Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.



TYLER, SIMMS & ST.SAUVEUR CPA'S PC 19 MORGAN DRIVE LEBANON, NH 03766

MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE 101 EAST BROADWAY BANGOR, ME 04401 ATTENTION: NICOLAS ELLIS

DEAR NICK:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 17, 2014.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

W. JAY SIMMS

Form 114a Department of the Treasury Financial Crimes Enforcement

Record of Authorization to Electronically File FBARs

Network (FinCEN)	(See ii	for completion)							
October 2013 Do not send to FinCEN. Retain this form for your records.									
00.0001 2010	ME	DICIN2013	30001						
Part I Persons who have	e an obligation to file a Report	of Foreign Bank	and Financial Account(s)	•					
-	o's legal name ATION AND DEVELOF LIES EVERYWHERE		2. Owner first name		3. Owner M.I.				
4. Spouse last name (if joint)	y filing FBAR - see instructions b	pelow)	5. Spouse first name		6. Spouse M.I				
I/we declare that I/we have provided information concerning 3 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2013 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.									
7. Owner signature (Authoriz	zed representative if entity) A FILEABLE COPY *	8. Date	9. Owner or entity TI	N 10. TII					
11. Spouse signature		12. Date	13. Spouse TIN	14. Til typ	N a EIN				
Part II Individual or Ent	ity Authorized to File FBAR on	behalf of Persons	s who have an obligation to	file.					
15. Preparer last name JAY SIMMS		16. Preparer firs	t name	17. Preparer N	18. Preparer PTIN P00435321				
19. Address		20. City		21. State	22. ZIP/postal code				
19 MORGAN DRIVE		LEBANON	1	NH	03766				
23. Country code US TYLE	eparer's (item 15) employer's (En ER , SIMMS & ST . SA		25. Employer EIN 02-0476956	26. Preparer's	signature				
	· ·		Signature Authorization Rec	ord					

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See http://bsaefiling.fincen.treas.gov/main.html for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as see above, or same as item number x).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

08-01-13

Rev. 10.4 July 11, 2013

***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2013, or fiscal year beginning	, 2013, and ending	,20					
▶ Do not send to the IRS. Keep for your records.							

Department of the Treasury

► Information about Form 8879-EO and its instructions is at www.irs.gov/form887

OMB No. 1545-1878

Internal Revenue Service Name of exempt organization

Form 8879-EO

MEDICINE, EDUCATION AND DEVELOPMENT FOR

LOW INCOME FAMILIES EVERYWHERE

Employer identification number

26-2916450

Name and title of officer

NICOLAS ELLIS

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,333,634.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN:	check	one	hox	only
Ullicei 3	TIIV.	CHECK	ULIE	DUA	UIIIV

X I authorize	TYLER,	SIMMS	&	ST.SAUVEUR CP	PAS	PC		to enter my PIN	05886			
				ERO firm name			ERO firm name					

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ➤ ***** THIS IS NOT A FILEABLE COPY *** Date ►

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

02092203766 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ightharpoonup 11/11/14ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 10-01-13

Form **8879-EO** (2013)

FINANCIAL CRIMES
ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

MEDICIN20130001

Version Number: 1.1

FinCEN Form 114

OMB Control Number: 1506-0009

Effective January 1, 2014

Filing Name MEDICINE, EDUCATION AND DEVELO	PMENT FOR
Submission Type NEW	
PIN <u>NOT</u>	REQUIRED
Check here X if this report is submitted by an authorized third party, and complete the report. The E-file system will auto complete item 46. NOTE: The FBAR must be received by the Department of the Treasury on or before June 30th calendar year being reported. The June 30th filing date may not be extended.	
This report filed late for the following reason (Check only one): a. Forgot to file	
b. X Did not know that I had to file	
c. Thought account balance was below reporting threshold d. Did not know that my account qualified as foreign	
e. Account statement not received in time	
f. Account statement lost (Replacement requested)	
g. Late receiving missing required account information	
h. Unable to obtain joint spouse signature in time	
i. Unable to access BSA E-filing system	
z. Other (please provide explanation below)	

FinCEN Form 114

Department of the Treasury OMB no. 1506-0009 (Rev. September 2013)

Part I

Filer information

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return Do not use previous editions of this form MEDICIN20130001

1 This report is for calendar year ended 12/31

2013

Amended L

2 Type of filer	•											
a Indivi	dual b Partnersh	nip c X Cor	poration (d	Consolid	dated e	Fid	luciary or	other - Ent	er typ	oe	
3 U.S. Taxpay 2629164 If filer has no number of	N/ITIN a Type: Passport Foreign TIN Other					<u>e</u>)	5 Individual's date of birth MM/DD/YYYY					
6 Last name of MEDICIN	ress (number, street, an	EVERYW	HERE		r FOR	7Fi	ntry of Iss				8 Middle initial	8a Suffix
101 EAS	T BROADWAY											
10 City			11 State	12 Z	IP/Postal	Code	13 Cour	ntry				
BANGOR			ME	044	401		USA					
Yes No X	e filer have signature au Enter number of acc	ounts thority over bu ounts	it no financi	Do no ial inte Comp.	et completerest in 25 Part IV, ite	or more	e financia	l account	ts?		f the information	
15 Maximum v	alue of account during $_{ m c}$	·	15a Amo unknow		Type of	account	: a X E	Bank b	Securi	ties (C Other - En	iter type below
	ancial institution in which		eld									
18 Account nu 4411756	mber or other designation		g address (•		-	-				which account i	s held
20 City RIOBAME	BA	21 State,	, if known		22 Foreig	n posta	l code, if	known 2	3 Country ECUAD	OR		
Signature							arer and	complete	e the third		preparer sectior	
	ure 45 Fil vill be electronically d when filed	er title, if not re	eporting a p	erson	al accoun	t				46 [Date (MM/DD/Y) This date will auto- FBAR is electronic	(YY) fill when the cally signed
Third Party Preparer Use Only	47 Preparer's last nam JAY SIMMS 52 Contact phone no 603-653-0044 55 Mailing address (n	W . 52a Ext.	53 Fi	ER,	lame SIMM		ST.S	54 Fir	35321 m's TIN 47695 e 58 ZIP	6 5 /Post	SSN/ITIN [54a TIN type [X PTIN Foreign X EIN Foreign 59 Country
This form should	19 MORGAN DE be used to report a financia	RIVE Il interest in, sign	ature author	ity, or d	LEBAN other autho	rity over	one or mo	NH re financia	0376	n forei	gn countries, as re	US equired by
the Department 01	f the Treasury Regulations :	O I UFK 1010.350	i. No report i	s requi	reu ii tile a	yyreyaie	value of th	ie account	.s uiu iiot ext	ւսս ֆ	าบ,บบบ. อยย เทรนาเ	actions

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for a false or fraudulent report. Disclosure of the Social Security number will be used as a or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy. 323141 10-30-13

Rev 5.7 - 6/3/2013

for definitions.

Pa	art II Continu	ıed - Informatioı	1 0	n Financial Acc	our	nt(s) Owned Separately		FORM 114
Complete a Separate Block for Each Account Owned Separately								Page Number
1	Filing for calendar	3-4 Check appropri	ate I	dentification Number	6	Last Name or Organization Name		
	year	[
	2013	X Taxpayer Ider			м	EDICINE EDIICATI	ON AND DEVE	T.ODMENT FOD
		Foreign Identi		tion Number n number here:		EDICINE, EDUCATI OW INCOME FAMILI		
		262916450		Triamber here.				
				_		11		
		count during calendar y 72,217	•		16	Type of account a X Bank b	Securities c	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or 0 368 – 000304		19	Mailing Address (Numb		Street, Suite Number) of financial ins	titution in which account i	s held
20	City LIMA		21	State, if known		22 ZIP/Postal Code, if known	23 Country PERU	
15	Maximum value of ac	count during calendar y 33,697		15a Amount Unknown	16	Type of account a X Bank b	Securities c	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or 0 0 6 7 - 0 0 0 0 3 0		19	Mailing Address (Numb		Street, Suite Number) of financial ins	titution in which account i	s held
20	City LIMA		21	State, if known		22 ZIP/Postal Code, if known	23 Country PERU	
15		count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	', , , , , , , , , , , , , , , , , , , 	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or o	ther designation	19	Mailing Address (Numb	oer, S	Street, Suite Number) of financial ins	titution in which account i	is held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of ac	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or o	ther designation	19	Mailing Address (Numb	oer, S	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of ac	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or o	ther designation	19	Mailing Address (Numb	oer, S	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of ac	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Ins	titution in which accoun	t is I	neld				
18	Account number or o	ther designation	19	Mailing Address (Numb	oer, S	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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 A For the 2013 calendar year, or tax year beginning

and ending

Open to Public

Check if C Name of organization D Employer identification number MEDICINE, EDUCATION AND DEVELOPMENT FOR X Address LOW INCOME FAMILIES EVERYWHERE Name change 26-2916450 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-101 EAST BROADWAY 844-633-5433 Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-BANGOR, ME 04401 H(a) Is this a group return pendina F Name and address of principal officer: NICOLAS ELLIS for subordinates? 517 S. MAIN ST., WHITE RIVER JUNCTION, **H(b)** Are all subordinates included? Ves (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.MEDLIFEWEB.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2008 M State of legal domicile: ME Part I Summary Briefly describe the organization's mission or most significant activities: WE COMMIT OUR TIME, RESOURCES. **Activities & Governance** KNOWLEDGE AND HOPE TO BRING MEDICINE, EDUCATION AND DEVELOPMENT TO 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 59,849. 81,114. Revenue 790,938. 273,341. Program service revenue (Part VIII, line 2g) 820. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ō. 0. 872.872. 1,333,634. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 196,643. 272,231. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 595,375. 743,128. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,015,359. 792.018. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 318,275. 80,854. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 419,274. 737,549. 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X. line 26) , 274.Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign NICOLAS ELLIS, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature W. JAY SIMMS W. JAY SIMMS 11/11/14 self-emp<u>loyed</u> P00435321 Paid Firm's EIN Firm's name TYLER, SIMMS & ST.SAUVEUR CPAS PC 02-0476956 Preparer Firm's address 19 MORGAN DRIVE Use Only LEBANON, NH 03766 Phone no. 603-653-0044 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LOW INCOME FAMILIES EVERYWHERE

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MEDLIFE'S MISSION IS TO HELP FAMILIES ACHIEVE GREATER FREEDOM FROM THE
	CONSTRAINTS OF POVERTY, EMPOWERING THEM TO LIVE HEALTHIER LIVES. OUR
	PATIENTS DID NOT CHOOSE TO BE POOR, BUT THEY HAVE CHOSEN TO STRIVE
	TOWARD A BETTER LIFE; MEDLIFE STANDS BESIDE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$564,279. including grants of \$) (Revenue \$1,273,341.)
	MEDICINE: WE PARTNER TEAMS OF STUDENTS FROM DEVELOPED COUNTRIES WITH
	HEALTH PROFESSIONALS FROM THE COUNTRIES WE WORK IN. THESE TEAMS FORM
	MOBILE CLINICS THAT ALLOW MEDLIFE TO INCREASE ACCESS TO MEDICAL
	TREATMENT AND HEALTH SCREENINGS IN THE POOR COMMUNITIES WE WORK IN.
	IN 2013, THE MOBILE CLINICS SERVED 19,987 INDIVIDUALS.
	116.565
4b	(Code:) (Expenses \$ 116,565. including grants of \$) (Revenue \$)
	COMMUNITY DEVELOPMENT: WE BUILD BASIC INFRASTRUCTURE IN THE COMMUNITIES
	WE WORK IN. PROJECTS INCLUDE, BUT ARE NOT LIMITED TO, BUILDING SMALL
	HEALTH CLINICS, SCHOOLS, COMMUNITY STAIRCASES, AND COMMUNITY WATER
	PROJECTS.
	TN 2012 MEDITER COMPLETED 40 DEVELOPMENT DROTTECTIC MILAT CERTIFED 10 COO
	IN 2013, MEDLIFE COMPLETED 40 DEVELOPMENT PROJECTS THAT SERVED 10,680
	INDIVIDUALS.
4-	(Code:) (Expenses \$ 20,967 • including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	POOR COMMUNITIES WE WORK IN THROUGH EDUCATIONAL WORKSHOPS. EDUCATION
	TOPICS INCLUDE, BUT ARE NOT LIMITED TO, PREVENTATIVE HEALTH CARE AND
	COMMUNITY DEVELOPMENT.
	COMMONITI DEVELOCIMENT:
	IN 2013, MEDLIFE CONDUCTED EDUCATIONAL WORKSHOPS THAT SERVED A TOTAL OF
	23,295 INDIVIDUALS.
44	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses 701,811.
	Form 990 (2013)
	· -···· (=- · -)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	112		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	•			

Form 990 (2013) LOW INCOME FAMILIE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► <u>ECUADOR</u> , <u>PERU</u> , <u>TANZANIA</u>				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			77
	to file Form 8282?	ı ı	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		_		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
40	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ן נעט ן			
		11a			
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110			
D	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
	Did the experiention version and property for independent or property of visit the territory	1.00	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
	· · · · · · · · · · · · · · · · · · ·			990	(2013)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		Х
6	Did the organization have members or stockholders?	L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	X	
b	Each committee with authority to act on behalf of the governing body?	L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	L	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?	11a	X	
b					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	L	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	L	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	L	12c		X
13	Did the organization have a written whistleblower policy?	L	13	X	
14	Did the organization have a written document retention and destruction policy?	L	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization	[15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				77
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly) a	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Would Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest polic	y, and	finar	icial	
	statements available to the public during the tax year.		_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization a	anizati	on:		
	NICOLAS ELLIS - 207-807-1804				
	517 SOUTH MAIN STREET, WHITE RIVER JUNCTION, VT 05001				

LOW INCOME FAMILIES EVERYWHERE

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Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	or gc		(C			i iou	(D)	(E)	(F)
Name and Title	Average hours per	box	not c unle,	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NICOLAS ELLIS	20.00							0.4 750		•
PRESIDENT	0.00	Х		X				24,750.	0.	0.
(2) COLIN PILE	2.00	,,		7.7						0
TREASURER	2 00	Х		Х				0.	0.	0.
(3) JUAN CAMILO VANEGAS	2.00	.,		37						0
SECRETARY (4) JERRY ELLIS	2.00	X	_	Х				0.	0.	0.
VICE PRESIDENT	2.00	х	М	x				0.	0.	0.
(5) MARTHA CHICAIZA	2.00									
MEMBER		X						0.	0.	14,000.
(6) CARLOS BENAVIDES	2.00		7							
MEMBER		X						0.	0.	10,749.

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos check ess pe nd a d	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organ and	ensation m the nization related nizations	
	line)	pu	sul	1#0	Key	Hig	For						_
		-											_
													_
		_					X						_
													_
													_
Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A	.,,.)			> > >	24,750. 0. 24,750.		0.		749 0 749	•
Total number of individuals (including but compensation from the organization							no r	-	0,000 of reportabl	е		-	0
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke					highest compensated e			3	X	
 For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive o 	50,000? If "Yes,	," co	mple	ete S	Sche	edul	e J t	for such individual			4	Х	
rendered to the organization? If "Yes," co	mplete Schedu	le J t	for si	uch ,	pers	son .					5	X	
1 Complete this table for your five highest of the organization. Report compensation for								n the organization's tax		pens			_
(A) Name and busines	ss address	N	ІИС	E				(B) Description of s	services	С	(C) Compens		_
													_
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li:	stec	d above) who received n	nore than				
											Q	an (2017	۵,

				MILIES E	VERYWHERE		26-2916	450 Page 9
Pa	rt VI							
		Check if Schedule O cont	tains a response	or note to any lir		(B)	(C)	
					(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, (С	Fundraising events	1c					
F	d	Related organizations	1d					
ns,		 Government grants (contribut 						
e ë	f	All other contributions, gifts, gran						
혈취		similar amounts not included abo	ve 1f	59,849.				
ld g	_	Noncash contributions included in lines			F0 040			
<u>a</u> 0	h	Total. Add lines 1a-1f			59,849.			
	_	DADMICIDANM MDI	ם הההכ	Business Code	1,273,341.	1 272 241		
ş		PARTICIPANT TRI		341900	1,2/3,341.	1,2/3,341.		
Ser l	b							
Program Service Revenue	C							
Page	d							
Pro	f	All other program service reve	20116					
		Total. Add lines 2a-2f			1,273,341.			
	3	Investment income (including						
		other similar amounts)			444.			444.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
			······					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
_		Net gain or (loss) Gross income from fundraisin		<u>-</u>				
ne	o a	including \$						
š		contributions reported on line						
Other Revenue		Part IV, line 18	•					
ļ ģ	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	44	Miscellaneous Revenu		Business Code				
		·						
	b							
		All other revenue						
- 1	-				.			

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e Total. Add lines 11a-11d

Total revenue. See instructions.

1,333,634.1,273,341.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,499. 44,549. 4,455. 495. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,053 Other salaries and wages 222,732. 162,679. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal 215. 215. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 35,530 35,530. column (A) amount, list line 11g expenses on Sch O.) 30,426. 30,426. 12 Advertising and promotion 49,760. 49,760. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 153,941. 116,015. 37,926. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,423. 5,423. 22 Depreciation, depletion, and amortization 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 136,164. 136,164. PARTICIPANT LODGING OTHER PRGM & ADM EXPENS 86,256. 15,617. 70,639. 79,342. 79,342. PARTICIPANT FOOD 74,826. 74,826. d MATERIALS 91,245. 67,196. 23,688. 361. All other expenses 1,015,359. 701,811. 312,692. 856. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2013)

26-2916450 Page 10

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 415,185. 98,347. 1 Cash - non-interest-bearing 1 300,798. 296,411. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 32,924. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 20,129. 25,953. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 419,274. 737,549. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 419,274. 737,549. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 419,274. 737,549.

737,549. Form **990** (2013)

33

34

419,274.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2013) LOW INCOME FAMILIES EVERYWHERE	26-29	16450	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,33	3,6	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,01		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	9,2	74.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	73	7,5	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		$ldsymbol{ld}}}}}}}}}$
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
					. –

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2013)

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

MEDICINE, EDUCATION AND DEVELOPMENT FOR

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LOW INCOME FAMILIES EVERYWHERE 26-2916450 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	`above or IRC section	(iv) Is the c in col. (i) lis governing	organization sted in your document?	organizat	u notify the ion in col. r support?	(vi) Is organizatio (i) organiz U.S.	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
<u>Total</u>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		182,496.	63,848.	81,114.	59,849.	387,307.
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 through 3		182,496.	63,848.	81,114.	59,849.	387,307.
5	The portion of total contributions						
	by each person (other than a						
	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.						387,307.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		182,496.	63,848.	81,114.	(e) 2013 59,849.	(f) Total 387,307.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				812.	444.	1,256.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						388,563.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2012. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□
					Sche	dule A (Form 990	or 990-F7) 2013

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, picace comp	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, 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 bus-						
iness under section 513						
4 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						
6 Total. Add lines 1 through 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 \$5,000 or 1% of the						
amount on line 13 for the year						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization's	L e firet eacond thir	d fourth or fifth to	L av vear as a sectio	n 501(c)(3) organiz	ration
check this box and stop here	ŭ		•	•	. , . ,	
Section C. Computation of Public						
15 Public support percentage for 2013 (lin			column (f))		15	%
16 Public support percentage from 2012 S					16	%
Section D. Computation of Invest					!	70
17 Investment income percentage for 201			ne 13. column (f))		17	%
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2013. If the o						
more than 33 1/3%, check this box and	· ·		•		•	
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec	· ·			•	•	
20 Private foundation. If the organization			•		· ·	
Lo rinvate roundation, ii the organization	aid fiot check a	DUX UIT III IE 14, 19	a, or 190, crieck tr	iio dox aliu see in	อนนบนปหือ	P —

MEDICINE, EDUCATION AND DEVELOPMENT FOR

due A (Form 990 or 990 tr) 2013 LOW INCOME PAMILIAS EVERYHERE 26-2916450 Pg TWI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).	edule A (Form 990 or 990-EZ) 2013 LOW INCOME FAMILIES EVERYWHERE	26-2916450 Pag
Also complete this part for any additional information. (See instructions).	Supplemental Information. Provide the explanations required by Part II, line 10;	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	· ·	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

MEDICINE, EDUCATION AND DEVELOPMENT FOR Emplo LOW INCOME FAMILIES EVERYWHERE

Employer identification number 26-2916450

Par	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	-	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		
Par			
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enf	forcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 17	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the organization's accounting for
Da	conservation easements.	art Historical Transcripts on C	Other Circiles Assets
Par	rt III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibit	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		Δ.
	(i) Revenues included in Form 990, Part VIII, line 1		
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu		ai gairi, provide
_	the following amounts required to be reported under SFAS 116		•
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

26-2916450 Page 2

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	e following that	are a sign	ificant use of	its collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change progran	าร			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatior	n's exemp	t purpose in I	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's c	collection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organizati	on answered "Y	es" to Fo	m 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributio	ns or other asse	ets not inc	luded		
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete it	f the organization ans						
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ck (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			7				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	<u>%</u>						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administere	ed for the	organization	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a.	See Form 990, F	Part X, line	10.		
	Description of property	(a) Cost or ot		t or other		mulated	(d) Book	value
		basis (investm	ent) basis	(other)	depre	ciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	1	<u> </u>	22 024		C 071	^-	. 0.50
	Other			32,924.		6,971.		953.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	X, column (B), line	10(c).)			25	<u>,953.</u>

26-291<u>645</u>0 Page **3** LOW INCOME FAMILIES EVERYWHERE Schedule D (Form 990) 2013

() D-:	Complete if the or											
	tion of security or cat			(b) Book value	•	(c) Meth	hod of v	aluatior	: Cost	or end	-of-year mar	ket value
Financia	al derivatives											
•	held equity interest	is										
Other .												
(A)												
(B)												
(C)												
(D)												
(E)												
(F)												
(G)												
(H)					_							
) must equal Form 99											
Part VIII	Investments -	· Program Rel	ated.									
		ganization answer	ed "Yes" t									
	(a) Description of	of investment		(b) Book value	•	(c) Meth	hod of v	aluatior	i: Cost o	or end	-of-year mar	ket value
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(9) otal. (Col. (b	o) must equal Form 99		ne 13.) >									
(9) otal. (Col. (b	Other Assets		•									
(9) otal. (Col. (b	Other Assets		ed "Yes" t		/, line 11	d. See For	rm 990, I	Part X, I	ine 15.		(1) D	
(9) otal. (Col. (b Part IX	Other Assets		ed "Yes" t	o Form 990, Part IV	/, line 11	d. See For	rm 990, I	Part X, I	ine 15.		(b) Boo	ok value
(9) otal. (Col. (b Part IX	Other Assets		ed "Yes" t		/, line 11	d. See For	rm 990, I	Part X, I	ine 15.		(b) Boo	ok value
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Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	enue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
_C	Add lines 4a and 4b			_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	penses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1.1	_
1	Total expenses and losses per audited financial statements		1	—
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1001		
a	Donated services and use of facilities			
b	Prior year adjustments			
q	Other losses Other (Describe in Part VIII.)			
d e	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			—
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			—
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			_
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2	b; Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information	n.	
				_
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				_
				_

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization MEDICINE, EDUCATION AND DEVELOPMENT FOR **Employer identification number**

LOW INCOME FAMILIES EVERYWHERE 26-2916450 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA 19 PROGRAM SERVICE, ADMIN CLINICS, ED, PROJECTS 797,300. AFRICA PROGRAM SERVICE ADMIN CLINICS ED PROJECTS 23,169. 3 a Sub-total 20 820,469. **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

20

Schedule F (Form 990) 2013

820,469.

and 3b)

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

26-2916450

1 (a)	Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				ASSISTANCE ORGANIZING					
				MOBILE CLINICS,				İ	
				PATIENT FOLLOW UP,				İ	
			AFRICA	EDUCATIONAL WORKSHOPS	23,169.	СНЕСК	0.	İ	
2	Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		•
				n 501(c)(3) equivalency letter	,	•			1

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

26-2916450 LOW INCOME FAMILIES EVERYWHERE

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes X No

Schedule F (Form 990) 2013

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
EXPLANATION: THE ORGANIZATION'S OFFICERS ARE PRESENT AT THE VARIOUS
LOCATIONS OUTSIDE THE UNITED STATES AND REVIEW AND APPROVE ALL
EXPENDITURES.
PART II, COLUMN (D):
REGION: AFRICA
(D) PURPOSE OF GRANT: ASSISTANCE ORGANIZING MOBILE CLINICS, PATIENT
FOLLOW UP, EDUCATIONAL WORKSHOPS AND PROJECTS IN TANZANIA.

SCHEDULE O (Form 990 or 990-EZ)

΄ | Sι

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs got MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number 26-2916450

LOW INCOME FAMILIES EVERYWHERE	26-2916450
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
LOW- INCOME FAMILIES EVERYWHERE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THEM IN THIS PURSUIT. WE AIM TO ACHIEVE THIS GOAL THROUGH	PARTNERING
WITH MOTIVATED INDIVIDUALS IN POOR COMMUNITIES WORKING TO	IMPROVE THEIR
ACCESS TO MEDS; MEDICINE, EDUCATION, AND COMMUNITY DEVELOP	MENT, MEDLIFE
BELIEVES ACCESS TO QUALITY HEALTH CARE IS A BASIC HUMAN R	IGHT. TO THIS
END, WE COMMIT OUR TIME, RESOURCES, AND KNOWLEDGE, AND HOP	E TO BRING
MEDICINE, EDUCATION AND DEVELOPMENT TO LOW INCOME FAMILIE	S EVERYWHERE.
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: JERRY ELLIS IS THE FATHER OF NICOLAS ELLIS.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: A COPY OF THE FORM 990 WAS PROVIDED TO ALL B	OARD MEMBERS PRIOR
TO SUBMISSION.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: ALL OF THE GOVERNING DOCUMENTS AND THE TAX F	ILINGS WILL BE
MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.	

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
		0630	12	SL	5.00	16	21,677.			21,677.	1,548.		4,335.
2	MACBOOK PRO 15" C02HT18GDKQ1 APPLE THUNDERBOLD	0630	13	SL	5.00	16	1,999.			1,999.			200.
3		0630	13	SL	5.00	16	999.			999.			100.
4	W/NUMERIC KEYPAD CC MAGIC TRACKPAD	0630	13	SL	5.00	16	49.			49.			5.
5		0630	13	SL	5.00	16	69.			69.			7.
6		0630	13	SL	5.00	16	1,499.			1,499.			150.
7		0630	13	SL	5.00	16	79.			79.			8.
	SMART TV - 55" CLAS	0630	13	SL	5.00	16	1,100.			1,100.			110.
	2.8GHZ MAC MINI APPLE WIRELESS	0630	13	SL	5.00	16	999.			999.			100.
10	KEYBOARD DG741751NH MAGIC TRACKPAD	0630	13	SL	5.00	16	69.			69.			7.
11		0630	13	SL	5.00	16	69.			69.			7.
12		0630	13	SL	5.00	16	99.			99.			10.
13		0630	13	SL	5.00	16	699.			699.			70.
14		0630	13	SL	5.00	16	350.			350.			35.
15		0630	13	SL	5.00	16	199.			199.			20.
16		0630	13	SL	5.00	16	328.			328.			33.
		0630	13	SL	5.00	16	590.			590.			59.

328102 05-01-13

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	ROYAL - PAPER SHREDDER 131160405	06301	3SL	5.00	16	137.			137.			14.
	CANON WIRELESS					2374			2371			
	INKJET OFFICE ALL-I		3SL	5.00	16	200.			200.			20.
	KOOL COMPACT FRIDGE		207	_ 00	1 6	100			100			1.0
	EB20130415 SOLEUSAIR - SPACE	06301	320	5.00	16	120.			120.			12.
	HEATER 714600101217	06301	3SL	5.00	16	90.			90.			9.
	VIVA OFFICE				-	300			300			
	EXEC&MGR COMPUTER D	0 6 3 0 1	3SL	7.00	16	229.			229.			16.
	VIVA OFFICE		2						000			4.5
	EXEC&MGR COMPUTER D VIVA OFFICE	0 6 3 0 1	3SL	7.00	16	229.			229.			16.
	VIVA OFFICE EXEC&MGR COMPUTER D	0 6 3 0 1	3 GT.	7.00	16	229.			229.			16.
	SAUDER EDGE WATER		701	7.00	1	225.		_	225.			10.
	COMPUTER DESK, ESTA	06301	3SL	7.00	16	209.			209.			15.
	SAUDER EDGE WATER											
	COMPUTER DESK, ESTA	106 30 1	3SL	7.00	16	209.			209.			15.
	SAUDER EDGE WATER COMPUTER DESK, ESTA	0 6 3 0 1	201	7.00	16	209.			209.			15.
	TP-LINK TL-SG108 8	0 03 01	эрп	7.00	10	209.			209.			13.
	8-PORT DESKTOP GIGA	lo 6 3 0 1	3SL	5.00	16	30.			30.			3.
	WESTERN DIGITAL											
29	MYBOOK 500GB DESKTO	0 6 3 0 1	3SL	5.00	16	160.			160.			16.
	* 990 PAGE 10 TOTAL	1				20 004			20.004	1 540	_	F 400
	PROGRAM SERVICES * GRAND TOTAL 990					32,924.		0.	32,924.	1,548.	0.	5,423.
	PAGE 10 DEPR					32,924.		0.	32,924.	1,548.	0.	5,423.
	11102 10 3211					02,3210		0.0	02,3210	2,3133		3,1231
			1									

328102 05-01-13

Form	8868 (Rev. 1-2014)					Page 2		
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check thi	s box		X		
Note	Only complete Part II if you have already been granted an	automatic	3-month extension on a previously t	iled Form	8868.			
If y	ou are filing for an Automatic 3-Month Extension, comple		,					
Par	t II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ded).		
			Enter filer's	identifyii	ng number, s	see instructions		
Туре	or Name of exempt organization or other filer, see instru	ıctions.		Employe	r identificatio	n number (EIN) or		
print	MEDICINE, EDUCATION AND DEV	ELOPM:	ENT FOR					
File by the LOW INCOME FAMILIES EVERYWHERE 26-2916450								
due date for filing your Social security number. Social security number securi								
return.	101 EXCH DDOXDWXX				•	,		
instruct	City, town or post office, state, and ZIP code. For a f $BANGOR$, ME 04401	oreign add	dress, see instructions.					
	pinton, iii 01101							
Enter	the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1		
Appli	cation	Return	Application			Return		
Is Fo	·	Code	Is For			Code		
Form	990 or Form 990-EZ	01						
Form	990-BL	02	Form 1041-A			08		
Form	4720 (individual)	03	Form 4720 (other than individual)			09		
Form	990-PF	04	Form 5227			10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form	990-T (trust other than above)			12				
STOF	P! Do not complete Part II if you were not already granted	d an autor	matic 3-month extension on a prev	iously file	ed Form 886	8.		
• If t		Group Exe and atta NOVEM:	emption Number (GEN) ach a list with the names and EINs o BER 15, 2014. , and endin on: Initial return	f this is fo f all memb	r the whole g ers the exter			
		7						
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069.	enter the tentative tax, less any					
	nonrefundable credits. See instructions.		,	8a	S	0.		
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and estimated		,			
	tax payments made. Include any prior year overpayment al	•	•					
	previously with Form 8868.		a cross and any amount para	8b	\$	0.		
	Balance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form, if required, by using		_			
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С		uctions.				0.		
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Under	EFTPS (Electronic Federal Tax Payment System). See instr Signature and Verifical penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this form	tion mus	panying schedules and statements, and t	only.	f my knowledg			

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FORM 8688 EXPLANATION FOR EXTENSION STATEMENT

EXPLANATION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

