IRS e-file Signature Authorization for an Exempt Organization

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OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

For calendar year 2015, or fiscal

Name and title of officer

NICOLAS ELLIS

Name of exempt organization

PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only
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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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,438,241.
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 2015 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	PIN:	check	one	box	onl
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Officer's signature

X I authorize	TYLER	SIMMS	δ:	ST	SAUVEUR	CPA	PC
					ERO firm na	me	

to enter my PIN

do not enter all zeros

as my signature on the organization's tax year 2015 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 2015 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.

Certification and Authentication

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 2015 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.

ERO's signature ► TYLER SIMMS & ST SAUVEUR CPA PC

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.

Form **8879-EO** (2015)

EXTENDED TO NOVEMBER 15, 2016

Form **990**

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

~ '	01 1111	and the secondary year, or tax year beginning	enung		
3 C	heck if pplicabl	MEDICINE, EDUCATION AND DEVELOPMENT FO	OR	D Employer identific	cation number
	Addre chang Name	LOW INCOME FAMILIES EVERYWHERE			****
	Name chang Initial return		D / it-		
		,	Room/suite		r 633-5433
	Final return termin			G Gross receipts \$	2,438,241.
	ated Amendreturn	City or town, state or province, country, and ZIP or foreign postal code WHITE RIVER JUNCTION, VT 05001			
	⊒return]Applic _tion			H(a) Is this a group re for subordinates	77
	pendi	517 S. MAIN ST., WHITE RIVER JUNCTION,	VT (H(b) Are all subordinates in	····· — —
ı T	27-67	empt status: X 501(c)(3) 501(c) ()		_	list. (see instructions)
		te: NWW.MEDLIFEWEB.ORG	01 02.	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: ME
	rt I	Summary		orionination, _ c c c	Ciato or logal dollilollo, ===
_	1	Briefly describe the organization's mission or most significant activities: WE CO	TIMMO	OUR TIME, R	ESOURCES,
Activities & Governance		KNOWLEDGE AND HOPE TO BRING MEDICINE, ED	UCATIO	ON AND DEVEL	OPMENT TO
r	2	Check this box if the organization discontinued its operations or dispos	sed of mor	re than 25% of its net as	ssets.
8				3	5
رق ا	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
sa		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			11
ξļ		Total number of volunteers (estimate if necessary)			2572
뒫	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ا يو	8	Contributions and grants (Part VIII, line 1h)		25,833.	2,715.
eu	9	Program service revenue (Part VIII, line 2g)		2,013,705.	2,434,509.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		492.	1,017.
۳ ا	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,161.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,041,191.	2,438,241.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	17,982.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		345,183.	366,203.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾		Total fundraising expenses (Part IX, column (D), line 25)	0.	1 1 4 1 0 0 0	1 220 006
۳ ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,141,982.	1,330,926.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,487,165.	1,715,111. 723,130.
_ ഗ	19	Revenue less expenses. Subtract line 18 from line 12		554,026.	
o sus	00	Tatal assets (Dark V. Bas 40)	B	eginning of Current Year 1,291,575.	End of Year 2,016,038.
Net Assets or Fund Balances		Total assets (Part X, line 16)	····· -	1,291,575.	1,333.
		Total liabilities (Part X, line 26)	·····	1,291,575.	2,014,705.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,491,010.	4,U14,1UJ•
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the hest of m	v knowledge and helief it is
		thes of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of wh			, moviougo and bellet, it is
. 40,	301100	s, and completes bookington of property (onto their officer) to become in all information of will	propare	, nas any knowledge.	
Sigr	1	Signature of officer		Date	
Here		NICOLAS ELLIS, PRESIDENT			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Paid		W. JAY SIMMS W. JAY SIMMS	<u> </u>	11/15/16 if self-employ	P00435321
	arer	Firm's name TYLER SIMMS & ST SAUVEUR CPA PC		Firm's EIN	**_***
-	Only	Firm's address 19 MORGAN DRIVE		2	
	-	LEBANON, NH 03766		Phone no. 60	3-653-0044
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	MEDICINE, EDUCATION AND DEVELOPMENT FOR	
	1990 (2015) LOW INCOME FAMILIES EVERYWHERE **-****** Page	ge 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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	E
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.] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	No
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 \$ 499,798. including grants of \$ 17,982.) (Revenue \$ 2,434,509) 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 2015, THE MOBILE CLINICS SERVED 76,649 INDIVIDUALS.	
4b	(Code:) (Expenses \$ 190,733. 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. IN 2015, MEDLIFE COMPLETED 79 DEVELOPMENT PROJECTS THAT SERVED 26,203 INDIVIDUALS.	<u> </u>
4c	(Code:)(Expenses \$ 323,908. including grants of \$) (Revenue \$ EDUCATON: WE PROVIDE EDUCATION ON A VARIETY OF TOPICS TO MEMBERS OF THE POOR COMMUNITIES WE WORK IN THROUGH EDUCATIONAL WORKSHOPS. EDUCATION TOPICS INCLUDE, BUT ARE NOT LIMITED TO, PREVENTATIVE HEALTH CARE AND COMMUNITY DEVELOPMENT. IN 2015, MEDLIFE CONDUCTED 90 EDUCATIONAL WORKSHOPS.	HE
4d	Other program services (Describe in Schedule O.)	

532002 12-16-15

including grants of \$ 1,014,439.

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Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4047(s)(1) (other than a private foundation? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public direct if "Mes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as addining in Revenue Procedure 98.191 If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which denors have the right of the complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, listoric land areas, or historic land areas,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office if it'es, 'complete Schedule C, Part I 4 Section 501(6) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 Is the organization a section 501(h), 501(6)(6), 5			1	X	
public office? If "Yes," complete Schedule C, Part I 4 Sections 50(R)3 organizations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 5 Is the organization a section 501(R) 501(R)(S), or 501(R)(S), or 501(R)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 81-91 II "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 provide advice on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 7 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical reasons or introduces If "Yes," complete Schedule D, Part II 8 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 9 Did the organization insport an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization (inectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 fl. "Yes," complete Schedule D, Part V 11 11 Ib organization report an amount for land, buildings, and equipment in Part X, line 12 fl. Tes," complete Schedule D, Part X 11 11 Ib organization report an amount for land, buildings, and equipment in Part X, line 12 fl. Tes," complete Schedule D, Part X 11 11 Ib organization report an amount for other assets in Part X, line	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II I Is the organization a section 501(e)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III I I I I I I I I I I I I I I I I I	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year **Il **Yes**, complete Schedule C, Part II . 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:19? If **Yes**, complete Schedule C, Part III . 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts II **Yes**, complete Schedule D, Part II . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If **Yes**, complete Schedule D, Part III . 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If **Yes**, complete Schedule D, Part III . 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? 9 Yes**, complete Schedule D, Part V . 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 . 11 If the organization is answer to any of the following questions is **Yes**, then complete Schedule D, Part V . 12 Did the organization report an amount for investments - other securities in Part X, line 10? If **Yes**, complete Schedule D, Part V . 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If **Yes**, complete Schedule D, Part V . 14 Did the organization report an amount for other sassets in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 16? If **Yes**, com			3		X
Signaturation as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:197 if "Yes," complete Schedule C, Part III	4				
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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? 10 Did the organization, cliectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V			4		Х
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provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7			5		X
The organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for the reasets 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 X III. Did the organization is part at a mount 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 X III. Did the organization is part at X III. Did the organization is part at X III. Did the organization is part at X III. Did the organiz	6	, ,			37
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Schedule D, Part III 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 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 11 If the organization senswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 VIII d Did the organization report an amount for other liabilities 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 X III d Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III D Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III D Did the organization maintain an office, employees, or agents outside of the United States? D Did the organization approach of Section 170(b) (1)(h)(ii) If Yes," complete Schedule D, Part X III D Did the organization report on Part IX, column (A), line 3,	_		7		X
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 10 Did the organization, freetity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	8		8		Х
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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 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 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 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	h		ıza		
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X	18				
complete Schedule G, Part III			18		X
	19				
		complete Schedule G, Part III	19	000	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
	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? If "Yes," complete			
	Schedule J	23		Х
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), 501(c)(4), and 501(c)(29) 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		X
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		X
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 "Yes,"			X
07	complete Schedule L, Part II	26		
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	07		Х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38	_ 41	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part v				
		1 10		Yes	No
		12 ub 0			
b	11	ib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments.				
_	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a} 11			
	, , , , , , , , , , , , , , , , , , , ,		٥.	Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		0-		Х
3a			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other autinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	•	4a	х	
h	If "Yes," enter the name of the foreign country: ECUADOR, PERU, TANZANIA	count)?	4a	-25	
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounto (EDAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
	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		30		
ou	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-	were not tax deductible?	-	6b		
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 service	es provided to the payor?	7a		Х
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 was				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the	_		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	0a			
a		0b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	vv			
ii a	, , · ·	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С		3с			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C)	14b		
			Form	990	(2015)

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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			
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	<u> </u>		
	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 1b			
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	X	
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	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		X
Sec	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?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	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			
	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 only)	availab	ile	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X 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 policy, and	a tinan	cıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NICOLAS ELLIS - 207-807-1804			
	517 SOUTH MAIN STREET, WHITE RIVER JUNCTION, VT 05001			

LOW INCOME FAMILIES EVERYWHERE

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

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

- 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.

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

(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Lei ai	lu a u	recit)/ ii us	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or o	stee			nsate		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		,	organizations
741	line)	P.	Inst	ijJO	, Ke	Hig	쥰			
(1) NICOLAS ELLIS	20.00	٠,		7.				10,000	0	0
PRESIDENT	2 00	Х		Х				18,000.	0.	0
(2) JUAN CAMILO VANEGAS	2.00	v		37		N.			0	•
SECRETARY	2 00	Х		X	<u> </u>			0.	0.	0
(3) JERRY ELLIS	2.00	x		x				0.	0.	0
VICE PRESIDENT/TREASURER (4) MARTHA CHICAIZA	2.00	<u> </u>		Δ				-0.	0.	U
MEMBER	2.00	X			/			0.	0.	0
(5) CARLOS BENAVIDES	2.00	A						0.	0.	0
MEMBER	2.00	x						0.	0.	0
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Page **8**

_** LOW INCOME FAMILIES EVERYWHERE

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	\$100,000 of comp	ensation from the organi	zation >				(U					_ ^	20.75

532008 12-16-15

_* LOW INCOME FAMILIES EVERYWHERE Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 2,715. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 2,715. h Total. Add lines 1a-1f Business Code 541900 2,434,509.2,434,509. 2 a PARTICIPANT TRIP FEES Program Service Revenue f All other program service revenue 2,434,509. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 1,017. 1,017. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

2,438,241.2,434,509.

	rt IX Statement of Functional Expens ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	17,982.	17,982.		
4 5	Benefits paid to or for members Compensation of current officers, directors,	10 000		10 000	
6	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)	18,000.		18,000.	
7	Other salaries and wages	317,400.	39,973.	277,427.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,	,	
9	Other employee benefits	27,601.		27,601.	
10	Payroll taxes	3,202.		3,202.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,846.		10,846.	
С	Accounting	39,824.		39,824.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 500		1 700	
f	Investment management fees	1,792.		1,792.	
g	Other. (If line 11g amount exceeds 10% of line 25,	238,307.	137,600.	100,707.	
40	column (A) amount, list line 11g expenses on Sch 0.)	20,160.	137,000.	20,160.	
12 13	Advertising and promotion Office expenses	20,100.		20,100.	
14	Information technology	83,449.		83,449.	
15	Royalties	00,110		00,110	
16	Occupancy	26,943.	26,943.		
17	Travel	208,992.	208,992.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 200	10 200		
22	Depreciation, depletion, and amortization	10,375.	10,375.	F 4.C1	
23	Insurance	15,967.	10,506.	5,461.	
24	Other expenses. Itemize expenses not covered 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.)				
а	PARTICIPANT LODGING	292,668.	292,668.		
b	PARTICIPANT FOOD	137,240.	130,354.	6,886.	
С	MATERIALS	119,624.	99,348.	20,276.	
d	OTHER PRGM & ADM EXPENS	85,041.	20.522	85,041.	
е	All other expenses	39,698.	39,698.	700 670	
25	Total functional expenses. Add lines 1 through 24e	1,715,111.	1,014,439.	700,672.	0.
26	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)				Farm 990 (0015)

Part X	Balance Sheet			J
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	462,777.	1	763,981.
2	Savings and temporary cash investments	799,701.	2	1,233,335
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	
6	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			
ş	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⋖ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 57,073.			40 500
	b Less: accumulated depreciation 10b 38,351.	29,097.	10c	18,722
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1 201 575	15	2 016 020
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,291,575.	16	2,016,038
17	Accounts payable and accrued expenses		17	1,333
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.		22	
ي. ا <u>ت</u>	Complete Part II of Schedule L		23	
- 23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			25	
26	Total liabilities. Add lines 17 through 25	0.	26	1,333
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	-		_,
_ω	complete lines 27 through 29, and lines 33 and 34.			
ဦ 27	Unrestricted net assets	1,291,575.	27	2,014,705
<u>a</u> 28	Temporarily restricted net assets		28	
Enud Balances 27 28 29 29	Permanently restricted net assets		29	
ᇣ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
Net Assets or 30 31 32 32	Capital stock or trust principal, or current funds		30	
စ္တီ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
전 등 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	1,291,575.	33	2,014,705
34	Total liabilities and net assets/fund balances	1,291,575.	34	2,016,038

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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	2,43							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71							
3	Revenue less expenses. Subtract line 2 from line 1	3		3,1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,29	1,5	75.					
5	Net unrealized gains (losses) on investments									
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	2,01	4,7	05.					
Pa	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				Ш					
				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 O.									
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
	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 separat	e basis,								
	consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
	review, or compilation of its financial statements and selection of an independent accountant?									
	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		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

Name of the organization

MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number ** - * * * * * *

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
The (organi	ization is not a private found	ation because it is: ((For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative		·			i).			
4	一	A medical research organiz					•	the hospital's name		
•		city, and state:	ation operated in co	rijanotion with a noopita	1 400011500	111000110	ii ii o(b)(i)(A)(iii)i Entor	the noopital o name,		
5		An organization operated for	or the benefit of a co	allogo or university owner	d or opera	tod by a g	avornmental unit describ	and in		
3				mege of difficersity owner	u or opera	led by a go	overninental unit descrit	Ded III		
•		section 170(b)(1)(A)(iv). (C					, ,			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	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	H	A community trust describe								
9		An organization that norma	•	•	•			•		
		activities related to its exen		·			· · · · · · · · · · · · · · · · · · ·	•		
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	•							
10	H	An organization organized	•		•					
11		An organization organized	•							
		more publicly supported or						check the box in		
		lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
b								-		
		control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.								
		1						ملاني الم		
С		Type III functionally inte					· ·	ea with,		
ام		its supported organizatio						ization(o)		
d		Type III non-functionally						• •		
		that is not functionally int	-		•			iveriess		
_		requirement (see instruct	•	-						
е		Check this box if the orga functionally integrated, or					гтурет, турет, туреті			
	Ento		• •	, , , , , , , , , , , , , , , , , , , ,						
-		r the number of supported o								
g	-	ride the following information Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	,	organization	(,	(described on lines 1-9	listed i	n vour	support (see	other support (see		
				above (see instructions))	governing of Yes	No No	instructions)	instructions)		
					103	140				
Гоtа	ı									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Page 2

Part II	Support Schedule for 0	Organizations D	escribed in Sections	170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)	
	(Complete only if you checked	the box on line 5, 7,	or 8 of Part I or if the organ	ization failed to qualify	under Part III. If the organiz	ation

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 59,849 25,833. 2,715 233,359. include any "unusual grants.") 63,848. 81,114 2 Tax revenues levied for the organization'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 81,114. 59,849. 25,833. 2,715. 63,848. 233,359. 4 Total. Add lines 1 through 3 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) 233,359. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2014 **(e)** 2015 Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (f) Total 63,848.81,114, 59,849. 25,833. 2,715 233,359. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 812 444 492. 1,017. 2,765. and income from similar sources 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 VI.) 236,124. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.83 14 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) % 99.58 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2015

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

_*** Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

16 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 9/2	Sec	ction A. Public Support	clow, picase com	piete i dit ii.j				
I Giffs, grants, contributions, and membership feet received. (Do not include any 'unusual grants.') Gross eneight from admission, menchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose. 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues lovid of the organization of 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. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons. b. Frensire existing a governmental unit to the organization without charge. 6. Total, Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons. b. Frensire existing a service of the services of the	Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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 travewenth purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's travewenth purpose 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 8 Public support 1, Septimic stenius 1 5 Public support 1, Septimic stenius 1 5 Public support 1, Septimic stenius 1 6 Public support 1, Septimic stenius 1 6 Add lines 7 and 75 6 Add lines 7 and 75 6 Add lines 1 through 5 7 Amounts included on lines 1, 2, and 3 8 Public support 1, Septimic stenius 1 8 Public support 1, Septimic stenius 1 8 Public support 1, Septimic stenius 1 9 Amounts form line 6 10a Gross income from interest, dividends, payments received on securities basis, rests, royalities on securities business acquired after June 30, 1975 6 Add lines 7 bus and 10b support 1 lines 10b support percentage for 2015 (line 8, column (f) divided by line 13, column (f) 15 8 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f) 17 18 Invastment income percentage for 2015 (line 8, column (f) divided by line 13, column (f) 17 18 Public support percentage for 2015 (line 8, column (f) column (f) 4 line 15, and line 16 is more than 33 1/3%, and line 16 is mor			. ,	` '	, ,	, ,	, ,	,,
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Page	5

	t IV Supporting Organizations (continued)		Pa	age 5
Pai	rt IV Supporting Organizations _(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
	2		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 y y		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	•					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instru	uctions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
_4	Add lines 1 through 3	4							
_5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other								
	factors (explain in detail in Part VI):	_							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d	3							
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by .035	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anization (see					

Schedule A (Form 990 or 990-EZ) 2015

instructions).

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Par	[₹] V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
d	From 2013	_ 1		
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

MEDICINE, EDUCATION AND DEVELOPMENT FOR

Schedule A	(Form 990 or 990-EZ) 201	5 LOW INC	COME	FAMILIES	EVERYWHERE	**_***** Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Prov 1, 2, 3b, 3c, 4b, , lines 2 and 3; F	ride the 6 4c, 5a, 6 Part IV, S	explanations requi 5, 9a, 9b, 9c, 11a, section E, lines 1c,	red by Part II, line 10; Part II, 11b, and 11c; Part IV, Sectio	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	(See instructions.)					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		torically 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 qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	ie organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer nours devoted to monitoring, inspecting,	riandling of violations, and emorcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consenu	ation assements during the year
•	S	and chording conserv	ation casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements.		ů ů
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X		\$

	<u> </u>	OME FAMILI					*	× _ * *	****		ge 2
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or Otl	ner S	Simila	r Asse	ts (continu	ıed)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that are a	signit	ficant u	se of its	collection	items	3
	(check all that apply):										
а	Public exhibition	C	: <u> </u>	Loan or exc	hange programs						
b	Scholarly research	6	• 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							se in Parl	XIII.		
5	During the year, did the organization solicit of				•			_	7		
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	e organizatio	n answered "Yes" o	on For	m 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other assets n	ot incl	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	· ·			Γ			Amount		
С	Beginning balance					[1c				
d	Additions during the year					г	1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or co	ustodial account lia	bility?		🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII										I
Pai	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part IV, line	e 10.					
		(a) Current year	(b) F	Prior year	(c) Two years back	(d)	Three ye	ars back	(e) Four y	ears t	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses		1								
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses					_					
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	<u></u> %									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administered for	the c	organiza	ation	T-	. 1	
	by:									/es	No
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations								3a(ii)	\dashv	
									3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipn		owment	iurius.							
ı uı	Complete if the organization answere		O Part I	V lina 11a 9	See Form 990 Part	Y line	10				
	Description of property	(a) Cost or o		1			mulated	4 T	(d) Book	valuo	
	bescription of property	basis (investi					iation	1	(u) book	value	
12	Land	<u> </u>		54510	(=)	3,5100	2				
	LandBuildings										
	Leasehold improvements										
	Equipment				+			_			
	Other			5	7,073.	38	8,35	1.	18	,72	22.
	. Add lines 1a through 1e. (Column (d) must e		X. colui		_		,	ightharpoonup		,72	

Schedule D (Form 990) 2015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	FAMILIES EVER	YWHERE	**-***** Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.	·		· · ·
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	26 25)		
2. Liability for uncertain tax positions. In Part XIII, provid		o the organization's financial state	tements that reports the
LIADINITY TOT UNCERTAIN TAX POSITIONS. III FAIT AIN, PROVID	e me tevr or me noomore n	o ine organization s ilitaticial stat	rements mar reports me

532053 09-21-15

Schedule D (Form 990) 2015

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

-*** Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part I	/, 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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	• • • • • • • • • • • • • • • • • • • •		
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	4a	
b	7	4b	
С			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Pa	rt XII Reconciliation of Expenses per Audited Financial		per Return.
	Complete if the organization answered "Yes" on Form 990, Part I		
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:	1 - 1	
a			<u> </u>
b	•		
C			
d	, , , , , , , , , , , , , , , , , , , ,		20
e	• • • • • • • • • • • • • • • • • • • •		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b			
C			4c
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18)	5
	rt XIII Supplemental Information.		0
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV. lines 1b and 2b: Part V.	line 4: Part X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		,, ,,
		,	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEDICINE, EDUCATION AND DEVELOPMENT FOR

LOW INCOME FAMILIES EVERYWHERE Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Employer identification number

_*

	Form 990, Part IV	/, line 14b.						
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate t	he amount of its gr	ants and other a	ssistance,	
	the grantees' eligibility for							Yes X No
	0 0 ,	Ü	,			•		
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for mor	itoring the use of it	s grants and oth	er assistance ou	tside the
	United States.		· 3		g	J		
3	Activities per Region. (Th	he following Part	L line 3 table ca	an be duplicated if:	additional space is	needed)		
	(a) Region	(b) Number of		1	iducted in region		y listed in (d)	(f) Total
	(a) region	offices	employees,		draising, program		am service,	expenditures
		in the region	employees, agents, and independent		ments, grants to		specific type	for and
			contractors		ed in the region)		(s) in region	investments in region
			in region					inregion
SOUI	TH AMERICA	2	23	PROGRAM SERVIC	E, ADMIN	CLINICS, ED,	PROJECTS	1,435,355.
AFR]	CA	1	1	PROGRAM SERVIC	E, ADMIN	CLINICS, ED,	PROJECTS	22,070.
						1		+
3 a	Sub-total	3	24					1,457,425.
	Total from continuation							1
~	sheets to Part I	0	0					0.
_	Totals (add lines 3a	i i						•
C		ء ا	24					1,457,425.
	and 3b)							1, 437, 423.

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

Schedule F (Form 990) 2015

_*

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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, PATIENT FOLLOW UP,					
		1	EDUCATIONAL WORKSHOPS	17,982.	CHECK	0.		
			1					

26

3 Enter total number of other organizations or entities

_**

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 assistance non-cash assistance

Part IV | Foreign Forms

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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

_**

Part V | Supplemental Information 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: 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 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number **_****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INCOME FAMILIES EVERYWHERE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN THIS PURSUIT. WE AIM TO ACHIEVE THIS GOAL THROUGH PARTNERING WITH MOTIVATED INDIVIDUALS IN POOR COMMUNITIES WORKING TO IMPROVE THEIR ACCESS TO MEDICINE, EDUCATION, AND COMMUNITY DEVELOPMENT. MEDLIFE BELIEVES ACCESS TO QUALITY HEALTH CARE IS A BASIC HUMAN RIGHT. TO THIS END, WE COMMIT OUR TIME, RESOURCES, AND KNOWLEDGE, AND HOPE TO BRING MEDICINE, EDUCATION AND DEVELOPMENT TO LOW INCOME FAMILIES EVERYWHERE. FORM 990, PART VI, SECTION A LINE 2: JERRY ELLIS IS THE FATHER OF NICOLAS ELLIS. FORM 990, PART VI, SECTION B, LINE 11: COPY OF THE FORM 990 WAS PROVIDED TO THE PRESIDENT BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: ALL OF THE GOVERNING DOCUMENTS AND THE TAX FILINGS WILL BE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTED LABOR: PROGRAM SERVICE EXPENSES 137,600. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15

Name of the organization MEDICINE, EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE	Employer identification number
TOTAL EXPENSES	137,600.
PAYPAL AND BANK FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	100,707.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100,707.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	238,307.

Asset No.	Description	Date Acquir	ed	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												
	EQUIPMENT MACBOOK PRO 15"	0630	12	SL	5.00	16	21,677.			21,677.	10,218.		4,335.
2	C02HT18GDKQ1	0630	13	SL	5.00	16	1,999.			1,999.	600.		400.
3		0630	13	SL	5.00	16	999.			999.	300.		200.
	APPLE KEYBOARD W/NUMERIC KEYPAD CC	0630	13	SL	5.00	16	49.			49.	15.		10.
	MAGIC TRACKPAD 8B33700S7BRDB	0630	13	SL	5.00	16	69.			69.	21.		14.
	MACBOOK PRO 13" W/RETINA DISPLAY	0630	13	SL	5.00	16	1,499.			1,499.	450.		300.
	APPLE USB	0630				16	79.			79.	24.		16.
	LED H6300SERIES SMART TV - 55" CLAS				5.00		1,100.			1,100.	330.		220.
		0630			5.00		999.			999.	300.		200.
	APPLE WIRELESS					16	69.			69.	21.		14.
	KEYBOARD DG741751NH MAGIC TRACKPAD												
	APPLE TV	0630				16	69.			69.	21.		14.
	C1ML8DY1FFS4 DROBO DR04D-D	0630	13	SL	5.00	16	99.			99.	30.		20.
	TDB1421C0061 SONY - 1015W	0630	13	SL	5.00	16	699.			699.	210.		140.
14		0630	13	SL	5.00	16	350.			350.	105.		70.
15	C86L984ZF9H5	0630	13	SL	5.00	16	199.			199.	60.		40.
16		0630	13	SL	5.00	16	328.			328.	99.		66.
	LEXMARK LASER PRINTER 941773V	0630	13	SL	5.00	16	590.			590.	177.		118.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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	063013	SSL	5.00	16	137.			137.	41.		27.
	CANON WIRELESS INKJET OFFICE ALL-I	063013	SL	5.00	16	200.			200.	60.		40.
	KOOL COMPACT FRIDGE EB20130415	063013	SSL	5.00	16	120.			120.	36.		24.
	SOLEUSAIR - SPACE HEATER 714600101217	063013	SSL	5.00	16	90.			90.	27.		18.
	VIVA OFFICE EXEC&MGR COMPUTER D	063013	SSL	7.00	16	229.			229.	49.		33.
	VIVA OFFICE EXEC&MGR COMPUTER D			7.00	16	229.			229.	49.		33.
	VIVA OFFICE EXEC&MGR COMPUTER D			7.00		229.			229.	49.		33.
	SAUDER EDGE WATER COMPUTER DESK, ESTA			7.00		209.			209.	45.		30.
	SAUDER EDGE WATER COMPUTER DESK, ESTA			7.00		209.			209.	45.		30.
	SAUDER EDGE WATER COMPUTER DESK, ESTA			7.00		209.			209.	45.		30.
	TP-LINK TL-SG108 8 8-PORT DESKTOP GIGA				16	30.			30.	9.		6.
	WESTERN DIGITAL MYBOOK 500GB DESKTO				16	160.			160.	48.		32.
		063014				3,097.		1,549.	1,548.	310.		495.
		063014				4,196.		2,098.	2,098.	420.		671.
		063014				,			,	619.		991.
	CANNON CAMERAS AND					6,195.		3,098.	3,097.			
		063014				5,196.		2,598.	2,598.	520.		831.
		063014				600.		300.	300.	60.		96.
35	EPSON PROYECTOR LCD	06 30 14	1200DB	5.00	17	1,565.		783.	782.	156.		250.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Dat Acqui	e ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	2 LENOVO LAPTOP			200DB		17	1,060.		530.	530.	106.		170.
37	THINKPADS	0630	14	200DB	5.00	17	1,341.		671.	670.	134.		214.
	* 990 PAGE 10 TOTAL		14	200DB	5.00	17	899.		450.	449.	90.		144.
	PROGRAM SERVICES * GRAND TOTAL 990						57,073.		12,077.	44,996.	15,899.	0.	10,375.
	PAGE 10 DEPR						57,073.		12,077.	44,996.	15,899.	0.	10,375.

⁽D) - Asset disposed

Form 886	8 (Rev. 1-2014)					Page 2	
If you a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this	box)	X	
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form	8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month B	Extensio	n of Time. Only file the origin	al (no co	opies needed).		
			Enter filer's	identifyir	ng number, see in	structions	
Type or	Name of exempt organization or other filer, see instru			Employe	r identification nun	nber (EIN) or	
orint	MEDICINE, EDUCATION AND DEV		ENT FOR		**_****		
File by the	LOW INCOME FAMILIES EVERYWH						
due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, 517 SOUTH MAIN STREET	see instruc	tions.	Social se	curity number (SS	N)	
nstructions.	City, town or post office, state, and ZIP code. For a WHITE RIVER JUNCTION, VT 0	foreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (fi	ile a senara	te application for each return)			01	
	· · · · · · · · · · · · · · · · · · ·	· -	,				
Applicati	on	Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	= 4044.4			-	
Form 990		02	Form 1041-A			08	
	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990		04	Form 5227 Form 6069			10	
	I-T (trust other than above)	06	Form 8870			12	
	o not complete Part II if you were not already grante			iouely file	nd Form 8868	12	
If the control of the	progranization does not have an office or place of business is for a Group Return, enter the organization's four digital . If it is for part of the group, check this box quest an additional 3-month extension of time until calendar year 2015, or other tax year beginning the tax year entered in line 5 is for less than 12 months, Change in accounting period the in detail why you need the extension axpayer Is awaiting additional Complete The Retroops to the complete the standard of the complete the complete the standard of the complete the co	t Group Exe and atta NOVEM. check reas	emption Number (GEN) It ach a list with the names and EINs of BER 15, 2016, and ending on: Initial return	f this is fo all memb	r the whole group, vers the extension		
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 \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$							
Inder per	_		st be completed for Part II o	-	f my knowlodge end	haliaf	
t is true, c	alties of perjury, I declare that I have examined this form, inclu orrect, and complete, and that I am authorized to prepare this 1	form.	vanying scriedules and statements, and to			nellel,	
Signature	► Title ►	CPA		Date	•		
					Form 8868 (F	Rev. 1-2014)	