

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning **FEB 1, 2014** and ending **JAN 31, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDICAL MISSION INTERNATIONAL, INC.		D Employer identification number 56-2344399		
	Doing business as		E Telephone number 516-741-3434		
	Number and street (or P.O. box if mail is not delivered to street address) 500 OLD COUNTRY ROAD		Room/suite 304	G Gross receipts \$ 311300.	
	City or town, state or province, country, and ZIP or foreign postal code GARDEN CITY, NY 11530		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
F Name and address of principal officer: same as C above					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.MEDICALMISSIONINTERNATIONAL.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
L Year of formation: 2003 M State of legal domicile: FL					

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INCOME USED TO CONSTRUCT A PROFESSIONALLY EQUIPPED SURGICAL CENTER IN EL SALVADOR TO ATTRACT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	530000.	137826.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111989.	153803.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	641991.	291629.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	195074.	223829.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	14918.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111987.	119776.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	307061.	358523.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	334930.	-66894.
	20 Total assets (Part X, line 16)	Beginning of Current Year 2214241.	End of Year 2149787.
	21 Total liabilities (Part X, line 26)	0.	2441.
	22 Net assets or fund balances. Subtract line 21 from line 20	2214241.	2147346.

Part II Signature Block

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.

Sign Here	Signature of officer PRESIDENT	Date			
	Type or print name and title				
Preparer Use Only	Print/Type preparer's name BRADLEY D. KING	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00160356
	Firm's name BERGMAN & KING, P.C.	Firm's EIN 13-3005787	Firm's address 500 OLD COUNTRY ROAD SUITE 304 GARDEN CITY, NY 11530		
Phone no. 516-741-3434					