 Total (add line 104, columns (B), (D), and (E))					u 925,201

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
q	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: PHIL LATHAM Date: _____
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: DOUGLAS A. SNYDER Date: _____
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Instr. X): 251-31-0307
 Firm's name (or yours if self-employed), address, and ZIP + 4: THE SNYDER FIRM, PA
1751 SAINT JULIAN PL
COLUMBIA, SC 29204-2409
 EIN: 57-1040884
 Phone no. 803-252-0606

Filing Instructions

SC Dental Association

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2008

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/08 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2007

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning 7/01/07, and
ending 6/30/08. **u** See separate instructions.

Open to Public Inspection
for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) (<u>6</u>) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year <u>1,591,350</u>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) <u>SC DENTAL ASSOCIATION</u> Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <u>120 STONEMARK LANE</u> City or town, state, and ZIP code <u>COLUMBIA SC 29210</u>	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) <u>57-0399460</u> E Unrelated business activity codes (See instructions for Block E on page 9.) <u>541800 541800</u>
F Group exemption number (See instructions for Block F on page 9.) u <u>1927</u>		G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.
u SCDA BULLETIN AND DIRECTORY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u** PHIL LATHAM Telephone number **u** 803-750-2277

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance u		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, & rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See page 11 of the instructions; attach schedule.) <u>SEE STMT 1</u>	168,379		168,379
13	Total. Combine lines 3 through 12	168,379		168,379

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach schedule)			18
19	Taxes and licenses			19
20	Charitable contributions (See page 14 of the instructions for limitation rules.)			20
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
23	Depletion			23
24	Contributions to deferred compensation plans			24
25	Employee benefit programs			25
26	Excess exempt expenses (Schedule I)			26
27	Excess readership costs (Schedule J)			27
28	Other deductions (attach schedule) <u>SEE STATEMENT 2</u>			172,000
29	Total deductions. Add lines 14 through 28			172,000
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-3,621
31	Net operating loss deduction (limited to the amount on line 30)			31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-3,621
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-3,621

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35c	
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36	
37 Proxy tax. See page 16 of the instructions ▶ 37	
38 Alternative minimum tax 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see page 17 of the instructions) 40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) <input checked="" type="checkbox"/> 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e	
41 Subtract line 40e from line 39 41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other 42	
43 Total tax. Add lines 41 and 42 43 0	
44a Payments: A 2006 overpayment credited to 2007 44a	
b 2007 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 44f	
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <input checked="" type="checkbox"/> 44f	
45 Total payments. Add lines 44a through 44f 45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed <input checked="" type="checkbox"/> 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <input checked="" type="checkbox"/> 48	
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax <input checked="" type="checkbox"/> Refunded <input checked="" type="checkbox"/> 49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here <input checked="" type="checkbox"/> Yes No		
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No		
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> \$ Yes No		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1		6 Inventory at end of year 6	
2 Purchases 2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7	
3 Cost of labor 3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No	
4a Additional sec. 263A costs (attach sch.) 4a			
b Other costs (attach schedule) 4b			
5 Total. Add lines 1 through 4b 5			

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer's Use Only

Preparer's signature DOUGLAS A. SNYDER	Title	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 251-31-0307
Firm's name (or yours if self-employed), address, and ZIP code THE SNYDER FIRM, PA 1751 SAINT JULIAN PL COLUMBIA, SC 29204-2409	EIN 57-1040884	Phone # 803-252-0606		

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

(1) N/A
(2)
(3)
(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . u

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E—Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 **u**

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross inc.	6 Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals u			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals **u**

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
N/A			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return SC DENTAL ASSOCIATION	Identifying number 57-0399460
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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	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
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	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
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 2006 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 2008. 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 instructions.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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	9,400

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 2007	17	0
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	18	

Section B-Assets Placed in Service During 2007 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 2007 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 instr.	22	9,400
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	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements**Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ <u>421,632</u>
TOTAL	\$ <u><u>421,632</u></u>

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
LOSS ON INVESTMENTS	\$ -51,925
ROYALTIES	<u>113,766</u>
TOTAL	\$ <u><u>61,841</u></u>

Federal Statements**Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
COMPENSATION	58,500	6,500	
TOTAL	\$ <u>58,500</u>	\$ <u>6,500</u>	\$ <u>0</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
UTILITIES	7,958	7,163	795	
INSURANCE	18,745	16,870	1,875	
LICENSE FEES	1,443	1,443		
MISCELLANEOUS	1,064	1,064		
EDITOR/PRESIDENT STIPEND	1,500	1,500		
PRESIDENT STIPEND	3,150	3,150		
DIRECTORY	11,406	11,406		
LOBBYIST	43,045	43,045		
WEB COSTS	4,411	4,411		
PROGRAM DEVELOPMENT	35,571	35,571		
CONTINGENCY	23,576	23,576		
BANK FEES	4,227		4,227	
GOVERNMENT INFORMATION	2,006	2,006		
TRAINING	1,107	1,107		
ADVOCACY	18,179	18,179		
TOTAL	\$ 177,388	\$ 170,491	\$ 6,897	\$ 0

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH TO THE PUBLIC
AND TO PROMOTE THE ART AND SCIENCE OF DENTISTRY.

Statement 6 - Form 990, Part III, Line e - Other Program Services

Description

ANNUAL CONVENTION

Statement 7 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
INVESTMENT - STONEMARK	\$ 20,000	\$ 20,000	
LOAN RECEIVABLE	9,936		
TOTAL	\$ 29,936	\$ 20,000	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	\$ 426,001	\$ 283,189	\$ 426,001	\$ 292,589
	83,309		83,309	
TOTAL	\$ 509,310	\$ 283,189	\$ 509,310	\$ 292,589

Federal Statements**Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAX W/H	\$ 17,855	\$
AGENCY FUNDS	36,627	16,651
OTHER		15,119
TOTAL	<u>\$ 54,482</u>	<u>\$ 31,770</u>

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PHIL LATHAM 120 STONEMARK DRIVE COLUMBIA SC 29210	EXEC DIR	40	65,000	0	0
TODD BLEVINS 622 S MAIN STREET MULLINS SC 29574	BOARD MEMBER	1	0	0	0
CARTER BROWN 12 CLEVELAND COURT GREENVILLE SC 29607	BOARD MEMBER	1	0	0	0
W LYNN CAMPBELL 124 HARBISON BLVD COLUMBIA SC 29212	BOARD MEMBER	1	0	0	0
WILLIAM CULP 1236 EBENEZER RD # 100 ROCK HILL SC 29732	BOARD MEMBER	1	0	0	0
WILLIAM EDWARDS 154 COUNTRY CLUB RD SPARTANBURG SC 29302	BOARD MEMBER	1	0	0	0
LARRY FERGUSON PO BOX 80519 CHARLESTON SC 29416	BOARD MEMBER	1	0	0	0
JEFFREY GARDNER 2548 MAHAN CT MT PLEASANT SC 29466	BOARD MEMBER	1	0	0	0
TERRY KUNKLE II 119 LIBRARY ST MONKS CORNER SC 29461	BOARD MEMBER	1	0	0	0
JAMES LEMON 1755 ST JULIAN PLACE	BOARD MEMBER	1	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
COLUMBIA SC 29204					
CHARLES MAXWELL PO BOX 297 JOHNSONVILLE SC 29555	BOARD MEMBER	1	0	0	0
JAMES E. MERCER 7033 ST ANDREWS ROAD COLUMBIA SC 29212	PRESIDENT	5	0	0	0
GROVER RABON 669 W WEMARK BLVD SUMTER SC 29150	BOARD MEMBER	1	0	0	0
DOUGLAS RAWLS 6335 DORCHESTER RD NORTH CHARLESTON SC 29418	BOARD MEMBER	1	0	0	0
DONALD RIDGELL 321 MILLS AVE GREENVILLE SC 29605	BOARD MEMBER	1	0	0	0
PHILIP SMITH 509 E MAIN STREET LEXINGTON SC 29605	BOARD MEMBER	1	0	0	0
ED WISE 1090 RIBOUT ROAD BEAUFORT SC 29902	BOARD MEMBER	1	0	0	0
		0	0	0	0

Statement 11 - Form 990, Part VIII - Relationship of ActivitiesLine No.Description

PROVIDED SERVICES TO SCDA SUBORDINATE SOCIETIES FOR EXEMPT PURPOSES, TO REGULATE DENTAL EMPLOYEES WHO WOULD OPERATE X-RAY EQUIPMENT, TO CONDUCT BUSINESS OF SCDA RELATING TO EXEMPT FUNCTION, DUES PAID BY MEMBERS FOR SCDA TAX EXEMPT ACTIVITY, TO CONDUCT TRAINING FOR SCDA MEMBERS.

Federal Statements**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
WEBSITE LINK LOGO	\$ 6,287
BULLETIN	36,186
ROYALTIES	113,766
ADVERTISING	12,140
TOTAL	<u>\$ 168,379</u>

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
ALLOCATION OF COSTS	\$ 172,000
TOTAL	<u>\$ 172,000</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	BUILDING	11/01/91	288,390			288,390	31 MO S/L	145,746	9,303
2	FURNISHINGS & EQUIPMENT	7/01/72	4,414			4,414	10 MO S/L	4,414	0
3	FURNITURE & FIXTURES	7/01/76	1,630			1,630	10 MO S/L	1,630	0
4	TAPE RECORDER	5/01/84	948			948	5 MO S/L	948	0
5	TELEPHONE SYSTEM	10/01/85	6,422			6,422	5 MO S/L	6,422	0
6	MAILING MACHINE	10/01/85	4,354			4,354	5 MO S/L	4,354	0
7	EQUIPMENT	10/01/86	3,043			3,043	5 MO S/L	3,043	0
8	PRINTER (OKIDATA/RENEE)	2/01/88	1,239			1,239	5 MO S/L	1,239	0
9	COMPUTER FURNITURE	1/12/90	851			851	7 MO 150DB	851	0
10	CHECKWRITING MACHINE	3/08/90	131			131	7 MO 150DB	131	0
11	OFFICE FURNITURE	9/01/91	32,919			32,919	7 MO S/L	32,919	0
12	COMPUTER EQUIP/2 COMPAQS	9/12/91	9,463			9,463	7 MO S/L	9,463	0
13	TV STAND & ELECT. UNIT	8/21/92	197			197	5 MO S/L	197	0
14	TERM & PRINT FOR CC	9/14/92	588			588	7 MO S/L	588	0
15	RUG FOR RECEPTION AREA	9/24/92	1,830			1,830	5 MO S/L	1,830	0
16	TV, VCR, CAMCORDER	9/25/92	2,072			2,072	5 MO S/L	2,072	0
17	REFRIGERATOR & ICE MAKER	10/28/92	596			596	5 MO S/L	596	0
18	INSTALL JACK FOR CC SYSTEM	10/28/92	66			66	5 MO S/L	66	0
19	CONF. ROOM TABLES	10/28/92	427			427	5 MO S/L	427	0
20	ICEMAKER INSTALLATION	10/28/92	48			48	5 MO S/L	48	0
21	PAGEMAKER SOFTWARE	12/23/92	1,760			1,760	7 MO S/L	1,760	0
22	OUTSIDE LIGHTING	2/11/93	300			300	5 MO S/L	300	0
23	SOFTWARE SUPPORT & EQUIP	2/18/93	994			994	7 MO S/L	994	0
24	CHAIR MATS	6/18/93	255			255	5 MO S/L	255	0
25	FAX MACHINE (TRAVELING)	8/18/93	365			365	5 MO S/L	365	0
26	OKIDATA 590 PRINTER	9/21/93	671			671	5 MO S/L	671	0
27	COMPUTER INSTALLATION	10/17/93	368			368	5 MO S/L	368	0
28	386 COMPUTER/SVGA MONITOR	10/17/93	1,045			1,045	5 MO S/L	1,045	0
29	IBM LASERJET PRINTER	10/17/93	1,255			1,255	5 MO S/L	1,255	0
30	OVERHEAD PROJECTOR	4/15/94	200			200	5 MO S/L	200	0
31	H & AC	8/15/94	6,709			6,709	5 MO 150DB	6,709	0
32	EQUIPMENT	9/30/94	2,283			2,283	5 MO 150DB	2,283	0
33	PRINTPORT	1/12/95	6,483			6,483	5 MO 150DB	6,483	0
34	EQUIPMENT	2/27/95	154			154	5 MO 150DB	154	0
35	EQUIPMENT	2/27/95	63			63	5 MO 150DB	63	0
36	EQUIPMENT	2/27/95	315			315	5 MO 150DB	315	0
37	EQUIPMENT	5/16/95	62			62	5 MO 150DB	62	0
38	EQUIPMENT	5/31/95	734			734	5 MO 150DB	734	0
39	COMPUTER (MARK)	8/15/95	884			884	5 MO 150DB	884	0
40	MONITOR (MARK)	8/15/95	677			677	5 MO 150DB	677	0
41	COLLATOR	5/20/96	1,464			1,464	5 MO 150DB	1,464	0
42	3 HARD DRIVES	9/23/97	730			730	5 MO 150DB	730	0
43	2 COMPAQ COMPUTERS & 1 MONITOR	11/25/97	2,505			2,505	5 MO 150DB	2,505	0
44	COMPUTER EQUIPMENT	7/01/98	11,470			11,470	5 MO 200DB	11,470	0
45	COPIER & FAX FILTER	7/01/98	10,144			10,144	5 MO 200DB	10,144	0
46	HP LASERJET 4050N PRINTER	11/09/99	2,029			2,029	5 MO 200DB	2,029	0
47	HP ENVELOPE FEEDER	11/29/99	272			272	5 MO 200DB	272	0
48	COMPUTER EQUIPMENT	12/13/00	2,345			2,345	3 MO 200DB	2,345	0
49	FILE CABINET & BOOKCASE	12/13/00	246			246	7 MO 200DB	237	9
50	PRINTER GESTETNER 38	2/13/02	6,800			6,800	5 MO 200DB	6,800	0
51	COPIER FILTER	7/24/01	114			114	5 MO 200DB	114	0
52	TYPEWRITER	6/20/02	868			868	5 MO 200DB	868	0
53	COMPUTER (DEANNA)	7/22/02	1,197			1,197	5 MO 200DB	1,187	10
54	LAND	11/08/90	83,309			83,309	0 -- Land	0	0
55	ZIP DRIVE	7/24/03	298			298	5 MO 200DB	252	43
56	FILE CABINET	9/03/04	146			146	7 MO 200DB	89	16
57	MONITOR	12/10/04	168			168	5 MO 200DB	122	19
Total Other Depreciation			<u>509,310</u>			<u>509,310</u>		<u>283,189</u>	<u>9,400</u>
Total ACRS and Other Depreciation			<u>509,310</u>			<u>509,310</u>		<u>283,189</u>	<u>9,400</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		509,310			509,310		283,189	9,400
	Less: Dispositions		0			0		0	0
	Less: Start-up/Org Expensed		0			0		0	0
	Net Grand Totals		<u>509,310</u>			<u>509,310</u>		<u>283,189</u>	<u>9,400</u>

Federal Statements

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
ALLOCATION OF COSTS	\$ <u>172,000</u>
TOTAL	\$ <u><u>172,000</u></u>

CRITICAL MESSAGES

NONE

INFORMATIONAL MESSAGES

- PART IV, LINE 67 END OF YEAR UNRESTRICTED FUND BALANCE CALCULATED.
- FORM 8868 FOR FORM 990/990-EZ EXTENSION PREVIOUSLY PRINTED; VERIFY EXTENDED DUE DATE IN SCREEN EXT.
- PREPARER 'DOUGLAS A. SNYDER'

MISSING DATA

	PRIOR YEAR DATA
FUNCTIONAL EXPENSES	
<input type="checkbox"/> M/G CONFERENCES, MEETINGS	6,907
<input type="checkbox"/> P/S LEGAL FEES	10,411
INCOME, ANALYSIS OF ACTIVITIES, ADDITIONAL INFORMATION	
<input type="checkbox"/> TAXABLE DIVIDENDS	42,074
CLIENT DOCUMENT OPTIONS AND ELECTIONS	
<input type="checkbox"/> ELECTION 8	#2
BALANCE SHEET	
<input type="checkbox"/> BOY-LAND	#
<input type="checkbox"/> BOY-BUILDINGS AND EQUIPMENT	#