

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2007**  
Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **Brevard Indo-American Medical and Dental Association**  
 Number and street (or P O box if mail is not delivered to street address): **1764 Palm Bay Road**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **Palm Bay FL 32905**

**D** Employer identification number: **59-3576907**

**E** Telephone number: **321-725-5512**

**F** Accounting method:  Cash  
 Accrual  Other (specify) \_\_\_\_\_

**G** Website: **www.bimda.com**

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

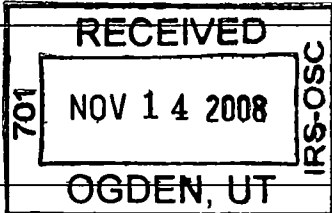
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **157,845**

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

**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	146,750			
	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 \$ <u>146,750</u> noncash \$ _____ )	1e		146,750		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		225		
	3	Membership dues and assessments	3	See Statement 1	4,600		
	4	Interest on savings and temporary cash investments	4		3,566		
	5	Dividends and interest from securities	5		2,704		
	6a	Gross rents	6a				
	6b	Less rental expenses	6b				
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c					
7	Other investment income (describe _____ )	7					
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8b	Less cost or other basis and sales expenses	8a		1,372		
	8c	Gain or (loss) (attach schedule)	8b		-1,372		
	8d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			-1,372	
Revenue	9a	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9a				
	9b	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9b				
	9c	Less direct expenses other than fundraising expenses	9c				
Revenue	10a	Net income or (loss) from special events. Subtract line 9b from line 9a	10a				
	10b	Gross sales of inventory, less returns and allowances	10b				
	10c	Less cost of goods sold	10c				
Revenue	11	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	11				
	12	Other revenue (from Part VII, line 103)	12				
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		156,473		
	Expenses	13	Program services (from line 44, column (B))	13		117,019	
		14	Management and general (from line 44, column (C))	14		11,958	
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		128,977			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		27,496		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		167,340		
	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		194,836		



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**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) Stmt 3 (cash \$ <u>15,200</u> non-cash \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>22b</b>	15,200	15,200		
<b>23</b> Specific assistance to individuals (attach schedule) Stmt 4	<b>23</b>	1,000	1,000		
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25a</b>				
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b>				
<b>c</b> 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)	<b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	900		900	
<b>32</b> Legal fees	<b>32</b>				
<b>33</b> Supplies	<b>33</b>	2,592	635	1,957	
<b>34</b> Telephone	<b>34</b>				
<b>35</b> Postage and shipping	<b>35</b>				
<b>36</b> Occupancy	<b>36</b>				
<b>37</b> Equipment rental and maintenance	<b>37</b>	321		321	
<b>38</b> Printing and publications	<b>38</b>	10,982	10,675	307	
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	85,695	83,506	2,189	
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	1,306	518	788	
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> See Statement 5	<b>43a</b>	10,981	5,485	5,496	
<b>b</b>	<b>43b</b>				
<b>c</b>	<b>43c</b>				
<b>d</b>	<b>43d</b>				
<b>e</b>	<b>43e</b>				
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44 Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	128,977	117,019	11,958	0

**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?

▶ See Statement 6

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 The organization held a medical symposium during the year. The symposium included medical lectures, scientific exhibits, and were attended by dentists and physicians of Indian heritage.

(Grants and allocations \$ 15,200 ) If this amount includes foreign grants, check here

92,820

b The organization held its annual CME and meeting in November 2007.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

24,199

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

117,019

**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
<b>Assets</b>	45 Cash—non-interest-bearing	54,374	45	34,110
	46 Savings and temporary cash investments	105,605	46	161,725
	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)		56	
	57a Land, buildings, and equipment basis	57a	7,441	
	b Less accumulated depreciation (attach schedule) See Statement 7	57b	3,721	57c
58 Other assets, including program-related investments (describe ▶ See Statement 8 )		2,031	58	1,031
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		167,340	59	200,586
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue See Statement 9		62	5,750
	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 ▶ )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65		0	66	5,750
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" 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		167,340	72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		167,340	73	194,836
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		167,340	74	200,586

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.) N/A

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b> Net unrealized gains on investments	<b>b1</b>		
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify)	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> <b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not Part I, line 17:			
<b>1</b> Donated services and use of facilities	<b>b1</b>		
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b> Other (specify)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify)	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> <b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions.)

(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 plans	(E) Expense account and other allowances
Ashok Shah, MD 3650 Oak Hill Road Titusville FL 32780	Past Pres 0	0	0	0
Ravindran Palaniyandi, MD 6513 Ridge Court Titusville FL 32780	President 0	0	0	0
Gobivenkata Balaji, MD, FACP 1980 Canterbury Drive Indialantic FL 32903	Vice-President 0	0	0	0
Sudeshna Mitra, MD 592 Oceanside Blvd Indialantic FL 32903	Secretary 0	0	0	0
Jay Kundumadathil MD 121 Indigo Cove Place Melbourne Beach FL 32951	Joint Sec 0	0	0	0
Subhash Rege, MDS 406 Lanternback Island Drive Satellite Beach FL 32937	Treasurer 0	0	0	0
Mukesh Aggarwal MD 3403 Carambola Circle Viera FL 32940	Charitable 0	0	0	0
Mahesh Soni MD 203 Lansing Island Drive Indian Harbour Beach FL 32937	Founding Pre 0	0	0	0



<b>Part VI Other Information (continued)</b>		Yes	No
<b>82a</b>	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? <b>b</b> 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. (See instructions in Part III.)	N/A	82a
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	N/A	83a
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	83b
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	84a
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b
<b>85a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	85b
<b>85c</b>	Dues, assessments, and similar amounts from members	4,600	
<b>85d</b>	Section 162(e) lobbying and political expenditures	0	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	0	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g
<b>85h</b>	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?	N/A	85h
<b>86a</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	501(c)(12) orgs. Enter a Gross income from members or shareholders		
<b>87b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88a</b>	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.		X
<b>88b</b>	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.	▶	X
<b>89a</b>	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
<b>89b</b>	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.		
<b>89c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>89d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		
<b>89e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89g</b>	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?		X
<b>90a</b>	List the states with which a copy of this return is filed ▶ None		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
<b>91a</b>	The books are in care of ▶ Dr. Subhash Rege 1764 Palm Bay Road Located at ▶ Palm Bay, FL	Telephone no ▶ 321-725-5512 ZIP + 4 ▶ 32905	
<b>91b</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		X

**Part VI Other Information (continued)**

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 ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here 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 Program Service Revenue					225
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			3	4,600	
95 Interest on savings and temporary cash investments			14	3,566	
96 Dividends and interest from securities			14	2,704	
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					
100 Gain or (loss) from sales of assets other than inventory					-1,372
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		10,870	-1,147
105 Total (add line 104, columns (B), (D), and (E))					9,723

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)
N/A	

**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				
<b>Totals</b>				

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				
<b>Totals</b>				

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

**Please 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

Signature of officer: *Subhash Regge* Date: 11-5-08

Type or print name and title: SUBHASH G. REGGE, Treasurer

**Paid Preparer's Use Only**

Preparer's signature: *Elaine S. Duke* Date: \_\_\_\_\_ Check if self: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen Instr X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Janes, Key & Dinho, 2717 North Wickham Rd, Melbourne, FL 32935

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2007**

Attachment  
 Sequence No **67**

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

Name(s) shown on return **Brevard Indo-American Medical and Dental Association** Identifying number **59-3576907**

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	1,208

**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 ▶ <input type="checkbox"/>		

**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	<b>Total</b> 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	1,208
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.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

**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. You must file original and one copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Brevard Indo-American Medical and Dental Association	Employer identification number 59-3576907
	Number, street, and room or suite no. If a P.O. box, see instructions. 2555 W. New Haven Avenue 2	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Melbourne FL 32904	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> 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  Dr. Subhash Rege

Telephone No.  321-725-5512 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 11/17/08 .

5 For calendar year 2007 , 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	\$
8b 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	\$
8c 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  *Dr. Subhash Rege*

Title  CPA

Date  8/11/08

Form **8868**  
(Rev April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - 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).**

Section 501(c) corporations 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 section 501(c) corporations 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b> <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization <b>Brevard Indo-American Medical and Dental Association</b>	Employer identification number <b>59-3576907</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2555 W. New Haven Avenue 2</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>Melbourne FL 32904</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **Rao Kopuri**

Telephone No. ▶ **321-728-9999** 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 section 501(c) corporation required to file Form 990-T) extension of time until **8/15/08** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2007** 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.	<b>3a</b>	\$
3b 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.	<b>3b</b>	\$
3c <b>Balance Due.</b> 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.	<b>3c</b>	\$

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2007)

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

<u>Description</u>	<u>Amount</u>
Member Dues	\$ 4,600
Total	<u>\$ 4,600</u>

**Federal Statements**

**Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/-Loss
Laptop computer	Purchase		7/10/03	1/04/07	\$	\$ 1,864	\$ 1,305	\$ -559
QuickBooks - CompUSA	Purchase		4/12/04	1/01/07		212	194	-18
Video screen and projector - Events To Go In	Purchase		5/08/04	1/04/07		1,285	490	-795
Total					\$ 0	\$ 3,361	\$ 1,989	\$ -1,372

**Federal Statements**

**Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Expl</u>	<u>FMV Expl</u>
Brevard County Medical Society 975 Eyster Blvd Rockledge FL 32955					\$ 1,500	\$			
Cancer Patients Aid Association New York NY 10022					1,000				
Crosswinds Youth Services 1407 Dixon Blvd Cocoa FL 32922					1,000				
Daily Bread & Soup Kitchen 815 East Fee Avenue Melbourne FL 32901					1,000				
Space Coast Cancer 850 Century Medical Dr Titusville FL					500				
Easter Seals Chicago IL 60606					1,000				
Eau Gallie Rotary Charities Corp					500				



**Federal Statements**

**Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
Date of Gift	Description of Property						
P. O. Box 360501 Melbourne FL 32935			\$	\$	\$		
Patel Foundation for Global Underst 5600 Mariner Street Tampa FL 33609				1,000			
Health First Foundation 3300 Fiske Blvd Rockledge FL 32955				1,200			
India Fest 650 Loggerhead Island Drive Satellite Beach FL 32937				1,000			
Ma Krupa Charitable Foundation 2194 Hwy A1A 201 Indian Harbour Beach FL 32937				1,000			
Maheshwar Foundations 4107 Sparrow Hawk Road Melbourne FL 32934				1,000			

**Federal Statements**

**Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of		BV Expl	FMV Expl
			Gift	Description of Property		
Ramkrishna Math						
Beluw Math-711202						
West Bengal IN						
Serene Harbour						
P O Box 100039						
Palm Bay FL 32910						
United Way of Brevard County						
937 Dixon Blvd						
Cocoa FL 32922						
Vrajbhoomi Intl School						
New Delhi IN						
<b>Total</b>						
			\$ 15,200	\$ 0	\$ 0	

**Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
Deepa Oza - Nursing Scholarship	\$ 500
Rupert Oza - Nursing Scholarship	500
Total	<u>\$ 1,000</u>

**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	\$	\$	\$	\$
Advertising	1,100	1,100		
Bank charges	158		158	
Due and memberships	500		500	
Deligate fees and expenses	3,822		3,822	
Liability insurance	393	393		
Taxes and licenses	61		61	
Website	955		955	
Sponsorship expenses	3,992	3,992		
Total	<u>\$ 10,981</u>	<u>\$ 5,485</u>	<u>\$ 5,496</u>	<u>\$ 0</u>

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

Description

To bring together physicians, dentists, and other medical scientists of Indian heritage residing in Brevard County and central Florida.

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
Equipment	\$ 9,733	\$ 4,403	\$ 7,441	\$ 3,721
Total	<u>\$ 9,733</u>	<u>\$ 4,403</u>	<u>\$ 7,441</u>	<u>\$ 3,721</u>

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Organization costs	\$ 631	\$ 631
Deposits for April 08 Expo	1,400	400
Total	<u>\$ 2,031</u>	<u>\$ 1,031</u>

**Statement 9 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Customer Deposits for 2008 Publ	\$	\$ 5,750
Total	<u>\$ 0</u>	<u>\$ 5,750</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
<b>Other Depreciation:</b>									
2	Laptop computer	7/10/03	1,864			1,864	5 MO S/L	1,305	0
	Sold/Scrapped	1/04/07							
3	Organization Costs	5/26/99	631			631	0 -- Memo	0	0
4	Computer	6/22/04	1,515			1,515	5 MO S/L	757	303
5	Printer	6/22/04	329			329	5 MO S/L	165	65
6	Digital Camera	6/22/04	477			477	7 MO S/L	170	68
8	Accessories for camera printer	6/22/04	342			342	7 MO S/L	122	49
11	Video screen and projector - Events To Go	5/08/04	1,285			1,285	7 MO S/L	490	0
	Sold/Scrapped	1/04/07							
12	D-J Speaker systems	3/16/05	1,389			1,389	7 MO S/L	347	199
13	Notebook HP Pavilion	6/15/06	1,550			1,550	5 MO S/L	181	310
14	Projector & screen	1/04/07	1,069			1,069	5 MO S/L	0	214
<b>Total Other Depreciation</b>			<u>10,451</u>			<u>10,451</u>		<u>3,537</u>	<u>1,208</u>
<b>Total ACRS and Other Depreciation</b>			<u>10,451</u>			<u>10,451</u>		<u>3,537</u>	<u>1,208</u>
<b>Amortization:</b>									
7	Microsoft Office software	6/22/04	477			477	3 MO Amort	411	66
9	QuickBooks - CompUSA	4/12/04	212			212	3 MO Amort	194	0
	Sold/Scrapped	1/01/07							
10	Microsoft Office 2003 - Sam's	5/03/04	293			293	3 MO Amort	261	32
			<u>982</u>			<u>982</u>		<u>866</u>	<u>98</u>
<b>Grand Totals</b>			11,433			11,433		4,403	1,306
<b>Less: Dispositions</b>			3,361			3,361		1,989	0
<b>Less: Start-up/Org Expensed</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>8,072</u>			<u>8,072</u>		<u>2,414</u>	<u>1,306</u>

**Federal Statements**

**Form 990, Part I, Line 1b - Direct Public Support**

Description	Cash	Noncash	Total
	\$ 2,000	\$	\$ 2,000
	3,000		3,000
	2,500		2,500
	3,000		3,000
	2,000		2,000
	1,500		1,500
	1,500		1,500
	2,000		2,000
	1,000		1,000
	1,000		1,000
	3,000		3,000
	2,500		2,500
	1,500		1,500
	500		500
	3,500		3,500
	2,000		2,000
	3,000		3,000
	500		500
	3,000		3,000
	2,500		2,500
	1,500		1,500
	2,500		2,500
	2,500		2,500
	3,000		3,000
	2,500		2,500
	1,500		1,500
	2,000		2,000
	500		500
	1,500		1,500
	<u>87,750</u>		<u>87,750</u>
	<u>\$ 146,750</u>	<u>\$ 0</u>	<u>\$ 146,750</u>