Form **990-EZ**

OMB No. 1545-1150

Department of the Treasury nternal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

Open to Public

Α	For	the 2008 calendar year, or tax year beginning $FEB 1, 2008$)	and end		NT 31	2000
В	Check	cif C Name of organization	,	and end	ing JA	N 31,	
Г	_applic Add	dress use IRS				D Employer	identification number
Ĺ	Jcha	inge labetor					
Ļ	Nan cha		INC.			56-2	344399
Ĺ		irin See Number and Street (or P.O. box, if mail is not delivered to street add	Iress)	F	Room/suite	E Telephone	number
	—_Jatio				04		741-3434
	Am	nended tions. City or town, state or country, and ZIP + 4			-	F Group Exe	
	App pend	GARDEN CITY, NY 11530			1		
		ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must at	Hash a co		0 0	Number 1	
		Schedule A (Form 990 or 990-EZ).	itacii a cu	mpieren		•	X Cash Accrual
_	Wohe	ite: WWW.MEDICALMISSIONINTERNATIONAL.O	DC			pecify)	
;	Oran	aireties time (sheet ash and) V sea(1/2) 14/1	RG		H Check		he organization is not
<u>.,</u>	Olyai	nization type (check only one)— X 501(c) (3) ◀ (insert no.) 4947	'(a)(1) or	527	<u>required to</u>	attach Sched	lule B (Form 990, 990-EZ, or 990-PF).
K	Спеск	if the organization is not a section 509(a)(3) supporting organization and	its gross	receipts are r	ormally not	more than \$2	25,000. A return is not
_	requir	ed, but if the organization chooses to file a return, be sure to file a complete return.					
L	Add Ii	nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file F	orm 990	instead of Fo	rm 990-EZ	> \$	60838.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fu	ınd Ba	lances (S	ee the instru	ctions for Par	rt I.)
	1	Contributions, gifts, grants, and similar amounts received	_			1	60104.
	2	Program service revenue including government fees and contracts			• • • • • • • • • • • • • • • • • • • •	2	001011
	3	Membership dues and assessments					·
	4	Investment income				3	724
	5a	Gross amount from sale of assets other than inventory		1		4	734.
	b	Lace: onet or other basis and gates synapses	<u>5a</u>				
]	Less: cost or other basis and sales expenses	<u>5</u> b				
đ)	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a	a) (attach	schedule)	· · · · · · · · · · · · · · · · · · ·	5c	
Š	6	Special events and activities (complete applicable parts of Schedule G). If any amou	ınt is from	n gaming, che	eck here ► L		
Revenue	a	01 CONTRIBUTIONS					
ď		reported on line 1)	. 6a		_		
	þ	Less: direct expenses other than fundraising expenses	. 6b				
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a	a)			5c	
	7a	Gross sales of inventory, less returns and allowances	7a		*****************		
	b	Less: cost of goods sold	7b	-			•
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe >) 8	
	g	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>			_ / 8	60838.
	10	Grants and similar amounts paid (attach schedule)	***********	C	1+m+ 2		
	11	Benefits naid to or for members			ciiic 3	10	15000.
S	12	Benefits paid to or for members	••••••			11	0.4000
uses	13	Salaries, other compensation, and employee benefits	• • • • • • • • • • • • • • • • • • • •			12	24000.
Exper	14	Professional fees and other payments to independent contractors		O		13	4700.
ŭ	15	Occupancy, rent, utilities, and maintenance	see	Statem	lent 4	14	82.
	1	Printing, publications, postage, and shipping Other expenses (describe ►				15	582 .
			see	Statem	ent 1) 16	16685.
		Total expenses. Add lines 10 through 16		·····	<u></u>	17	61049.
ا ي	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				. 18	<u>-211.</u>
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
: [(must agree with end-of-year figure reported on prior year's return)			*****	. 19	821552.
	20	Other changes in net assets or fund balances (attach explanation)				20	
	<u> </u>	Net assets or fund balances at end of year. Combine lines 18 through 20			•	▶ 21	821341.
Pa	rt II	Barance Sneets. If Total assets on line 25, column (B) are \$2,500.000 or	more, file	e Form 990 in	stead of For	m 990-EZ.	
		(See the instructions for Part II.)			ginning of ye		(B) End of year
22	Cash	ı, savings, and investments			38699		301432.
23	Land	l and buildings				0. 23	166924.
24	Othe	r assets (describe ► See Statement	t 2 \		33783		354114.
25	Tota	assets			82232		822470.
26	Total	Hishilitiae (describe - ACCOHNTS DAVADTE				6. 26	1129.
27		assets or fund balances (line 27 of column (B) must agree with line 21)			82155		821341.
3217 2-17	1	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions			<u> </u>	4 • [4]	021341.

516 741 3436

Form 990-EZ (2008) MEDICAL MIS	SION INTERNAT	IONAL, INC.	·	56	-2344	399 Page
Part III Statement of Program Sel			r Part III.)			Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organ	ization's exempt purposes. Ir	a clear and concise manner.	describe the services	i	and (4)	ed for 501(c)(3) organizations and (1) trusts; optional
provided, the number of persons benefited, or other in the second	elevant information for each p	program title.			for other	3.)
26 Dee beatement o						
(Grants \$) If this	s amount includes foreign	grants, check here			28a	
29		granto, one at here		<u> </u>	204	
	amount includes foreign	grants, check here	>	. 🗀	29a	
30						
(Grants \$) If this	omount includes fersi-			_	_	
64 60		grants, check here			30a	
		grants, check here			31a	
32 Total program service expenses (add lines 28a t	hrough 31a)				22	0.
Part IV List of Officers, Directors,	Trustees, and Key E	Employees. List each one e	ven if not compensated.	(See the	instructions	for Part IV.)
				(d) Co	ntributions	3
(a) Name and address		(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	,	mployee fit plans &	(e) Expense account and
		position	-0)		eferred	other allowances
DDADIEV VINC. 450 LIDOR D	317 31773777			com	pensation	
BRADLEY KING, 450 WEST E APT 5B, NEW YORK, NY 100		PRESIDENT			_	
DR. ROBERTO ARAUJO, 5540		5.00 VICE PRESIDEN	0.	ļ	0.	0.
COURT, NEW PORT RICHEY,		0.00	0.		Λ	
GIAN PAOLO EINAUDI, 89 A		VICE PRESIDEN		<u> </u>	0.	0.
y 13 CALLE PONIENTE APT	5, SAN	10.00	24000.		0.	0.
SUZANNE FARRELL		VICE PRESIDEN		<u> </u>	<u> </u>	0.
1122 COLONY DRIVE, MARIE		0.00	0.		0.	0.
ROCHELLE B. KING, 450 WE		SECRETARY/TRE				
AVENUE APT 5B, NEW YORK,	NY 10024	5.00	0.		0.	0.
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	·					
						
					1	
			-		+	
92172 !-17-08						
!-17-08					Form 9	90-EZ (2008)

Form 990-EZ (2008)

Form 990-EZ (2008) MEDICAL MISSION INTERNATIONAL, INC. 56-2344399 Page 3 Other Information (Note the statement requirements in the instructions for Part VI.) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Х 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 ... 34 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 35 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? Х 35a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 35b 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? X 37b 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 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 🔩 ; section 4912 🕨 🔃 0 • ; 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 Х ΔNh 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 Х List the states with which a copy of this return is filed. > NY, FL 42a The books are in care of ► THE ORGANIZATION Telephone no. $\triangleright 516-741-3434$ Located at ► 500 OLD COUNTRY ROAD-SUITE 304, GARDEN CITY, NY ZIP+4 ► 11530 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 Yes No 42b If "Yes," enter the name of the foreign country: ►El Salvador See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of X 44 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

	0-EZ (2008) MEDICAL MISSION INT	FKNATT	ONAL, INC.		56-2344	<u> 399</u>	1	Page
Part	VI Section 501(c)(3) organizations only. A tables for lines 50 and 51.	All section 50	01(c)(3) organizations mu	st answer question	ns 46-49 and c	omple	te the	
46 Did	the organization engage in direct or indirect political campaign	n activities on	behalf of or in opposition to	candidates for nublic			Yes	No
offi	ce? If "Yes," complete Schedule C, Part I					46		X
47 Did	the organization engage in lobbying activities? If "Yes," com	plete Sched	ule C, Part II			47		X
48 is t	he organization operating a school as described in section 170	(b)(1)(A)(ii)?	lf "Yes," complete Sched	dule E		48		X
498 DIG	the organization make any transfers to an exempt non-charital	ble related org	anization?			49a		X
ы и т 50 Cor	Yes," was the related organization(s) a section 527 organization	1? 				49b		L
of	mplete this table for the five highest compensated employees (a compensation from the organization. If there is none, enter "No	one."	cers, directors, trustees and	key employees) who	each received m	ore th	an \$100	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE		(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E	E) Expe ecount : er allow	and
Total num	ber of other employees paid over \$100,000							
i1 Com	ober of other employees paid over \$100,000	contractors wh		\$100,000 of compen	sation from the o	rganiz	ation. If	f ther
51 Com	plete this table for the five highest compensated independent cone, enter "None."	contractors wh		\$100,000 of compen	<u> </u>		ation, li	
51 Com	nplete this table for the five highest compensated independent cone, enter "None." NONE	contractors wh			<u> </u>			
51 Com	nplete this table for the five highest compensated independent cone, enter "None." NONE	contractors wh			<u> </u>			
51 Com	nplete this table for the five highest compensated independent cone, enter "None." NONE	contractors wh			<u> </u>			
51 Com	nplete this table for the five highest compensated independent cone, enter "None." NONE	contractors wh			<u> </u>			
51 Comis no	nplete this table for the five highest compensated independent of the one, enter "None." NONE (a) Name and address of each independent contractor p	contractors wh			<u> </u>			
is no	nplete this table for the five highest compensated independent cone, enter "None." NONE	paid more than	\$100,000	(b) Type of serv	rice (c	Comp	pensatio	
51 Com is no is no otal numb	nplete this table for the five highest compensated independent one, enter "None." NONE (a) Name and address of each independent contractor poer of other independent contractors each receiving over \$100, Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is basing signature of officer	paid more than	\$100,000	(b) Type of services, and to the best of my nowledge.	rice (c	Comp	pensatio	
otal numb	Deep of other independent contractors each receiving over \$100, under penalties of perjury, I deciare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is based on the penalties of officer.	paid more than	\$100,000	(b) Type of services, and to the best of my nowledge.	rice (c)	Comp	pensatio	
otal numb	Der of other independent contractors each receiving over \$100, Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is bas Signature of officer Preparer's signature	paid more than	anying schedules and statements ation of which preparer has any k	(b) Type of services, and to the best of my nowledge.	rice (c)	Comp	pensatio	
51 Comis no	Der of other independent contractors each receiving over \$100, Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) Signature of officer Type or print name and tittle. Preparer's signature Firm's name (or yours if self-employed).	paid more than	anying schedules and statements ation of which preparer has any k	s, and to the best of my nowledge. k if self- byed EIN Phone	knowledge and belied Date	Comp	pensatio	
otal numb	Der of other independent contractors each receiving over \$100, Under penalties of perjury, I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is based on the penalties of perjury. I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is based on the penalties of perjury. I declare that I have examined this return, in correct, and complete. Declaration of preparer (other than officer) is based on the penalties of perjury. Type or print name and title. Preparer's signature.	ontractors who baid more than the baid more than th	anying schedules and statements ation of which preparer has any k	s, and to the best of my nowledge.	knowledge and belied Date	Comp	pensatio	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

nternal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

Employer identification number

		MEDICA	L MISSION IN	<u>ITERNA</u>	AMOITA	L, IN	C.		5	6-2344	1399	9
Part I	Reasor	n for Public Cha	arity Status (All orga	nizations n	nust comp	lete this p	art.) (see ir	struction	 s)			
The orga	nization is no	t a private foundatio	n because it is: (Please	check only	one orga	nization.)		_				
1			nes, or association of ch				70(b)(1)(A)	fi).				
2			170(b)(1)(A)(ii). (Attach S					.,				
3			pital service organization			on 170(b)(1)(A)(iii). (4	ttach Sci	nedule H.)			
4			n operated in conjunctio							he hospita	l's nar	ne.
	city, and st		-		·							,
5	An organiza	ation operated for th	e benefit of a college or	university	owned or	operated I	ov a goveri	nmental u	nit describe	ed in		
		'0(b)(1)(A)(iv). (Com		•			, 5					
6	A federal, s	tate, or local govern	ment or governmental u	nit describ	ed in sect	ion 170(b)	(1)(A)(v).					
7 X			eceives a substantial par					or from th	ne general r	nublic desc	rihed	in
		0(b)(1)(A)(vi). (Comp		,	•	3			10 90110141 1	30000		,
8 🔲	A communi	ty trust described in	section 170(b)(1)(A)(vi)	. (Complet	te Part II.)							
9 🔲			eceives: (1) more than 33			from cont	tributions	members	hin fees an	d arass re	ceinte	from
			unctions - subject to cer									
			taxable income (less se									
		509(a)(2). (Comple			,			o,o o, g	, anneation o		, , , , ,	
10 🔲	An organiza	tion organized and	operated exclusively to t	est for put	blic safety.	See secti	ion 509(a)	4). (see in	structions)			
11 🔲			operated exclusively for								of one	or
			zations described in sec									٠.
			g organization and comp				. ,		, ,,,,			
	а 🔙 Туре	• l b □	Type II	с 🔲 Ту	pe III - Fun	ctionally in	ntegrated		d 🔲	Type III - C	Other	
е 🗔	By checking	this box, I certify th	at the organization is no	t controlle	d directly	or indirect	ly by one o	r more di	squalified p			เก
			than one or more public									
f			itten determination from						, . , ,		. , ,	
		organization, check t										
g	Since Augus	st 17, 2006, has the	organization accepted a					owing pe	rsons?			
			directly controls, either a								Yes	No
	the gov	erning body of the s	supported organization?					***********		11g(i)		
	(ii) A family	y member of a perso	on described in (i) above	?			• • • • • • • • • • • • • • • • • • • •					
	(iii) A 35%	controlled entity of a	a person described in (i)	or (ii) abov	/e?			*				
h	Provide the	following information	about the organization:	s the orga	nization su	pports.						
												
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) I organizați	s the	(vii) Am	ouat of	 f
	anization	' '	organization (described on lines 1-9		isted in you			organizati (i) organi	on in col. zed in the i	supt		•
			above or IRC section		document?			\' J.S	3.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		1										
					<u> </u>	<u> </u>						
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					<u> </u>				<u> </u>			
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	· .					***************************************	*******************************					
.												
<u> </u> Total					<u> </u>							
LHA For P	rivacy Act an	d Paperwork Redu	ction Act Notice, see tl	he instruc	tions for F	Form 990.		Schedul	e A (Form !	000 or 000	-F7\ 2	2002

Schedule A (Form 990 or 990-EZ) 2008 MEDICAL MISSION INTERNATIONAL, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

516 741 3436

56-2344399 Page 2

tion A. Public Support ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not nclude any "unusual grants.")	(a) 2004	(b) 2005	(c) 2006	4 8 0007		
Gifts, grants, contributions, and membership fees received. (Do not	(a) 2004	(b) 2005	(a) 2006	4 0 0007		
membership fees received. (Do not			(C) 2000	(d) 2007	(e) 2008	(f) Total
					(3) = 3 3	(-) 10101
nclude any "unusual grants.")						
	104962.	53499.	80200.	84940.	60104.	383705
Tax revenues levied for the organ-						
zation's benefit and either paid to						
or expended on its behalf						
The value of services or facilities				-		
urnished by a governmental unit to						
he organization without charge			j			
Total. Add lines 1 - 3	104962.	53499.	80200.	84940.	60104.	383705
he portion of total contributions						
ру each person (other than a						
overnmental unit or publicly						
upported organization) included						
n line 1 that exceeds 2% of the						
mount shown on line 11,						
olumn (f)						268596
ublic Support. Subtract line 5 from line 4.						115109
ion B. Total Support						
dar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
mounts from line 4	104962.	53499.	80200.	84940.		383705
iross income from interest,						
ividends, payments received on						
ecurities loans, rents, royalties						
nd income from similar sources		7645.	9578.	7490.	734.	25447
ctivities, whether or not the						
usiness is regularly carried on			i			
-						
7000						409152
	tc. (see instruction	s)		-	9	103132
						▶
on C. Computation of Public	Support Perc	entage				
ublic support percentage for 2008 (line	e 6, column (f) divid	ded by line 11, colu	ımn (f))	1	4	28.13
						71.26
1/3% support test - 2008. If the org	anization did not c	heck the box on lir	ne 13, and line 14	is 33 1/3% or mor	e, check this box	
1/3% support test - 2007. If the organic	anization did not c	heck a box on line	13 or 16a, and line	e 15 is 33 1/3% o	r more, check this	box
d stop here. The organization qualifie	s as a publicly sup	ported organization	on		Thoro, chook tho	<u>▼</u>
% -facts-and-circumstances test -	2008. If the organi	zation did not che	ck a box on line 13	3. 16a. or 16b. and	l line 14 is 10% or	more.
d if the organization meets the "facts-	and-circumstances	s" test, check this	box and stop here	. Explain in Part I'	V how the organiz	ation
ets the "facts-and-circumstances" tes	st. The organization	n qualifies as a put	olicly supported or	ganization	· now the organiza	■
% -facts-and-circumstances test -	2007. If the organi	zation did not che	ck a box on line 13	. 16a. 16b. or 17a	and line 15 is 10	% or
ore, and if the organization meets the	facts-and-circums"	tances" test, chec	k this box and sto	p here. Explain in	Part IV how the	
ganization meets the "facts-and-circun	nstances" test. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
ivate foundation. If the organization o	did not check a box	on line 13, 16a 1	6b. 17a. or 17b. cl	neck this box and	see instructions	
11 11 14 12 11 11 11 11 11 11 11 11 11 11 11 11	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, folumn (f) ublic Support. Subtract line 5 from line 4. Ion B. Total Support dar year (or fiscal year beginning in) mounts from line 4 ross income from interest, vidends, payments received on ecurities loans, rents, royalties and income from unrelated business and income from unrelated business are tincome from unrelated business are tincome. Do not include gain aloss from the sale of capital seets (Explain in Part IV.) otal support. Add lines 7 through 10 ross receipts from related activities, earst five years. If the Form 990 is for the ganization, check this box and stop from C. Computation of Public ablic support percentage from 2007 Stat/3% support test - 2008. If the organization qualifies as 1/3% support test - 2007. If the organization meets the "facts-and-circumstances test-diff the organization meets the "facts-and-circumstances" tests of the organization meets the "facts-and-circumstances" tests of the organization meets the "facts-and-circumstances" tests of the organization meets the "facts-and-circumstances" tests of the "facts-and-circumstances" tests of the organization meets the "facts-and-circumstance	upported organization) included In line 1 that exceeds 2% of the Imount shown on line 11, Including Support. Subtract line 5 from line 4 Imounts f	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) ublic Support. Subtract line 5 from line 4 ion B. Total Support dar year (or fiscal year beginning in) mounts from line 4 ross income from interest, widends, payments received on accurities loans, rents, royalties and income from similar sources. et income from unrelated business citivities, whether or not the usiness is regularly carried on ther income. Do not include gain loss from the sale of capital sets (Explain in Part IV.) pala support. Add lines 7 through 10 ross receipts from related activities, etc. (see instructions) rest five years. If the Form 990 is for the organization's first, second, third, ganization, check this box and stop here on C. Computation of Public Support Percentage ublic support percentage from 2007 Schedule A, Part IV-A, line 26f 1/3% support test - 2008. If the organization did not check the box on line of stop here. The organization qualifies as a publicly supported organization 1/3% support test - 2007. If the organization did not check a box on line of stop here. The organization qualifies as a publicly supported organization 1/3% support test - 2007. If the organization did not check a box on line of stop here. The organization qualifies as a publicly supported organization 1/3% support test - 2007. If the organization did not check dif the organization meets the "facts-and-circumstances" test, check this erest the "facts-and-circumstances" test. The organization did not check aparization meets the "facts-and-circumstances" test, check aparization meets	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, oblumn (f) ublic Support. Subtract line 5 from line 4	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) ublic Support. subract line 5 from line 4 on B. Total Support dar year (or fiscal year beginning in) that year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 10 49 62 . 5 3 49 9 . 8 0 2 0 0 . 8 49 40 . ross income from interest, widends, payments received on socurities loans, rents, royalties in clinicome from similar sources et income from unrelated business stivities, whether or not the usiness is regularly carried on their income. Do not include gain loss from the sale of capital sets (Explain in Part IV.) total support. Add lines 7 through 10 ross receipts from related activities, etc. (see instructions) ross from the sale of	upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, column (f) ublic Support. Subtract line 5 from line 4.

Schedule A (Form 990 or 990-EZ) 2008

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

MEDICAL MISSION INTERNATIONAL, INC.

56-2344399

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2008

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DAVID KING	104962.	96779
GISELA KING	180000.	171817

		<u> </u>
ital Excess Contributions to Schedule A, Part II, Line 5		268596.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization	ın	Employer identification numbe
	MEDICAL MISSION INTERNATIONAL, INC.	56-2344399
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (Note . Only a section 501(c)(7), (8), and a Special Rule. See instructions.)	or (10) organization can check boxes
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1)/170(b)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test on the second support test on the graph of the graph. (A)(vi), and received from any one contributor, during the year, a contribution of the graph of the graph of the amount on Form 990-EZ, line 1. Complete Parts I and	eater of (1) \$5,000 or (2) 2% of the
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any outions or bequests of more than \$1,000 for use exclusively for religious, charitable, sciprevention of cruelty to children or animals. Complete Parts I, II, and III.	ne contributor, during the year, ientific, literary, or educational
some contribution \$1,000. (If this bo etc., purpose. Do	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any or as for use exclusively for religious, charitable, etc., purposes, but these contributions did it is checked, enter here the total contributions that were received during the year for an anot complete any of the parts unless the General Rule applies to this organization beckle, etc., contributions of \$5,000 or more during the year.)	d not aggregate to more than n exclusively religious, charitable, cause it received nonexclusively
they must answer "No" on	at are not covered by the General Rule and/or the Special Rules do not file Schedule B Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, o at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	(Form 990, 990-EZ, or 990-PF), but or on line 2 of their Form 990-PF, to

823451 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	PROMINATION		Page I of I of Parti
NAIIIE UI U	rganization	Emp	loyer identification number
MEDIC	CAL MISSION INTERNATIONAL, INC.		66-2344399
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GISELA KING		Person X
	6 HADDINGTON DR.	\$50000.	Payroll Noncash
	OLD WESTBURY, NY 11568		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DAVID I. BERGMAN, MD		Person X
:	6 HADDINGTON DR.	\$\$	Payroll Noncash
	OLD WESTBURY, NY 11568		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II if there
323452 12-18-	08	Schedule B (Farm	is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

990-EZ

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT FORm $990-EZ\ Page\ 1$

Current Year Deduction	82.	82.			
Current Sec 179		0.			
Accumulated Depreciation	913.	913.			
Basis For Depreciation	995. 166924. 93114.	261000. 522033.			
* Reduction In Basis		0.			
Bus % Excl					
Unadjusted Gost Or Basis	995. 166924. 93114.	261000.			
No.	1.7				
Life	5.00	000*			
Method	U H				
Date Acquired	061003SL VariesL VariesNC	VariesNC			
Description		15MEDICAL EQUIPMENT * Total 990-EZ Pg 1 Depr			
Asset No.	15	<u>s.</u>			

2008 DE	2008 DEPRECIATION AND AMORTIZATION REPORT FOLM	r rm 990	Page	10		<			Ó	066		(
Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
					_							
828102 04-25-08				- (a)	Asset d	(D) - Asset disposed	TI*	, Section 179	* ITC, Section 179, Salvage, Bonus. Commercial Revitalization Deduction	Commercial Bevit	alization Dec	Continue GO Zone

9.2

MEDICAL MISSION INTERNATIONAL, INC.

56-2344399

Form 990-EZ	Other Expenses		Statement]
(Description			Amount
EMPLOYEES BENEFITS			1996.
PAYROLL TAXES			1836.
TRAVEL STORAGE			985.
BANK CHARGES			10329. 1121.
FILING FEES			195.
PENALTIES			223.
Total to Form 990-EZ, line 16			16685.
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
CONSTRUCTION IN PROGRESS		74500.	93114.
MEDICAL EQUIPMENT		261000.	261000.
PREPAID EXPENSES		2250.	0.
Other Depreciable Assets		82.	0.

56-2344399

Form 990-EZ	Payments to Affiliates	Statement 3
Atriliate's Name	Affiliates Address	
MEDICAL MISSION EL SALVADO	R 89 AVENIDA DORTE Y PONIENTE APT 5 SAN SALVADOR, EL SA	
Purpose of Payment		Amount
FUND AFFILIATE'S EXPENSES		15000.
Total included on Form 990	-EZ, line 10	15000.
Form 990-EZ Occupancy,	Rent, Utilities and Maintenance	Statement 4
Description		Amount
Depreciation		82.
Total to Form 990-EZ, line	14	82.
(**************************************

02:23:12 p.m. 05-21-2010

15/19

MEDICAL MISSION INTERNATIONAL, INC.

56-2344399

FORM 990-EZ Information Regarding Transfers Statement Associated with Personal Benefit Contracts A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

02:23:22 p.m. 05-21-2010 16 /19

MEDICAL MISSION INTERNATIONAL, INC.

56-2344399

990-EZ Pg 2

Statement

6

LAND HAS BEEN ACQUIRED TO BUILD THE SURGICAL CENTER, DONATED EQUIPMENT HAS BEEN COLLECTED AND STORED, ARCHITECTURAL AND ENGINEERING PLANS HAVE BEEN DEVELOPED, AND APPLICATIONS HAVE BEEN SUBMITTED TO THE APPROPRIATE GOVERNMENTAL AGENCIES FOR APPROVAL TO BEGIN CONSTRUCTION

02:23:32 p.m. 05-21-2010 17 /19

MEDICAL MISSION INTERNATIONAL, INC.

56-2344399

990-EZ Pg 2

Statement

7

INCOME USED TO CONSTRUCT A PROFESSIONALLY EQUIPPED SURGICAL CENTER IN EL SALVADOR TO ATTRACT VOLUNTEER EXPERT MEDICAL TEAMS FROM UNITED STATES HOSPITALS AND MEDICAL UNIVERSITIES TO PERFORM PROCEDURES OTHERWISE INACCESSIBLE IN THE REGION

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FEDERAL
YEAR
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					}							
Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	12COMPUTER	061003SL		2.00	17	995.			995.	913.		82.
13	13 <u>LAND</u> CONSTRUCTION IN 14PROGRESS	VariesL VariesNC	U	000		166924.			166924.	9000000000000		. 0
15	15MEDICAL EQUIPMENT * Total 990-EZ Pg 1 Depr	VariesNC		.000		261000. 522033.		0	261000. 522033.	913.	0	0. 82.
828102												

*ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

FION AND AMORTIZATION REPORT
2009 DEPR

- NEXT YEAR FEDERAL -

MEDICAL MISSION INTERNATIONAL, INC.

Amount Of Depreciation	00000					
Accumulated Depreciation						
Basis For Depreciation	995. 166924. 93114. 261000. 522033.					
* Reduction In Racie						
Unadjusted Cost Or Basis	995. 166924. 93114. 261000. 522033.					
Life	.000					
Method						
Date Acquired	061003SL VariesL VariesNC					
Description	12COMPUTER 13LAND 14CONSTRUCTION IN PROGRESS 15MEDICAL EQUIPMENT * Total 990-EZ Pg 1 Depr					
Asset No.	12C 13I 14SI 15N					