

Form **990-EZ**

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

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Brevard Indo-American Medical and Dental Association		D Employer identification number 59-3576907
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1764 Palm Bay Road		E Telephone number 321-725-5512
		City or town, state or country, and ZIP + 4 Palm Bay FL 32905		F Group Exemption Number ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ www.bimda.com

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

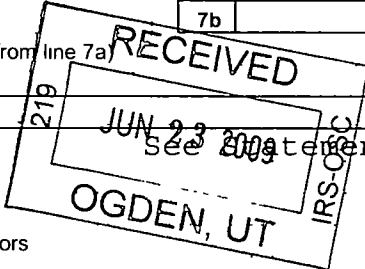
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 111,385

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

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received								70,000														
	2	Program service revenue including government fees and contracts								32,900														
	3	Membership dues and assessments								5,200														
	4	Investment income								3,285														
	5a	Gross amount from sale of assets other than inventory																						
	5b	Less cost or other basis and sales expenses									193													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)									-193													
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>									See Stmt 2													
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																						
6b	Less direct expenses other than fundraising expenses																							
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																							
7a	Gross sales of inventory, less returns and allowances																							
7b	Less cost of goods sold																							
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																							
8	Other revenue (describe ▶ _____)																							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8									111,192														
Expenses	10	Grants and similar amounts paid (attach schedule)								16,600														
	11	Benefits paid to or for members																						
	12	Salaries, other compensation, and employee benefits																						
	13	Professional fees and other payments to independent contractors									2,296													
	14	Occupancy, rent, utilities, and maintenance									1,234													
	15	Printing, publications, postage, and shipping									8,470													
	16	Other expenses (describe ▶ <u>See Statement 4</u>)									62,596													
17	Total expenses. Add lines 10 through 16									91,196														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)								19,996														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)								194,836														
	20	Other changes in net assets or fund balances (attach explanation)																						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20									214,832													



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	195,835	222,227
23	Land and buildings	3,720	3,015
24	Other assets (describe ▶ <u>See Statement 5</u>)	1,031	3,131
25	Total assets	200,586	228,373
26	Total liabilities (describe ▶ <u>See Statement 6</u>)	5,750	13,541
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,836	214,832

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

Form **990-EZ** (2008) 2

SCANNED JUL 17 2009

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

What is the organization's primary exempt purpose?
See Statement 7
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28	See Statement 8 (Grants \$ <u>16,600</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	56,842
29	The organization held its annual CME and meeting in November 2008 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,757
30	 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	81,599

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Sudeshna Mitra, MD	President 4	0	0	0
Jashbhai Patel MD	Pres-Elect 4	0	0	0
Prakash Reddy, MD	Vice-Pres 4	0	0	0
Aravind Kumar, MD	Secretary 4	0	0	0
Subhash Rege, MDS	Treasurer 4	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The books are in care of ▶ <u>Palm Bay Dental</u> Telephone no ▶ <u>321-725-5512</u> ▶ <u>1764 Palm Bay Road</u> Located at ▶ <u>Palm Bay, FL</u> ZIP + 4 ▶ <u>32905</u>		
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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		

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

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

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

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

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

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) if self-prepared.

▶ Subhash Rege
Signature of officer

▶ Subhash Rege
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Elaine B. Pinto

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Janes, Key & Dinho, 2717 North Wickham Melbourne, FL 3293

May the IRS discuss this return with the preparer shown above? See instructions

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2008
 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	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 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 2009 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,234

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 2008	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 2008 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	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2008 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	1,234
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.

Form **4562** (2008)

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

<u>Description</u>	<u>Amount</u>
Member Dues	\$ <u>5,200</u>
Total	\$ <u><u>5,200</u></u>

Federal Statements

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

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
Digital Camera Purchase		6/22/04	9/01/08	\$	\$ 477	\$ 284	\$ -193
Total				\$ 0	\$ 477	\$ 284	\$ -193

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Purpose		
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	
Vrajbhoomi Intl School Highway No 8 New Delhi, IN	1,000		\$			
Bangaladesh Government Dhaka, BG	500					
Cancer Care Foundation 1430 S. Pine Street Melbourne, FL 32901	1,000					
Fisher House 1401 Rockville Pike	1,500					

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address	Relationship to Organization			Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
Rockville, MD 20852			\$			
Habitat for Humanity 121 Habitat Street Americus, GA 31709	1,000					
Holmes Regional Medical Center 3300 Fiske Blvd Rockledge, FL 32951	1,000					
Health First Foundation 3462 N. Harbor City Blvd Melbourne, FL 32935	1,200					
India Fest 650 Loggerhead Island Drive Satellite Beach, FL 32937	1,000					
Jess Parrish Medical Foundation P. O. Box 2969	2,000					

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address		Relationship to Organization		Class of Activity	Date of Gift	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
Titusville, FL 32781-2969			\$			
Ma Krupa Charitable Foundation 2194 Hwy A1A 201 Indian Harbour Beach, FL 32937	1,000					
City of Melbourne Pipes & Drum Strawbridge Avenue Melbourne, FL 32901		400				
Waiting Doesn't Hurt Inc. 1535 Boca Rio Drive Melbourne, FL 32940	1,000					
Wuesthoff Health Foundation 119 Longwood Avenue Rockledge, FL 32956-5002		4,000				
Total	<u>16,600</u>	<u></u>	<u></u>			

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

Description	Amount
Expenses	\$
Travel	190
Conferences/Meetings	61,988
Insurance	418
Total	\$ <u>62,596</u>

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

Description	Beginning of Year	End of Year
Organization costs	\$ 631	\$ 631
Deposits	400	2,500
	<u>1,031</u>	<u>3,131</u>

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

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 5,750	\$ 13,541
	<u>5,750</u>	<u>13,541</u>

Statement 7 - Form 990-EZ, 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 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

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.