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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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 Inspection

Ā	For t	he 2008 calendar year, or tax year beginning NOV 12, 2008		and end	ling JU	N 30	, 2009)
В	Check i	C. Name of organization						ation number
	Addr	gs use IRS						
Ē	Name Chan	print or PALMETTO MEDICAL INITIATIVE INC				26	-37172	78
Ō	Initia		ss)		Room/suite		none number	
Ē	Tern	nin- Specific DO BOY 5/12				84	3-696-	-2223
Ē	Ame	ended trons City or town, state or country, and ZIP + 4					Exemption	
Ē	retur Apply pend	CHARLESTON, SC 29402				Numb		
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac	h a cor	npleted	G Accoun		nod: X C	ash Accrual
		Schedule A (Form 990 or 990-EZ).				specify)		
ī	Websi	ite: ► WWW.PALMETTOMEDICAL.ORG			H Check			nization is not
		ization type (check only one)— X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	required to		-	rm 990, 990-EZ, or 990-PF)
		▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its						
		ed, but if the organization chooses to file a return, be sure to file a complete return.	•	•	•		•	
L		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file For	m 990 ı	nstead of Fo	orm 990-EZ	>	\$	36,587.
	art I					ictions fo		
	1	Contributions, gifts, grants, and similar amounts received					1	36,587.
	2	Program service revenue including government fees and contracts					2	
	3	Membership dues and assessments					3	
	4	Investment income				—	4	
	5a	Gross amount from sale of assets other than inventory	5a					
	Ь	Less: cost or other basis and sales expenses	5b	1				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		schedule)			ic	
e	6	Special events and activities (complete applicable parts of Schedule G). If any amount	•		heck here ►			
Revenue	a	Gross revenue (not including \$ of contributions		· g = g , -		_		
ě	-	reported on line 1)	6a	1				
_	Ь	Less: direct expenses other than fundraising expenses	6b					
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		. 1			Sc	
	7a	Gross sales of inventory, less returns and allowances	7a]				
	Ь	Less; cost of goods sold	7b	1				
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1			'c	
	8	Other revenue (describe					В	
	9	Total revenue. Add lines 2.2.2.4.5c. 6c. 7c. and 8				—· —	9	36,587.
	10	Grants and similar amobile paid (attack schedule)					0	30,307.
	11						1	
w	12	Salarius other compression and applicación					2	10,500.
enses	13	Salaries, other compensation varies in playing benefits Professional feestand other payments to independent contractors					3	1,825.
	14		चच	CUVUE	י שואיבוואי			
Exp	15	Occupancy, rept, utilipas, and maintenance Printing, publications postage and shipping	366	DIAIL	MENT :		<u>4</u>	162. 152.
	16		SEE	STATE	י אודאזיים י	_	5	18,227.
	17	Total expenses. Add lines 10 through 16	عدو	BIAIL	TILITI .	— ′ —	7	30,866.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					8	5,721.
æ_is	19	Net assets or fund balances at beginning of year (from line 27, column (A))				⊢'	0	3,121.
2010 Assets	13	(must agree with end-of-year figure reported on prior year's return)				١.		0.
₽							9	<u> </u>
& ⊗ £ ⊕ £	20 21	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20				. –	0	5,721.
	art II		more f	ile Form 90	n instead of F		<u> 1 </u>	3,121.
ĘĽ	art II	(See the instructions for Part II.)	111016, 1		Beginning of			End of year
) Co.	sh, savings, and investments		(^)	Sognining Of			1,176.
QUZ3	. Uds	sn, savings, and investments nd and buildings		-		_ 0.		1,1/0.
30	Ldl M+	ner assets (describe <u>OTHER_DEPRECIABLE_ASSETS</u>		\downarrow			23	4,545.
25 25	Tet	al assets		' 		-	24	5,721.
		al liabilities (describe 🕨		\downarrow			25	
ن 27		t assets or fund balances (line 27 of column (B) must agree with line 21)		' 			26	<u> </u>
27 832	171	HA For Privacy Act and Panerwork Reduction Act Notice see the Instructions	for East			<u> </u>	27 For	m 990-F7 (2008)

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Form 990-EZ (2008) PALMETTO MEDICAL INITIAT			<u> 26-</u>	37172	278 Page 2
Part III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		Ε	xpenses
What is the organization's primary exempt purpose? SEE STATEMEN	T 4			(Required	for 501(c)(3) rganizations and
Describe what was achieved in carrying out the organization's exempt purposes. In		lescribe the services			l) trusts; optional
provided, the number of persons benefited, or other relevant information for each				for others	
28 TRAVEL TO UGANDA TO ADMINISTER HEA	LTHCARE				
]	
(Grants \$) If this amount includes foreign	grants, check here	•		28a	19,810.
29					
(Grants \$) If this amount includes foreign	grants check here			29a	
30	granto, oncon noro				
-					
(Grants \$) If this amount includes foreign	grants, chack hard		$\overline{}$	30a	
31 Other program services (attach schedule)	grants, check here			304	
(Grants \$) If this amount includes foreign	aranta abaak bara			31a	
32 Total program service expenses (add lines 28a through 31a)	grants, check here		_	32	19,810.
Part IV List of Officers, Directors, Trustees, and Key	Employees		<u> </u>		19,010.
Fait IV List of Officers, Directors, Trustees, and Rey	Littpioyees. List each one e	ven it not compensated			
	(b) Title and average hours	(c) Compensation		ontributions imployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
MATT ALEXANDER, 894 SEAFARER WAY,	EXECUTIVE DIR	i		•	_
CHARLESTON, SC 29414	40.00	0.	L	0.	0.
MARIANNE HEIS, 26 1/2 S BATTERY, APT	_ADMINISTRATIV	L .	IR.	_	1
A, CHARLESTON, SC 29401	40.00	10,500.		0.	0.
DR. EDWARD O'BRYAN	BOARD MEMBER	_		_	
26 TRANSOM CT, CHARLESTON, SC 29407	1.00	0.		0.	0.
DR. CODY CARPENTER, 2011 TELFAIR	BOARD MEMBER	_			
WAY, CHARLESTON, SC 29412	1.00	0.		0.	0.
MICHAEL OVERCASH, PA-C, MS, 2004	BOARD MEMBER				
PETERSFIELD PLACE, CHARLESTON, SC	1.00	0.		0.	0.
DR. JOSHUA FARRAR, #7 DOUGHTY ST,	BOARD MEMBER		i		
UNIT G, CHARLESTON, SC 29403	1.00	0.	<u> </u>	0.	0.
REV. STEVE WOOD	BOARD MEMBER				
440 WHILDEN ST, MT PLEASANT, SC 2946	4 1.00	0.		0.	0.
HAROLD TRASK, 646 RUE DE MUCKLE DR,	BOARD MEMBER				
MT PLEASANT, SC 29464	1.00	0.	L	0.	0.
]				
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832172 12-17-08				Form	990-EZ (2008)
					(/

P	If the information (Note the statement requirements in the instructions for Part VI.)		V	NI-
	Delilion and the second of the		Yes	_
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			l
_	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	25.		v
	tax requirements?	35a	N/	X
	If "Yes," has it filed a tax return on Form 990-T for this year? Mea there a liquidation, discollation, termination, or substantial contraction during the year? If Tyes, a complete applicable parts of Sch. N.	35b	TA \	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		
		1 1		v
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1000		v
_	in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		X
		-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			ĺ
		-		
		1 1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 • ; section 4955 0 •			İ
				-
U	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	40b		х
		400		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization O •			:
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
6	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed. ▶ SC	406		
	The books are in care of ► THE ORGANIZATION Telephone no. ► 843-69	16-2	223	
7£ a	Located at ▶ PO BOX 542, CHARLESTON, SC ZIP+4 ▶ 2			
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
	account)?	42b		X
	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.			ı
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
Ī	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
		N/A		
	10			
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	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	45		X

Part V			st answer question	26-3/1/ s 46-49 and co		Page 4
	tables for lines 50 and 51.	oo i(o)(o) organizations mat	st answer queener	15 40 45 and 00	inplote til	5
46 Did ti	he organization engage in direct or indirect political campaign activities or	n behalf of or in opposition to	candidates for public		Ye	s No
	e? If "Yes," complete Schedule C, Part I				46	Х
47 Did ti	he organization engage in lobbying activities? If "Yes," complete Sche	dule C, Part II			47	X
	e organization operating a school as described in section 170(b)(1)(A)(ii)	·	ule E		48	X_
	he organization make any transfers to an exempt non-charitable related of	rganization?		}	49a	<u> </u>
	s,* was the related organization(s) a section 527 organization?	"		l l	49b	
	plete this table for the five highest compensated employees (other than of compensation from the organization. If there is none, enter "None."	fficers, directors, trustees and	key employees) who	each received m	ore than \$1	00,000
	(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) Ex	nt and
Total numb	per of other employees paid over \$100,000					
	plete this table for the five highest compensated independent contractors ne, enter "None."	who each received more than	\$100,000 of comper	nsation from the o	organizatioi	ı. If there
	NONE (a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Type of ser	vice (c) Compens	ation
Tabal						
Sign Here	Der of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that have examined this return, including according and correct, and complete population of penalties (with that officer) is based on all information of officer.	ormation of which preparer has any	knowledge	<u>5. 13.</u>	10	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	R, EXECUT		KEC10	K	
Paid Preparer's Use Only	GEENN CONVINGIBAN	05/11/10 emp		arer's Identifying Nu	imber (See in	str)
oac Unity	Firm's name (or yours it self-employed). address, and ZIP+4 CUNNINGHAM, HIERS & ASS 225 SEVEN FARMS DRIVE,	SUITE 202	Phon no.	e >		1040
Mouths 10	DANTEH ISHAMD, SC 23432	<u> </u>	110.	(843)	571-	<u> </u>
iviay tile iKi	S discuss this return with the preparer shown above? See instructions			_ F	Yes L orm 990-E	<u>No</u> (2008)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

			O MEDICAL IN) – 3 / I /	4/8	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)				
The organ	ization is not a	a private foundation	because it is. (Please ch	eck only o	ne organi	zation.)						
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	:hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)	(A)(iii) . (At	tach Sche	dule H)			
4 🔲	A medical res	search organization (operated in conjunction	with a hos	pital desc	rıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's name	∍,
	city, and stat	e·										
5 🗀	· ·		benefit of a college or u	niversity ov	wned or of	perated by	a govern	mental un	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6		_	ent or governmental uni									
7 [X]	•		eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	ribed in	
- —		b)(1)(A)(vi). (Comple		.								
8 -	-		ection 170(b)(1)(A)(vi).						-	•		
9 🗀	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	fter June 3	0, 1975	5 .
		509(a)(2). (Complete				_						
10	-	-	perated exclusively to te	-	-			-			_	
11	•		perated exclusively for the		•				•	-		r
			itions described in secti		•		2) See se	ction 509(a)(3). Che	ck the box	that	
			organization and compli		•							
	a Type I		_ ,''		e III - Func	•	_		d∐	Type III - C		
e L		•	t the organization is not		•	•	•					
_		_	han one or more publicly		-				9(a)(1) or s	ection 509	(a)(2)	
f	_		ten determination from t	the IHS tha	atitisa ly	pe I, Type	II, or Type	9 111				_
		rganization, check th		_					_			ш
9	-		rganization accepted ar			•		• •				
	,,	-	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ii) and (iii) below,		Yes	No
	_		upported organization?							11g(i)	\vdash	
		•	n described in (i) above?							11g(ii)	\vdash	
		•	person described in (i) o	• •		•				11g(iii)	<u> </u>	
h	Provide the fo	ollowing information	about the organizations	the organ	ızatıon sup	oports.						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is organizatio	the	(vii) Am	nount of	
	inization	(11) 2114	organization (described on lines 1-9	in col. (i) lis			ion in col.	organizatio	on in col.		port	
3-			above or IRC section	governing	document?	(i) of you	support?	(i) organız U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
						_						
				-	-							
Total									<u> </u>			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support		<u>-:</u>	<u></u>					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants.")					37,351.	37,351.		
2	Tax revenues levied for the organ-	-							
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to]			
	the organization without charge								
4	Total, Add lines 1 · 3				-	37,351.	37,351.		
-	The portion of total contributions					0,7,502,5			
_	by each person (other than a					1			
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the		-						
	amount shown on line 11,								
	column (f)								
6	Public Support. Subtract line 5 from line 4						37,351.		
	ction B. Total Support		<u> </u>	<u> </u>			3,,3321		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
	Amounts from line 4		(5) = 0.00	(0) = 000	(4) 200.	37,351.	37,351.		
	Gross income from interest,					3,,3320	3,,0021		
Ū	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
۵	Net income from unrelated business			 					
•	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part IV.)								
44	Total support. Add lines 7 through 10					 	37,351.		
	Gross receipts from related activities,	oto (eoo inetriot	lone)		<u> </u>	12	31,331.		
	First five years. If the Form 990 is for	•	•	rd fourth or fifth to	av voar as a soctu				
13	organization, check this box and stop		s mst, second, um	ia, ioditii, or iiitii ta	ax year as a secin)	▶□		
Sec	ction C. Computation of Publi		rcentage	•	·	•			
	Public support percentage for 2008 (li			column (fl)		14	L00.00 %		
	Public support percentage from 2007		•	column (ijj		15	%		
	33 1/3% support test - 2008. If the o		•	n line 13 and line:	17 ie 33 1/3% or i				
102	stop here. The organization qualifies a	-		•	14 13 33 1/3/0 01 1	nore, check this box	► X		
Ŀ	33 1/3% support test - 2007. If the o	• • •	•		line 15 is 33 1/39	6 or more check the			
	• •	-		•	inie 13 13 33 1/3/	o or more, check in	▶□		
170	and stop here. The organization qualifies as a publicly supported organization a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
, , a	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	10% -facts-and-circumstances test	-	·-		•	17a and line 15 in 1	0% or		
0		-				•	U70 UI		
	more, and if the organization meets the						ightharpoonup		
10	organization meets the "facts-and-circ Private foundation. If the organization		-	•	, ,,				
10	Filvate louituation. If the organization	T GIO TIOL CHECK A	DOX OIT III 10, 10	a, 100, 17a, 01 17t		edule A (Form 990	-		
					3011		J. JJU-LEJ 2000		

Section A. Public Support			·	<u> </u>		
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						
Tax revenues levied for the organ- ization'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						10 10
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					1121	
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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)				l		
14 First five years. If the Form 990 is for the	ne organization	's first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here	Cupped D	araanta ==		•	<u> </u>	<u>▶</u> L
Section C. Computation of Public					Tee T	
15 Public support percentage for 2008 (line	• • • •	•	oiumn (t))		15	
16 Public support percentage from 2007 Section D. Computation of Invest			<u> </u>	·····	<u> </u> 16	
			- 401 (6)		147	
17 Investment income percentage for 2008	=	•	ie 13, column (1))		17	
18 Investment income percentage from 20				15 in mass thes	18 23 1/20/ and line 1	7 in not
19a 33 1/3% support tests - 2008. If the or	•				•	/ IS HOT
more than 33 1/3%, check this box and	-					. P L
b 33 1/3% support tests - 2007. If the or	=					uio ▶ [
line 18 is not more than 33 1/3%, check		. •	•		•	? -
20 Private foundation. If the organization	did not check a	1 DOX ON line 14, 198	a, or 190, cneck th	iis dox and see in	ISLIUCTIONS	┸

FORM 990-EZ		OTHER E	XPENSES		STATEMENT	1
DESCRIPTION					AMOUNT	
SUBSCRIPTIONS SUPPLIES CONFERENCES AND TRAVEL MEALS AND ENTERT					1,3 1 16,0	40.
TOTAL TO FORM 99	0-EZ, LINE 16				18,2	27.
FORM 990-EZ	OCCUPANCY, RE	NT, UTILITI	ES AND MA	INTENANCE	STATEMENT	2
DESCRIPTION					AMOUNT	
DEPRECIATION/AMO	RTIZATION					30. 32.
TOTAL TO FORM 99	0-EZ, LINE 14				1	62.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	PATE!	MENT	3
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO

990-EZ PG 2 STATEMENT

PALMETTO MEDICAL INITIATIVE, INC IS A NONPROFIT CORPORATION ORGANIZED TO ASSIST WITH THE HEALTHCARE NEEDS OF THIRD WORLD COUNTRIES BY PROVIDING HEALTHCARE PROFESSIONALS WITH THE OPPORTUNITY AND RESOURCES TO ADMINISTER HEALTHCARE IN SUCH COUNTRIES BY RAISING FUNDS AND ORGANIZING TRIPS TO THIRD WORLD COUNTRIES FOR THE PURPOSE OF ADMINISTERING HEALTHCARE.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

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

2008Attachment

Attachment Sequence No 67

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

PALMETTO MEDICAL INIT	IATIVE IN	IC .	FOR	<u>m 9</u>	90-E	Z PAGE	1	26-3717278
Part Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty,	complete Part	V before	you complete Part I.
1 Maximum amount See the instruction	s for a higher limit	for certain b	usinesses				1	250,000.
2 Total cost of section 179 property place	ed in service (see	instructions)				2	
3 Threshold cost of section 179 property	before reduction	in limitation					3	800,000.
4 Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married fil	ing separately, se	e instruct	ions		5	
6 (a) Description of p	operty		(b) Cost (busin	ness use	only)	(c) Elected	d cost	
	-							
7 Listed property. Enter the amount from	line 29				7			
8 Total elected cost of section 179 proper	erty. Add amounts	s in column (d	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	n line 13 of your 2	007 Form 45	62				10	
11 Business income limitation Enter the s	maller of business	s income (no	t less than ze	ro) or li	ne 5		11	
12 Section 179 expense deduction Add I	ines 9 and 10, but	t do not ente	r more than li	ne 11			. 12	
13 Carryover of disallowed deduction to 2	009 Add lines 9	and 10, less I	ine 12	•	13			
Note: Do not use Part II or Part III below for	r listed property. I	Instead, use i	Part V					
Part II Special Depreciation Allows	nce and Other D	epreciation	(Do not inclu	de liste	ed prop	erty)		
			•			_		
14 Special depreciation for qualified property	erty (other than lis	ted property) placed in se	rvice d	uring th	ne tax year	. 14	
15 Property subject to section 168(f)(1) el	ection						15	
16 Other depreciation (including ACRS)							16	
Part III MACRS Depreciation (Do no	ot include listed p	roperty) (See	e instructions	.)				
		Se	ction A					
17 MACRS deductions for assets placed	ın service in tax ye	ears beginnin	g before 200	8			17	
18 If you are electing to group any assets placed in ser	vice during the tax year	into one or more	general asset acc	ounts, ch	neck here	▶ □		
Section B - Assets	Placed in Service	e During 20	08 Tax Year	Using	the Ge	neral Deprecia	ation Sys	tem
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) I	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property	7							
c 7-year property								
d 10-year property	7							
e 15-year property								
1 20-year property	7							
q 25-year property	1			2:	5 yrs.		S/L	
	/				5 yrs.	MM	S/L	
h Residential rental property	/			27	5 yrs.	MM	S/L	
	/			1	9 yrs.	MM	S/L	
i Nonresidential real property	/					MM	S/L	
Section C - Assets I	Placed in Service	During 200	B Tax Year U	sing th	ne Alter	native Depre	iation Sy	stem
20a Class life							S/L	
b 12-year				1	2 yrs		S/L	
c 40-year	/			†	0 yrs	MM	S/L	
Part IV Summary (See instructions.)								
21 Listed property. Enter amount from line	e 28						21	
22 Total. Add amounts from line 12, lines		nes 19 and 20	Dun column (a	ı), and	line 21	•		
Enter here and on the appropriate lines	•						. 22	0.
23 For assets shown above and placed in	-							
portion of the basis attributable to sec		,00	,		23			
816251 11-08-08 LHA For Paperwork Reduction		separate in	structions.					Form 4562 (2008)

Form 4562 (2008) PALMETTO MEDICAL INITIATIVE INC 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? Yes No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (f) (g) Date Basis for depreciation Business/ Elected Type of property Cost or Recovery Method/ Depreciation nlaced in fousiness/investment investment section 179 (list vehicles first) other basis period Convention deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use. % S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 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. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 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 Yes Yes No No Yes No Yes No Yes No Yes No 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. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 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? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(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 du	iring your 2008 tax year				
WEBSITE DESIGN	060409	4,675.		36M	130.
43 Amortization of costs that began be	fore your 2008 tax year			43	
44 Total. Add amounts in column (f) S	44	130.			

816252 11-08-08

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I (in page 2 of the form) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (in page 2 of the form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously fled Form 8868 Part I		Revenue Service	► File a separate application for each return.		i		
If you are fiting for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the form) Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously field Form 8868 Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990 T and requesting an automatic 6-month extension of the form 990 T and requesting an automatic 6-month extension of the form 990 T and requesting an automatic 6-month extension of the form 990 T and requesting an automatic 6-month extension of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the form 990 T and feedback of the feedback of the form 990 T and feedback of the feedback	• If yo	ou are filing for an Auti	omatic 3-Month Extension, complete only Part I and check this box				▶ X
Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8888 Part I	-	-	•	form)		,
A corporation required to file Form 990 T and requesting an automatic 8-month extension of check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of time to file incorporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of time to file form 8068 of you want a 3 month automatic extension of time to file form 900 Theorem 900 T		-				3	
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 (file months for a corporation required to file Form 9901). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Form 9901. However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Form 9901. However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Form 9901. However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Form 9901. However, you cannot file Form 9806 or composition or each return to be filed filed and called the form of the for Chemical & Nonprofite PALMETTO MEDICAL INITIATIVE INC PARTICLES FON, SC 29402 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-Form 990-Fo	Part	1 Automatic	3-Month Extension of Time. Only submit original (no copies needed)				
All other corporations (including 1120-C filers), partnerships, REMICs, and irusts must use Form 7004 to request an extension of time to file income tax retims. Income see tax retims. Income see tax retims. Income see tax retims. Income tax retims. Income see tax retims.	A corp	oration required to file	Form 990 T and requesting an automatic 6-month extension - check this box and com-	nplete	•		
to file microme tax returns. Electronic Filing (e-fiel). Generally, you can electronically file Form 8668 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990.T). However, you cannot file Form 8668 electronically if (1) you want the additional final automatic) a month set of the form 990.The Part I o	only .					▶ □	
noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) amonth estimation or (2) you file Forms 990-T, 6869, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must subrint 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/fels and click or a -file for Chanten's & Nonprofits. Type or Name of Exempt Organization Print The Name of Exempt Organization PalmETTO MEDICAL INITIATIVE TINC PALMETTO MEDICAL INITIATIVE TINC 26 - 3717278 Employer identification number 26 - 3717278 City, Iown or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON. SC 29402 City, Iown or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON. SC 29402 Check type of return to be filed (file a separate application for each return) Form 990-E Form 990-T (corporation) Form 990-Form 990-T (see 401(a) or 408(a) tust) Form 990-Form 990-Form 990-T (rust other than above) Form 990-Form 990-Form 990-T (rust other than above) The Dooks are in the care of PO BOX 542 - CHARLESTON, SC 29402 Telephone No P 843 - 695 - 2223 FAX No. P If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If this is for part of the group, check this box P and attach a list with the names and ElNs of all members the extension will cover I request an automatic 3-month (8-months for a corporation required to file Form 990-T) extension of time until FERRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization serior form 990-F, 990-F, 990-F, 4720, or 6069			ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exte	nsion of	tıme	
PALMETTO MEDICAL INITIATIVE INC PALMETTO MEDICAL INITIATIVE INC Number, streat, and room or suite no. If a P O box, see instructions. PO BOX 542 City, town or post office, state, and ZiP code. For a foreign address, see instructions Check type of return to be filed (file a separate application for each return) Form 990 Form 990 Form 990 Form 990 T (corporation) Form 990-BL Form 990 Form 990 T (see 401(a) or 408(a) trust) Form 990-BC Form 990 Form 990 T (trust other than above) Form 990-Form 990-Form 990 T (trust other than above) Form 990-Form 990-Form 990 T (trust other than above) THE ORGANIZATION **THE ORGANIZATION** **THE ORGANIZATION** **THE ORGANIZATION** **If the organization of the are of P PO BOX 542 − CHARLESTON, SC 29402 Telephone No P 843−696−2223 FAX No. P If the organization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box P If it is for part of the group, check this box P 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 P If request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization's return for P Take year is for less than 12 months, check reason Tx Initial return Final return Change in accounting period to this spiciation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonreturndable credits. See instructions If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overgayment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See Instructions See Instructions	noted to (not au you mu	below (6 months for a itomatic) 3 month exte ust submit the fully co	corporation required to file Form 990-T) However, you cannot file Form 8868 electroninsion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file	cally i	if (1) you dated Fo	want the rm 990-T	additional
PALMETTO MEDICAL INITIATIVE INC PALMETTO MEDICAL INITIATIVE INC 26-3717278	• •	r Name of Exempt	Organization	Emp	oloyer id	entificat	ion number
Number, street, and room or suite no. If a P O box, see instructions.	•		MEDICAL INITIATIVE INC	2	26-37	1727	88
City, town or post office, state, and ZIP code. For a foreign address, see instructions CHARLESTON, SC 29402 Check type of return to be filed (file a separate application for each return) Form 990	due date filing your	for Number, street, a	·				
Check type of return to be filed (file a separate application for each return) Form 990		ns City, town or pos			-		
Form 990	Chack						
Form 990-BL Form 990 T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990 T (trust other than above) Form 6069 Form 990-PF Form 990-PF Form 1041-A Form 1041-A Form 1041-A Form 8870 THE ORGANIZATION Form 8870 The books are in the care of PO_BOX_542 - CHARLESTON, SC_29402 Telephone No 843-696-2223 FAX No. PO_BOX_542 - CHARLESTON, SC_29402							
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See Instructions 3c \$ N/A				ı			
		•		3c	\$		N/A
			ake an electronic fund withdrawal with this Form 8858, see Form 8453-FO and Form 8				

Form	n 8868 (Rev	. 4-2009)				Page 2			
Not ● If	e. Only c you are	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month exterfiling for an Automatic 3-Month Extension, complete only Part I (on p	nsion on a prev age 1).	nously filed	Form 8868	▶ □			
Pa	rt II	Additional (Not Automatic) 3-Month Extension of Time, Only file	e the original	(no copies	needed).				
Type or print File by the extended due date for		Name of Exempt Organization		Employer id	entification n	umber			
		Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use	only				
filing retur		City, town or post office, state, and ZIP code. For a foreign address, see instructions.	建筑		第二十二章				
Che	ck type	of return to be filed (File a separate application for each return):							
	Form 990	_	orm 1041-A		orm 6069				
_		=		Form 8870					
Form 990		= (-) -			-orm 8870				
	Form 990		orm 5227						
STO	P! Do no	t complete Part II if you were not already granted an automatic 3-month	n extension or	n a previous	ly filed Form	8868.			
Te If the lift or the list vist vist vist in the lift	lephone the orgar this is for the whole with the r	are in the care of ► No ► () FAX No. ► () nization does not have an office or place of business in the United States a Group Return, enter the organization's four digit Group Exemption No. group, check this box ► If it is for part of the group, check and EINs of all members the extension is for.	s, check this bumber (GEN) .eck this box	▶ □	If this i				
4	•	request an additional 3-month extension of time until, 20, 20							
5	For cale	or calendar year, or other tax year beginning, 20, and ending, 20							
6	If this to	this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period							
7		ate in detail why you need the extension							
8a		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the nonrefundable credits. See instructions	tentative tax,	8a	S				
b	estimate	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundabed tax payments made. Include any prior year overpayment allowed as a copaid previously with Form 8868			3				
С	Balance with FTD	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if recupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S	quired, deposit see instructions.	8c	S				
		Signature and Verification							
		of perjury, I declare that I have examined this form, including accompanying schedules and st and complete, and that I am authorized to prepare this form	talements, and to	the best of my	knowledge and	belief,			
gnai	ture •	Toukan tel Title CP of		Date ►	11-13.	2007			
		V		Form	8868 (Rev	4-2009)			

Form 888	68 (Rev. 4-2009)			Page 2					
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c	heck this bo	x	> X					
	inly complete Part II if you have already been granted an automatic 3 month extension on a pre-			68					
	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. Only file the original (no copies needed)									
Type or	Name of Exempt Organization			Employer identification number					
print	PALMETTO MEDICAL INITIATIVE INC	(重新)	26-	-3717278					
File by the extended due date fo	Number, street, and room or suite no. If a P O. box, see instructions		For IRS use only						
fling the retum See instructions	City, town or post office, state, and ZIP code. For a foreign address, see Instructions.	1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		では、 では、 では、 では、 では、 では、 では、 では、					
Fo	type of return to be filed (File a separate application for each return): Form 990	1041·A [=	5227 Form 8870 6069					
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension or	n a previous	ly filed F	orm 8868.					
Telep If the If this box 4	THE ORGANIZATION - C/O CUNNINGHAM cooks are in the care of MAIN ST - BELLEVUE, OH 44811 hone No 843-696-2223 FAX No. organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and equest an additional 3-month extension of time until MAY 15, 2010 realendar year or other tax year beginning NOV 12, 2008 and his tax year is for less than 12 months, check reason X Initial return Final reale in detail why you need the extension NFORMATION IS NOT YET AVAILABLE TO FILE A COMPLE	If this EINs of all ri d ending	is for the nembers	e whole group, check this the extension is for \$0, 2009.					
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an nirefundable credits. See instructions	ny	8a \$						
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wit	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See ins	structions	8c \$	N/A					
	Signature and Verification								
Inder 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.									
ignature	► Chirletted Title ► (P+		Date 🕨	2-2-2010					
	•			Form 8868 (Rev. 4-2009)					