

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)

- ◆ 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.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C Name of organization International Lyme and Associated Diseases Society Inc</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 341461</p> <p>City or town, state or country, and ZIP + 4 Bethesda MD 20827-1461</p>	<p>D Employer identification number 61-1512265</p> <p>E Telephone number 301-263-1080</p> <p>F Group Exemption Number ◆</p>
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◆ **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: ◆ **N/A**

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

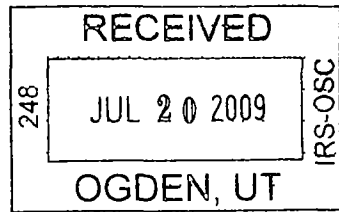
H Check ◆ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ◆ \$ **256,049**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	92,902
	2	Program service revenue including government fees and contracts	78,409
	3	Membership dues and assessments See Statement 1	84,738
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	
Expenses	b	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	
	b	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	256,049
Net Assets	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	95,898
	14	Occupancy, rent, utilities, and maintenance	581
	15	Printing, publications, postage, and shipping	66,904
	16	Other expenses (describe See Statement 2)	69,617
	17	Total expenses. Add lines 10 through 16	233,000
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	23,049	
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)	70,797	
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	93,846	



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	70,797	93,846
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	70,797	93,846
26 Total liabilities (describe _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,797	93,846

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

Form **990-EZ** (2008)

SCANNED AUG 04 2009

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

Expenses

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

What is the organization's primary exempt purpose?

Advance professional knowledge of Lyme Disease

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

28	N/A			
	(Grants \$) If this amount includes foreign grants, check here	◆	<input type="checkbox"/>	28a
29				
	(Grants \$) If this amount includes foreign grants, check here	◆	<input type="checkbox"/>	29a
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

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
Daniel Cameron MD 175 Main Street Mt. Kisco NY 10549	President	0	0	0
Richard Horowitz MD 4232 Albany Post Rd NY 12538	Vice Pres.	0	0	0
Lorraine Johnson MD 2196 W Live Oaks Blvd CA 90068	Secretary	0	0	0
Joseph Jemsek MD 1171 Market Street SC 29708	Treasurer	0	0	0
Robert Bransfield MD 225 Highway #35 NJ 07701		0	0	0
Joseph J Burrascano Jr MD 68 Old Train Road NY 11976		0	0	0
Andrea Gaito MD 211 S Finley Avenue NJ 07920		0	0	0
Nick Harris PhD 797 San Antonio Rd CA 94303		0	0	0
Steven Phillips MD 944 Danbury Rd CT 06897		0	0	0
Raphael Stricker MD 450 Sutter Street Ste. 1504 CA 94108		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 <input type="text" value="37a"/>		
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 <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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 <input type="text" value="MD"/>		
42a	The books are in care of <input type="text" value="Joseph Jemsek MD"/> Telephone no <input type="text"/> <input type="text" value="1171 Market Street"/> Located at <input type="text" value="Fort Mill, SC"/> ZIP + 4 <input type="text" value="29708"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		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 <input type="text"/>		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 <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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

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

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

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here

▶ Joseph G. Jan
Signature of officer

▶ Joseph G. Jan
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Joseph G. Jan

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Henkel & Associates
817 Keeler St
Boone

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

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

<u>Description</u>	<u>Amount</u>
Membership dues	\$ 84,738
Total	\$ 84,738

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Computer services	5,400
Conference, conventions	61,797
Insurance	2,420
Total	\$ 69,617