			CHANGE OF AG	CCOUNTING	PERIOI	)	
	0	on	Return of Organizatio				OMB No. 1545-0047
For	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)						
	Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>						Open to Public
		enue Service	► Go to www.irs.gov/Form990 t r year, or tax year beginning JAN 1,			t information. AUG 31,2018	Inspection
		1			a enaing r	1	ation number
D	Check if applicab		organization CINE EDUCATION AND DEVEI		OR	D Employer identific	ation number
	Addre	ess T OT.T	INCOME FAMILIES EVERYWH				
	Name		siness as			**_**	**6450
	Initial		and street (or P.O. box if mail is not delivered to stre	eet address)	Room/suite	E Telephone number	
	Final return	, 517	SOUTH MAIN STREET				533-5433
	termir ated	City or to	wn, state or province, country, and ZIP or fore	ign postal code		<b>G</b> Gross receipts \$	1,429,690.
	Amen			5001		H(a) Is this a group rei	
	Applio tion pendi		d address of principal officer:NICOLAS			for subordinates?	
	-	51/8	OUTH MAIN STREET, WHITE			- ` '	
		empt status:		10.) 🛄 4947(a)(1	) or 527		ist. (see instructions)
			MEDLIFEMOVEMENT.ORG         X       Corporation	Other ►		H(c) Group exemption	number <b>b</b> State of legal domicile: <b>ME</b>
	art I	f organization: Summary			L Year		State of legal domicile: ME
			e the organization's mission or most significant			WORLDWIDE N	OVEMENT
Governance	'	EMPOWER	ING THE POOR IN THEIR F	IGHT FOR	EOUAL Z	CCESS TO HEA	ALTHCARE.
nar	2		► if the organization discontinued its				· · · · ·
ver			ng members of the governing body (Part VI, lin			3	5
			ependent voting members of the governing body				2
80			of individuals employed in calendar year 2018 (				0
/itie			f volunteers (estimate if necessary)				3036
Activities &			business revenue from Part VIII, column (C), li				0.
◄			ousiness taxable income from Form 990-T, line				0.
						Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)			15,071.	6,105.
enu	9	Program servi	e revenue (Part VIII, line 2g)			2,352,145.	1,413,044.
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)			10,762.	10,541.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	and 11e)		0.	0.
			add lines 8 through 11 (must equal Part VIII, c			2,377,978.	1,429,690.
			nilar amounts paid (Part IX, column (A), lines 1-3	3)	·····	0.	0.
			o or for members (Part IX, column (A), line 4)			0.	0.
Expenses			compensation, employee benefits (Part IX, col			562,047.	340,319.
jen			ndraising fees (Part IX, column (A), line 11e)		0.	0.	0.
Ä			ng expenses (Part IX, column (D), line 25) s (Part IX, column (A), lines 11a-11d, 11f-24e)		-	1,899,368.	1,202,156.
			s. Add lines 13-17 (must equal Part IX, column (			2,461,415.	1,542,475.
			expenses. Subtract line 18 from line 12			-83,437.	-112,785.
or						eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)			2,152,728.	2,036,414.
Ass	21	-	(Part X, line 26)			13,349.	7,553.
Fun	22		und balances. Subtract line 21 from line 20			2,139,379.	2,028,861.
Pa	art II	Signature	Block				
			declare that I have examined this return, including ac				knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based o	on all information of	which prepare	r has any knowledge.	
Sig	n	Signature				Date	
Her	е		LAS ELLIS, PRESIDENT ANI int name and title	D CEO			
		Drint/Type or p		-i		Date Check	I PTIN

	Print/Type preparer's name	Preparer's signature	Dale	Check	PIIN					
Paid	THOMAS F. MULDOON, CPA	THOMAS F. MULDOON,	C07/15/	19 self-employed	P015610	588				
Preparer		SON, FINNING & CO.,	P.C.	Firm's EIN 🕨 🔺	*-**1	780				
Use Only	y Firm's address 50 WASHINGTON STREET									
	WESTBOROUGH, MA 01581 Phone no. 508-36									
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	IN S2001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									

	10			it nouu		ooparate motie		
SE	$\mathbf{E}$	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	MEDICINE EDUCATION AND DEVELOPMENT FOR
-	990 (2018) LOW INCOME FAMILIES EVERYWHERE **-**6450 Page 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
1	Briefly describe the organization's mission:
	MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE'S (MEDLIFE) 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
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 823, 421. including grants of \$) (Revenue \$1, 413, 044.
	MEDICINE - WE PARTNER TEAMS OF STUDENTS FROM DEVELOPED COUNTRIES WITH
	HEALTH PROFESSIONALS FROM THE COUNTRIES IN WHICH WE WORK. THESE TEAMS
	FORM MOBILE CLINICS THAT ALLOW MEDLIFE TO INCREASE ACCESS TO MEDICAL
	TREATMENT AND HEALTH SCREENINGS IN THE POOR COMMUNITIES IN WHICH WE
	WORK. IN THE 8 MONTH PERIOD FROM JANUARY, 2018 THROUGH AUGUST, 2018 THE MOBILE CLINICS SERVED 42,582 INDIVIDUALS.
	MOBILE CLINICS SERVED 42,502 INDIVIDUALS.
4b	(Code: ) (Expenses \$ 276,899. including grants of \$ ) (Revenue \$ 0.
	COMMUNITY DEVELOPMENT - WE BUILD BASIC INFRASTRUCTURE IN THE
	COMMUNITIES IN WHICH WE WORK. PROJECTS INCLUDE, BUT ARE NOT LIMITED TO,
	BUILDING SMALL HEALTH CLINICS, SCHOOLS, COMMUNITY STAIRCASES, AND
	COMMUNITY WATER PROJECTS. IN THE 8 MONTH PERIOD FROM JANUARY, 2018
	THROUGH AUGUST, 2018 MEDLIFE COMPLETED 72 PROJECTS THAT SERVED 13,643
	INDIVIDUALS.
4c	(Code: ) (Expenses \$ 91,860 · including grants of \$ ) (Revenue \$ 0 ·
-10	(Code:) (Expenses \$) (Revenue \$] (Revenue \$] (Revenue \$) (Revenue \$] (Revenue \$] (Revenue \$] (Revenue \$] (Rev
	THE POOR COMMUNITIES IN WHICH WE WORK THROUGH EDUCATIONAL WORKSHOPS.
	EDUCATION TOPICS INCLUDE, BUT ARE NOT LIMITED TO, PREVENTATIVE HEALTH
	CARE AND COMMUNITY DEVELOPMENT IN THE 8 MONTH PERIOD FROM JANUARY,
	2018 THROUGH AUGUST, 2018, MEDLIFE CONDUCTED 108 EDUCATIONAL
	WORKSHOPS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,192,180.
	Form <b>990</b> (2018

# MEDICINE EDUCATION AND DEVELOPMENT FOR Form 990 (2018) LOW INCOME FAMILIES EVERYWHERE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
•	If "Yes," complete Schedule A	1 2	Δ	x
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
č	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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 I	6		х
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 II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

**-**6450	Page 4
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	990 (2018) LOW INCOME FAMILIES EVERYWHERE **-**	<u>6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450 ، 6450</u>	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		├───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. <b>25</b> a		
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	<b>25</b> b		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,"			
	complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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			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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<u> </u>
30		30		x
24	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
31		0.1		x
~~	If "Yes," complete Schedule N, Part I	. 31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			v
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <b>35</b> a	X	<u> </u>
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			X
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			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	. 1c		
00000			990	(2018)

#### MEDICINE EDUCATION AND DEVELOPMENT FOR

LOW INCOME FAMILIES EVERYWHERE

**-***6450	Page 5
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х			
b	If "Yes," enter the name of the foreign country: ► ECUADOR, PERU, TANZANIA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	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 services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa				
13	Section 501(c)(29) gualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	154				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
D.	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		· ·		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

Form 990 (2018)

#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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		Х
	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	Х	
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		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
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		
Sec	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	)s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> )			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			

Form 990 (2018)

Form 990 (	2018)	LOW	INCOME	FAMILIES	EVERYWHERE	**_**
Part VII	Compensation	of Of	ficers, Dire	ctors, Trustee	es, Key Employees,	Highest Compensated
	Employees, an	d Inde	ependent C	contractors		

LOW INCOME FAMILIES EVERYWHERE

#### Check if 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 (Ď), (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 report-

able 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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(da	Position			thon	000	Reportable	Reportable	Estimated
	hours per	box	box, unless per		k more than one berson is both an		h an	compensation	compensation	amount of
	week		cer ar	nd a d I	director/trustee)		tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pensi		(W-2/1099-MISC)		organization
	organizations below	Jal tri	onal		ploye	ee com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
(1) NICOLAS ELLIS	20.00	드	드	5	ž	Ξə	5			
PRESIDENT/CEO	20.00	x		x				0.	0.	0.
(2) JUAN CAMILO VANEGAS	2.00								••	<b>·</b> ·
SECRETARY	2.00	x		х				0.	0.	0.
(3) JERRY ELLIS	2.00						_	0.	• •	<b>0</b> •
VICE PRESIDENT/TREASURER	2.00	x		x				0.	0.	0.
(4) MARTHA CHICAIZA	2.00								••	<b>.</b>
MEMBER	2.00	x						0.	0.	0.
(5) CARLOS BENAVIDES	2.00								••	
MEMBER	2000	x						0.	0.	0.
		1								
		1								
		1								
		<u> </u>								
		<b> </b>								

MEDI	CINE	EDUCATION	AND	DEVELOPMENT	FOR
LOW	INCOM	E FAMILIES	S EVI	ERYWHERE	

\*\*-\*\*\*6450 Page 8

	990 (2018) LOW INCO	ME FAMII	LII	ΞS	ΕV	/EI	RY	NH]	ERE	**_***	6450	) Р	age <b>8</b>
Par	VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(C	-			(D)	(E)		(F)	
	Name and title	Average Position (do not check more than one box, unless person is both an						one	Reportable	Reportable	E	stimat	ed
		hours per	box		ss per	rson i	is bot	h an	compensation	compensation	a	mount	
		week	<u> </u>			reciu	1		from	from related		other	
		(list any hours for	irecto						the	organizations		npensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		irom th ganiza	
		organizations	truste	al trus		/ee	mpen					nd relat	
		below	ndividual trustee or director	Institutional trustee	Ŀ	Key employee	Highest compensated employee	er			org	janizat	ions
		line)	Indiv	Instit	Officer	Key e	High empl	Former					
								$\leftarrow$					
	Sub-total												
	Total from continuation sheets to Part V												
-	Total (add lines 1b and 1c)		· · · · ·										
2	Total number of individuals (including but r	not limited to th	lose	liste	ed at	SOVe	e) wi	no re	eceived more than \$100	0,000 of reportable			
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director. or tru	ustee	e. ke	v en	npla	vee	. or	highest compensated e	mplovee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edul	e J f	for such individual		. 4		X
5	Did any person listed on line 1a receive or a								ted organization or indiv	idual for services			
- <u>-</u>	rendered to the organization? If "Yes," corr ion B. Independent Contractors	plete Schedul	e J f	or sı	ıch p	pers	son				5		X
1	Complete this table for your five highest co	mpensated in	dona	ando	nt c	ontr	racto	ore t	that received more than	\$100.000 of comp	neation	from	
•	the organization. Report compensation for	-	-								lisation	nom	
	(A)	,							(B)		(	C)	
	Name and business	address	N	ONE	2				Description of s	services	Comp	ensatio	n
2	Total number of independent contractors (		iot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation 🕨											

Form 990 (2018)

## MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

\*\*-\*\*6450 Page 9

Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f g	Total. Add lines 1a-1f	usiness Code 541900 900099	6,105. 1,362,191. 50,853.	1,362,191. 50,853.		
	g	Total. Add lines 2a-2f	🕨	1,413,044.			
	3 4 5	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro Royalties	► bceeds	10,541.			10,541.
	6 a b	(i) Real (i) Real (i) Real Rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis	(ii) Other				
	d	and sales expenses	····· •				
Other Revenue		including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Oth		Less: direct expenses b					
		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	►				
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	►				
		and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory					
			usiness Code				
	11 a						
	b						
	с						
		All other revenue					
	е	Total. Add lines 11a-11d	►	1 400 600	1 412 044		
	12	Total revenue. See instructions	►	1,429,690.	1,413,044.	0.	10,541.

#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Form 990 (2018) LOW INCOME FAMILIES EVEN

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	29,907.	26,030.	3,877.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	268,602.	164,676.	103,926.	
8	Pension plan accruals and contributions (include				
r	section 401(k) and 403(b) employer contributions)	21 E A 1	20 105	11 270	
9	Other employee benefits	31,501.	20,125.	11,376.	
10	Payroll taxes	10,309.	6,586.	3,723.	
11	Fees for services (non-employees):				
a	Management	25,346.		25,346.	
b	Legal	34,957.		34,957.	
c	Accounting	54,957.		54,957.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e	F	324.	207.	117.	
f	Investment management fees	521.	2071		
g	column (A) amount, list line 11g expenses on Sch O.)	222,818.	195,083.	27,735.	
12	Advertising and promotion	1,203.		1,203.	
13	Office expenses	23,274.	14,869.	8,405.	
14	Information technology	17,054.	10,895.	6,159.	
15	Royalties	,			
16	Occupancy	124,590.	79,596.	44,994.	
17	Travel	210,278.	194,328.	15,950.	
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				
22	Depreciation, depletion, and amortization				
23	Insurance	42,244.	27,363.	14,881.	
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	212,300.	212,300.		
b	PARTICIPANT FOOD	136,041.	135,181.	860.	
с	PROGRAM MATERIALS	74,110.	58,341.	15,769.	
d	PAYPAL AND BANK FEES	68,600.	43,740.	24,860.	
е	All other expenses	9,017.	2,860.	6,157.	
25	Total functional expenses. Add lines 1 through 24e	1,542,475.	1,192,180.	350,295.	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)				Form <b>990</b> (201

## MEDICINE EDUCATION AND DEVELOPMENT FOR

\*-\*\*\*6450 Page 11

		- 0 <b>-</b> 1 1			- 011	
)	LOW	INCOME	FAMILIES	EVERYWHERE		*
lance Sheet						

נא	Check if Schedule Q contains a response or note to any line in this Part X			
	Check in Conclude O Contains a response of hole to any line in this Fall A			
		Beginning of year		End of year
1	Cash - non-interest-bearing	523,281.	1	40,949.
2			2	1,638,060.
3			3	
4			4	
5		-		
	trustees, key employees, and highest compensated employees. Complete			
			5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributin	ng		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
			8	
9			9	
10a				
		3.		
b	Less: accumulated depreciation 10b 57,07		10c	0.
11	Investments - publicly traded securities	349,222.	11	357,405.
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	2,036,414.
17	Accounts payable and accrued expenses	13,349.	17	7,553.
18	Grants payable		18	
19	Deferred revenue		19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
			22	
			24	
25				
~~		13 3/0		7,553.
26			26	7,555.
07		2 139 379.	07	2,028,861.
				2,020,0010
23			23	
30			30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
			32	
32	Retained earnings, endowment, accumulated income, or other funds			
32 33	Retained earnings, endowment, accumulated income, or other funds		33	2,028,861.
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22	Check if Schedule O contains a response or note to any line in this Part X         1       Cash - non-interest-bearing         2       Savings and temporary cash investments         3       Pledges and grants receivable, net         4       Accounts receivable, net         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L         6       Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 501(c)(9) voluntary employees and sponsoring organizations of secton 501(c)(9) voluntary employees beneficiary organizations of secton 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L         7       Notes and loans receivable, net         8       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       57 , 07;         10a       57 , 07;         11       Investments - publicly traded securities.         12       Investments - program-related. See Part IV, line 11         13       Investments - program-related. See Part IV, line 11         14       Intargetsets. Add lines 1 through 15 (must equal line 34)         17       Accounts payable and accrued expenses         18       Grants payable         19	Check if Schedule O contains a response or note to any line in this Part X       (A)         Beginning of year       523,281.         Savings and temporary cash investments       1,280,225.         Pledges and grants receivable, net       1,280,225.         Accounts receivable, net       1,280,225.         Accounts receivable, net       1,280,225.         Laans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       1         B Laans and other receivables from other disqualified persons (as defined under section 4950(f1)), persons described in section 4956(c)(3)(B), and contributing employees and sponsoring organizations of sections 501(c)(B) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L         7 Notes and loans receivable, net       10a       57, 073.         8 Inventories for sale or use       10a       57, 073.         9 Prepaid expenses and deferred charges       10a       57, 073.         10a       57, 073.       0.         11 Investments - publicly traded securities       349, 2222.         12 Investments - publicly traded securities       349, 222.         13 Investments - publicly traded securities       349, 222.         14 Intangible assets.       10m       2, 152, 728.         17 Accounts payable and accrued expenses       13, 349	Check if Schedule 0 contains a response or note to any line in this Part X       (A) Beginning of year         1       Cash - non-interest bearing       523, 281.1         2       Savings and temporary cash investments       1, 280, 225.2         3       Accounts receivable, net       3         4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustese, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from current and former officers, directors, trustese, key employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations (see inst). Complete Part II of Sch L       7         7       Notes and bars receivable, net       8         9       10a       57, 073         10a       57, 073       0.10c         11       Inventories of sale or use       8         9       10a       57, 073       0.10c         11       Investments - publicly traded securities       349, 2222.11       11         11       Investments - program-related. See Part IV, line 11       13       13       349, 222.11       13         11       Investments - program-related. See Part IV, line 11       13       13, 349.17       14       14

Form **990** (2018)

## Form 990 (2018) Part X Bal

MED	ICINE	EDUCATION	AND	DEVELOPMENT	FOR
LOW	INCOM	E FAMILIES	S EVE	ERYWHERE	

	1990 (2018) LOW INCOME FAMILIES EVERYWHERE	**_**	*6450	Page <b>12</b>
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		,690.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,475.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,785.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,379.
5	Net unrealized gains (losses) on investments	5	2	2,267.
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	2,028	8,861.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			,	Yes No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	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			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?	•	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
	· · · · · · · · · · · · · · · · · · ·			

Form **990** (2018)

SC	HED	DULE A								OMB No. 1545-0047	
(Fo	rm 99	0 or 990-EZ)			rity Status an					2012	
-		-	Co		nization is a section 50 <sup>.</sup> 47(a)(1) nonexempt cha			or a section		2010	
Depar	tment c	of the Treasury			Attach to Form 990 or F					Open to Public	
Intern	al Reve	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and tl	ne latest i	nformation.		Inspection	
Nam	e of t	the organizati	on MEDI	CINE EDUCA	TION AND DEV	ELOPM	ENT F	OR	Employer	identification number	
					ILIES EVERYW					*-***6450	
Pa	rt I	Reason	for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The	organ	ization is not a	n private found	lation because it is: (	For lines 1 through 12, c	check only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	I)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).			
4											
	city, and state:										
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describe										
				Complete Part II.)							
6				v	nental unit described in			.,			
7					intial part of its support f	from a gov	ernmental	unit or from t	he general	public described in	
-				omplete Part II.)							
8	$\square$				(1)(A)(vi). (Complete Par	· · · · ·					
9					in section 170(b)(1)(A)(						
			or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	t the colleg	e or	
10	X	university:			then 00 1/00/ of its our	in aut fuana	a avaitat eti		- him face a	and evenes were into furner	
10	- 23				e than 33 1/3% of its sup						
					ct to certain exceptions, (less section 511 tax) fr						
				mplete Part III.)			sses acqu	lifed by the o	ganization		
11					ively to test for public sa	afety. See	section 50	)9(a)(4)			
12	$\square$	-	-	-	ively for the benefit of, to				arry out the	e purposes of one or	
					ed in section 509(a)(1) o						
					of supporting organizatio						
а		7	-		upervised, or controlled		-		-	giving	
					gularly appoint or elect a						
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
	_	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
				•	zation generally must sat	•		•	d an attent	iveness	
		- ·	,	,	nplete Part IV, Sections						
е					written determination fro			а Туре I, Туре	II, Type III		
	<b>E</b> 4				nally integrated support						
<u> </u>		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetarv	(vi) Amount of other	
	``	organization		(	(described on lines 1-10	Yes	ng document? No	support (see ir	-	support (see instructions)	
					above (see instructions))						
-											
Tota	d										

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule A (Form 990 or 990 EZ) 2018 LOW INCOME FAMILIES EVERYWHERE

*	*	_	*	*	*	6	4	5	0	Page <b>2</b>
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#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	(d) 2014		(6) 2010	(0) 2017					
8	Gross income from interest,									
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
0	Net income from unrelated business									
9				[						
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. Add lines 7 through 10									
12	,	,	,							
13	First five years. If the Form 990 is for	•			-					
Sec	organization, check this box and stop ction C. Computation of Publi									
	•	••	•				0/			
	Public support percentage for 2018 (li					14	%			
	Public support percentage from 2017					<b>15</b>	%			
16a	33 1/3% support test - 2018. If the o									
la la	stop here. The organization qualifies a									
D	33 1/3% support test - 2017. If the o									
4-	and <b>stop here.</b> The organization quali									
17a	7a 10% -facts-and-circumstances test - 2018. 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 <b>stop here.</b> 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									
	more, and if the organization meets th									
	organization meets the "facts-and-circ									
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructior	ns 🕨 🛄			

Schedule A (Form 990 or 990-EZ) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR

#### Schedule A (Form 990 or 990 EZ) 2018 LOW INCOME FAMILIES EVERYWHERE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25,833.	2,715.	2,076.	15,071.	6,105.	51,800.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	2,013,705.	2,434,509.	2,829,854.	2,352,145.	1,413,044.	11,043,257.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,039,538.	2,437,224.	2,831,930.	2,367,216.	1,419,149.	11,095,057.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						11,095,057.
		() 001 (	(1) 004 F	() 0010	( 1) 0017	( ) 0010	(0 T + )
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	2,039,538.	2,437,224.	2,831,930.	2,367,216.	1,419,149.	11,095,057.
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	492.	1,017.	9,512.	10,762.	10,541.	32,324.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	492.	1,017.	9,512.	10,762.	10,541.	32,324.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		_,				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,040,030.	2,438,241.	2,841,442.	2,377,978.	1,429,690.	11,127,381.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pei	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	99.71 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	99.80 %
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>18</b> (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.29 %
18	Investment income percentage from	2017 Schedule A, I	Part III, line 17			18	.20 %
	<b>33 1/3% support tests - 2018.</b> If the						
	more than 33 1/3%, check this box a	-					► X
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	

#### MEDICINE EDUCATION AND DEVELOPMENT FOR

#### Schedule A (Form 990 or 990-EZ) 2018 LOW INCOME FAMILIES EVERYWHERE

1..

1 ...

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as 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		
3a		
Зb		
30		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
-7		
7		
8		
9a		
Oh		
9b		
9c		
10a		
106		
10b		

#### MEDICINE EDUCATION AND DEVELOPMENT FOR FUFD VMUFDF

Sche	dule A (Form 990 or 990-EZ) 2018 LOW INCOME FAMILIES EVERYWHERE	**-**645	0 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 <b>Part VI</b> 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	I		
			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		
			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 <b>Part VI</b> 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 ins	tructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	1-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.	tv (see instructions	5).	
	Activities Test. Answer (a) and (b) below.	,,	Yes	No

- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- 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.

Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

3b

#### MEDICINE EDUCATION AND DEVELOPMENT FOR

## Schedule A (Form 990 or 990-EZ) 2018 LOW INCOME FAMILIES EVERYWHERE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjus	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	rm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	s income (see instructions)	3		
4 Add lines 1	through 3	4		
5 Depreciation	n and depletion	5		
6 Portion of o	perating expenses paid or incurred for production or			
collection o	f gross income or for management, conservation, or			
maintenanc	e of property held for production of income (see instructions)	6		
7 Other exper	nses (see instructions)	7		
8 Adjusted N	let Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minir	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate f	air market value of all non-exempt-use assets (see			
instructions	for short tax year or assets held for part of year):			
a Average mo	onthly value of securities	1a		
<b>b</b> Average mo	onthly cash balances	1b		
<b>c</b> Fair market	value of other non-exempt-use assets	1c		
d Total (add I	ines 1a, 1b, and 1c)	1d		
e Discount c	laimed for blockage or other			
factors (exp	olain in detail in <b>Part VI</b> ):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lin	e 2 from line 1d	3		
4 Cash deem	ed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruct	tions)	4		
5 Net value of	f non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	e 5 by .035	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum A	Asset Amount (add line 7 to line 6)	8		
Section C - Distr	ibutable Amount			Current Year
1 Adjusted ne	et income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of	of line 1	2		
3 Minimum as	sset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greate	er of line 2 or line 3	4		
5 Income tax	imposed in prior year	5		
6 Distributab	le Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions)	6		
	k here if the current year is the organization's first as a non-functional	/ integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR

### Schedule A (Form 990 or 990-EZ) 2018 LOW INCOME FAMILIES EVERYWHERE

Par	t 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			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule A (Form 990 or 990 EZ) 2018 LOW INCOME FAMILIES EVERYWHERE

\*\*-\*\*\*64<u>50 Page</u>8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### PART III, SHORT YEAR EXPLANATION:

#### MEDLIFE CHANGED THEIR YEAR END, AND IS THEREFORE FILING A SHORT YEAR

#### FORM 990.

		<b>•</b> • • •			OMB No. 1545-0047				
	SCHEDULE D (Form 990)       Supplemental Financial Statements         ▶ Complete if the organization answered "Yes" on Form 990,								
(⊦orr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection				
	e of the organization		AND DEVELOPMENT FOR	Employ	er identification number				
		LOW INCOME FAMILIE	S EVERYWHERE		**-**6450				
Pa	rt I Organizati	ons Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccount	S.Complete if the				
	organization a	answered "Yes" on Form 990, Part IV, lir							
			(a) Donor advised funds (l	<b>b)</b> Funds a	and other accounts				
1		of year							
2		contributions to (during year)							
3		rants from (during year)							
4 5		nd of year	writing that the assets held in donor advised fun	do					
5	-		exclusive legal control?		Yes No				
6			advisors in writing that grant funds can be used c						
-	0	0 / /	or donor advisor, or for any other purpose confer						
	impermissible private		· · · · ·	•	Yes No				
Pa	rt II Conservat	ion Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.					
1	Purpose(s) of conser	vation easements held by the organizat	ion (check all that apply).						
	Preservation o	f land for public use (e.g., recreation or e							
	Protection of r		Preservation of a certified his	storic stru	cture				
	Preservation o								
2		rough 2d if the organization held a quali	fied conservation contribution in the form of a co						
	day of the tax year.	convertion occomments			d at the End of the Tax Year				
a b				2a 2b					
c	•		ructure included in (a)	20 20					
d			after 7/25/06, and not on a historic structure						
				2d					
3			leased, extinguished, or terminated by the organ	ization du	ring the tax				
	year 🕨								
4	Number of states wh	nere property subject to conservation ea	sement is located						
5	Does the organizatio	n have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	,	cement of the conservation easements			Yes I No				
6	Staff and volunteer h	ours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservation	on easeme	ents during the year				
7		_	dling of violations, and enforcing concentration as	a amanta d	during the year				
7	► \$	incurred in monitoring, inspecting, nand	dling of violations, and enforcing conservation ea	sements	uning the year				
8		tion easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(E	s)(i)					
-					Yes No				
9			ion easements in its revenue and expense stater		balance sheet, and				
	include, if applicable	, the text of the footnote to the organiza	tion's financial statements that describes the org	ganization'	s accounting for				
	conservation easem				-				
Pa		_	of Art, Historical Treasures, or Other	Similar	Assets.				
	•	ne organization answered "Yes" on Form	, ,						
<b>1</b> a	-		SC 958), not to report in its revenue statement ar						
			hibition, education, or research in furtherance of	public ser	vice, provide, in Part XIII,				
b		ote to its financial statements that descr	IDES these items. SC 958), to report in its revenue statement and b	alance eh	eet works of art historical				
U U			ducation, or research in furtherance of public ser						
	relating to these item								
	•			▶ \$					
2			easures, or other similar assets for financial gain,						
	•	ts required to be reported under SFAS 1							
а									
b	Assets included in F	orm 990, Part X		▶ \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

		MEDICINE					T FOR			
-		(Form 990) 2018 LOW INCOM							***6450	
Pa	rt III	Organizations Maintaining Col	lections of A	rt, His	torical Tr	easures,	or Other	Similar As	sets(continue	ed)
3		g the organization's acquisition, accession,	and other record	ls, chec	k any of the	following that	at are a sign	ificant use of	its collection i	tems
	(cheo	ck all that apply):								
а		Public exhibition	d			hange progr				
b		Scholarly research	e		Other					
с		Preservation for future generations								
4		ide a description of the organization's colle	•		2	0	•		Part XIII.	
5		ng the year, did the organization solicit or re								
De		sold to raise funds rather than to be main							Yes	NoNo
Pa	rt IV	Escrow and Custodial Arrange reported an amount on Form 990, Part X		ete if the	e organizatio	on answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
1a	Is the	e organization an agent, trustee, custodian		liary for	contributior	ns or other as	ssets not inc	luded		
		orm 990, Part X?							Yes	
b		es," explain the arrangement in Part XIII and								
~				lotting					Amount	
с	Beair	nning balance						1c	,	
		tions during the year						1d		
		ibutions during the year						1e		
f		ng balance						1f		
2a		he organization include an amount on Forn						?	Yes	No
		es," explain the arrangement in Part XIII. Cr					-			
_	rt V	Endowment Funds. Complete if th								
		. (1	a) Current year	(b) F	rior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four ye	ears back
1a	Begir	nning of year balance								
b	Cont	ributions								
с		nvestment earnings, gains, and losses								
d	Gran	ts or scholarships								
е		r expenditures for facilities								
	and p	programs								
f	Admi	inistrative expenses								
g	End o	of year balance								
2	Provi	ide the estimated percentage of the curren	t year end baland	e (line 1	g, column (a	a)) held as:				
а	Boar	d designated or quasi-endowment 🕨 🔄		_%						
b	Perm	nanent endowment 🕨	_%							
с	Temp	porarily restricted endowment $\blacktriangleright$	%							
	The p	percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are t	here endowment funds not in the possessi	on of the organiza	ation tha	at are held a	and administe	ered for the	organization		
	by:								Y	es No
	(i) u	Inrelated organizations							3a(i)	
	(ii) r	elated organizations							3a(ii)	
b	lf "Y€	es" on line 3a(ii), are the related organizatio	ns listed as requi	red on S	Schedule R?				3b	
4		ribe in Part XIII the intended uses of the or		owment	funds.					
Pa	rt VI	Land, Buildings, and Equipme								
		Complete if the organization answered "								
		Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		imulated ciation	<b>(d)</b> Book v	alue
1a	Land	l								
b	Build	lings								
с		ehold improvements						_		_
d	Equip	oment			5	7,073.	5	7,073.		0.
		r								
Tota	I. Add	lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, colur	nn (B), line 1	10c.)		►		0.

Schedule D (Form 990) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o			Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r 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" o	n Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r 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" o (a) D	n Form 990, Part IV, lir escription	ne 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lir		e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)(5)			
(5) (6)			
(7)			
(7)			
(9)			
	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t		to the organization's financial stateme	ents that reports the
organization's liability for uncertain tax positions under f			

Schedule D (Form 990) 2018

### MEDICINE EDUCATION AND DEVELOPMENT FOR

Sche	dule D (Form 990) 2018 LOW INCOME FAMILIES EVERY	WHERE	**-***6450	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements			
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	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		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:	A 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			

Part XIII Supplemental Information. 

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F	Statomo	nt of Act	ivities Outside the Ur	nitad Sta	atas	OMB	No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2	<b>N18</b>
Department of the Treasury		Ū	Attach to Form 990.	, ,	,	Ope	en to Public
Internal Revenue Service	Go to y	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Insp	pection
Name of the organization					Employer ic	dentifica	ation number
MEDICINE EDUC LOW INCOME FA			IENT FOR		**_**	6450	
			tside the United States. Comple	ete if the orgar			
	art IV, line 14b.						
1 For grantmakers. D	oes the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,		
the grantees' eligibil	ity for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Y	es 🛄 No
2 For grantmakers	) a a sriba in Dart \ ( th	organization's	presedures for monitoring the use of it	a aranta and a	ther excitore		la tha
2 For grantmakers. D United States.	rescribe in Part V the	e organization s	procedures for monitoring the use of it	s grants and o	uner assistanc	eoutsio	
	n. (The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d	I)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,		expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regio		investments
		in the region					in the region
				MOBILE CLIN	NICS		
				EDUCATION V	•		
SOUTH AMERICA	2	35	PROGRAM SERVICES	DEVELOPMENT			1,084,886.
				MOBILE CLIN	•		
		1		EDUCATION V			65 246
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	DEVELOPMENT	T PROJECTS		65,346.
				MOBILE CLIN	NICS.		
			PROGRAM SERVICES AND	EDUCATION W	•		
NICARAGUA	1	1	ADMINISTRATIVE	DEVELOPMENT	F PROJECTS.		26,896.
3 a Subtotal	4	37					1,177,128.
<b>b</b> Total from continuat	ion						
sheets to Part I		0					0.
c Totals (add lines 3a and 3b)	4	37					1 177 128.

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

Schedule F (Form 990) 2018

### Schedule F (Form 990) 2018 LOW INCOME FAMIL

#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

\*\*-\*\*\*6450

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					1			
	ch the grantee or cou	insel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lette	er				

Schedule F (Form 990) 2018

832072 10-31-18

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#### MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

\*\*-\*\*\*6450

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.

Schedule F (Form 990) 2018

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
			0				



Schedule F (Form 990) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule F (Form 990) 2018 LOW INCOME FAMILIES EVERYWHERE Part IV Foreign Forms

ES	EVERYWHERE	**-**6450	Page 4	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2018

MEDI	CINE	ED	UCATION	AND	DEVELOPMENT	FOR
TOTA	TNOON	(T) ·				

	(Form 990) 2018 LOW INCOME FAMILIES EVERYWHERE	**-***6450	
Schedule F			Page 5
raitv	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting instances and the second seco		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method		)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation. See instructions.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information. MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE



\*\*-\*\*\*6450

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND A SAFE HOME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHOSEN TO STRIVE TOWARD A BETTER LIFE, MEDLIFE STANDS BESIDE THEM 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 11B:

A COPY OF THE FORM 990 IS REVIEWED BY THE PRESIDENT AND PROVIDED TO OTHER MEMBERS FOR FEEDBACK BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19:

ALL OF THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO INTERESTED PARTIES UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE	Employer identification number **-**6450
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	195,083.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	27,735.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,735.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	222,818.

SCHEDULE R Related Organizations and Unrelated Partnerships							0	MB No. 1545	-0047			
(Form 990) Department of the Internal Revenue S	► Com	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.										
	Name of the organization MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE											
Part I Ide	entification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
Na	<b>(a)</b> me, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	or Total inco	(e) me End-of-year	assets	Direct o	<b>(f)</b> controlling ntity	I			
		_										
		_										
		-										
	entification of Related Tax-Exempt Organiz ganizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more rel	ated tax-ex	empt				
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	( <b>f)</b> ontrolling atity	Section 5 contrenti Yes	olled			
		_										
		-										
		_										

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

Schedule R (Form 990) 2018

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule R (Form 990) 2018 LOW INCOME FAMILIES EVERYWHERE

\*\*-\*\*\*6450 Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne	or Percentag <sup>ng</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	o
					r						
					~						

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Type of entity	<b>(f)</b> Share of total		<b>(h)</b> Percentage	Sec 512(l contr	i) tion b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	ent	ity?
GOOD LIFE TRAVELS - 46-4028518	OFFERS TRAVEL		MEDICINE						
517 SOUTH MAIN STREET	SERVICES TO POOR		EDUCATION AND						
WHITE RIVER JUNCTION, VT 05001	COMMUNITIES	ME	DEVELOPMENT	C CORP	31,200.	88,577.	100.00%	Х	

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule R (Form 990) 2018 LOW INCOME FAMILIES EVERYWHERE

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\*\*-\*\*\*6450 Page 3

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
d	Loans or loan guarantees to or for related organization(s)	1d	Х		
е	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		Х	
h	Purchase of assets from related organization(s)	1h		Х	
	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х		
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		Х	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
_(6)			

#### MEDICINE EDUCATION AND DEVELOPMENT FOR Schedule R (Form 990) 2018 LOW INCOME FAMILIES EVERYWHERE

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	(h)		(d)		、	(f)	(g)	1	-1	(1)	6	<b>N</b>	(k)	
(a)	(b)	(c)	(d)	(e Are a partners 501 (c orgs	) all			()	"	(i)	()	,	(*)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501 (c)	s sec. )(3)	Share of	Share of	Dispr tior	opor- 1ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	iging	Percentage	
of entity		(state or foreign	excluded from tax under	orgs		total	end-of-year	alloca	tions?	of Schedule K-1	parti	ner?	ownersnip	
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO		
				╞─┼										
						· · · ·								
				$ \vdash $										
				╞─┤				-			$\vdash$			

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

#### NAME OF RELATED ORGANIZATION:

#### GOOD LIFE TRAVELS

#### DIRECT CONTROLLING ENTITY: MEDICINE EDUCATION AND DEVELOPMENT FOR LOW

#### INCOME FAMILIES EVERYWHERE

Statement of Specified Foreign Financial Assets       During the second of the Takey         Description       Contexport approximation attained in the second or during 08/31/18.       During the second of the Takey         Instruction of the Takey       Per calendar year       Asset set set second of the Takey       Number of continuation statements.       During the second of the Takey         Instruction of the Takey       Per calendar year       Asset set set second continuation statements.       Number of continuation statements         Instruction on return/BEDICINE BUCCATION AND DEVELOPMENT       2       Takey       Takey <th></th> <th>0020</th> <th>Staten</th> <th>nent of Specified For</th> <th>eian Fin</th> <th>ancial Assets</th> <th></th> <th>OMB No. 1545-2195</th>		0020	Staten	nent of Specified For	eian Fin	ancial Assets		OMB No. 1545-2195
Internet of the second secon	Form	0220		ww.irs.gov/Form8938 for instru	ctions and t			2018
If you have attached continuation statements, check here [X]         Number of continuation statements           3         Type of filer         a         Specified individual or benetic box 3b or 3c, enter the name and TN of the specified individual or boxely holds the partnership or corporation. If You checked box 3d, where the name and TN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person who is a current beneficiary of the trust.         b         TN <b>Part IF Foreign</b> Deposit and Custodial Accounts         S         2 (2, 310)         3         3         3         5 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>3 and and <math>18/3</math></td> <td>1/18</td> <td>Attachment</td>				-		3 and and $18/3$	1/18	Attachment
1         Namely shown on returnMEDICINE EDUCATION AND DEVELOPMENT         2         Tarpager featilitation Number (TIN)           3         Type of file         a         Specified individual         b         Pathneship         c         Corporation         d         d         Total           4         If you checked box 30, alogt this line 4.11 you checked box 30, enter the name and TIN of the specified person who is a current buildual of								
LOW INCOME FAMILIES EVERYWHERE     **-***6450      Type of ther     a Specified individual b Partnership c Oroporation d Trust     * If you checked box 3b or 3c, erter the name and TN of the specified individual who closely holds the     partnership c oroporation. If you checked box 3b or 3c, erter the name and TN of the specified individual who closely holds the     partnership c oroporation. If you checked box 3b or 3c, erter the name and TN of the specified person who is a current bareficiary of the trust.     (Be instructions for definitions and what to do if you have more than one specified individual or specified person to list.)     a Name     Part T Foreign Deposit and Custodial Accounts Summary     I Number of Deposit Accounts (specified Part V)     S     Vere any foreign assets (seponted in Part V)     Ves X No     Part II Summary of Tax Kiens Attributable to Specified Foreign Financial Assets (seponted in Part V)     S     Meanum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (seponted in Part V)     S     Maximum Value of All Assets (sep	1	Name(s) shown on re		EDUCATION AND DE	VELOPME			
a       georide individual       b       Partnership       c       Corporation       d       Trust.         4       fly our checked box 38, sight time 4. fivgue checked box 38, sight time name and TN of the specified individual when one by hods the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)       a Nume         a       Number of Deposit Accounts       b       TN         Part I       Foreign Deposit and Custodial Accounts Summary       b       16         2       Number of Deposit Accounts       \$       2.7,310 •         3       Number of Deposit Accounts (reported in Part V)       >       >         4       Maximum Value of All Deposit Accounts deed during the tax year?       \$       \$       \$         9       Were any foreign Assets foregond in Part V)       >       >       \$       \$       \$         9       Were any foreign Assets foregond in Part V)       >       \$		LOW				**-**64	50	
	3		dividual <b>b</b>	Partnership c		ation	d 🗌	Trust
a Name       b       TN         PartI       Foreign Deposit and Custodial Accounts Summary       b       TN         PartI       Classical Custodial Accounts (seported in Part V)       b       16         2       Number of Deposit Accounts (seported in Part V)       b       16         3       Number of Deposit Accounts (seported in Part V)       b       16         4       Maximum Value of Al Deposit Accounts (seported in Part V)       b       16         4       Maximum Value of Al Custodial Accounts (seported in Part V)       b       17         4       Maximum Value of Al Custodial Accounts (seported in Part V)       b       17         5       Were any foreign Assets (reported in Part V)       c       17         6       Maximum Value of Al Custodial Accounts blobed during the tax year?       17       Yes       X In No         7       Maximum Value of Al Custodial Accounts blobe of Specified Foreign Financial Assets (see instructions)       17       Yes       X In No         7       Maximum Value of Al Custodial Accounts blobe of Specified Foreign Financial Assets (see instructions)       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16	4	f you checked box 3		1	•		ividual wh	o closely holds the
a Name       b TN         Part I Procing Deposit and Custodial Accounts Summary       16         1 Number of Deposit Accounts (reported in Part V)       \$ 2, 310.         2 Maximum Value of Al Deposit Accounts (reported in Part V)       \$ 2, 310.         4 Maximum Value of Al Custodial Accounts (reported in Part V)       \$ 2         5 Were any foreign Assets (reported in Part V)       \$ 2         1 Number of Foreign Assets (reported in Part V)       \$ 2         2 Maximum Value of Al Assets (reported in Part V)       \$ 2         3 Were any foreign Assets (reported in Part V)       \$ 2         4 Maximum Value of Al Assets (reported in Part V)       \$ 2         3 Were any foreign Assets (reported in Part V)       \$ 2         4 Maximum Value of Al Assets (reported in Part V)       \$ 2         3 Were any foreign Assets (reported in Part V)       \$ 2         (a) Asset Category       (b) Tax item       (c) Anount reported on       Where reported         (a) Asset Category       (b) Tax item       (c) Anount reported on       Where reported         1 To Eductions \$ 1       16 Interest \$ 1       (c) Anount reported on       (d) Form and line       (e) Schedule and line         1 Other income \$ 1       10 Other income \$ 1         2 Other For	1	partnership or corpo	ration. If you checked	box 3d, enter the name and TIN o	of the specifie	ed person who is a curr	ent benefi	iciary of the trust.
Part I       Foreign Deposit and Custodial Accounts Summary       16         1       Number of Custodial Accounts (reported in Part V)       ▶         3       Number of Custodial Accounts (reported in Part V)       ▶         4       Maximum Value of All Coleposit Accounts       \$         5       Were any foreign Assets Summary       I       Yes         1       Number of Foreign Assets Summary       I       Yes         1       Number of Foreign Assets Summary       I       Yes         1       Number of Foreign Assets Summary       I       Yes         2       Maximum Value of All Assets (reported in Part V)       >       Image: Status         2       Maximum Value of All Assets (reported in Part V)        Image: Status       Yes         2       Maximum Value of All Assets (reported in Part V)        Image: Status       Yes       X       No         2       Maximum Value of All Colepoids       (f) Tax item       (f) Amount reported on form or schedule       (f) Form and line       (e) Schedule and line       Image: Status       <	(	See instructions for	definitions and what to	o do if you have more than one sp	ecified indivi	idual or specified perso	n to list.)	
1       Number of Deposit Accounts (reported in Part V)       Image: transmitted in the transmitted in Part V       Image: transmitted in Pa						b TIN		
Advirum Value of All Deposit Accounts     Accounts     Advirum Value of All Deposit Accounts     Advirum Value of All Deposit Accounts     Advirum Value of All Catolial Accounts     S     Vere any foreign deposit or custodial accounts cleaded during the tax year?     Part II Other Foreign Assets Summary     I Number of Foreign Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of All Assets (reported in Part V)     Advirum Value of Tax Items Attributable to Specified Foreign Financial Assets (reported more schedule     (d) Form and line     (e) Schedule and line     (e) Anount reported on     (f) Form and line		<b>.</b>	-					
3       Number of Custodial Accounts (reported in Part V)       ▲         4       Maximum Value of Al Custodial Accounts       \$         9       Were any foreign despet or custodial accounts closed during the tax year?       ↓       Yes       X       No         9       Maximum Value of Al Custodial Accounts       \$       \$        Yes       X       No         9       Maximum Value of All Assets (reported in Part V)       >       >       >       >       >       >       >       >       X       No       >       >       >       X       No       No <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
4       Maximum Value of All Custodial Accounts closed during the tax year?       \$         5       Were any foreign deposit or custodial accounts closed during the tax year?       \$       \$         1       Number of Foreign Assets (reported in Part V)       \$       \$         2       Maximum Value of All Assets (reported in Part V)       \$       \$         3       Were any foreign assets acquired or sold during the tax year?       \$       \$         9       Maximum Value of All Assets (reported in Part V)       \$       \$         3       Were any foreign assets acquired or sold during the tax year?       \$       Yes       \$         9       Maximum Value of All Assets (reported in Part V)       \$       \$       \$       \$         3       Were any foreign assets acquired or sold during the tax year?       (c) Asset Category       (b) Tax item       (c) Anount reported on       Where reported         (a) Asset Category       (b) Tax item       (c) Anount reported on       (d) Form and line       (e) Schedule and line         1       Foreign Deposit and Custodial Accounts       1       In Dividends       \$       1         1       Barine S       1       Other income       \$       1       1         2       Other income       \$       1       1<	-						\$	22,310
s       Were any foreign deposit or custodial accounts closed during the tax year?       Yes       X         Part III       Other Foreign Assets Summary       Image: State St							•	
Part II Other Foreign Assets Summary         1 Number of Foreign Assets (reported in Part VI)       \$         2 Maximum Value of Al Assets (reported in Part VI)       \$         3 Were any foreign assets acquired or sold during the tax year?       \$         Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)       Where reported         (a) Asset Category       (b) Tax item       (c) Amount reported on form or schedule       (d) Form and line       (e) Schedule and line         1 Foreign Dapost and Cutstodial Accounts       1       1       Dividends       \$       1         1 Goans (osses)       \$       1       0       1       0       0       0         2 Other Foreign Assets       2       1       0       0       1       0       0         2 Other Foreign Assets       2       1       0       0       0       0       0         2 Other Foreign Assets       2       1       0       0       0       0       0         2 Other Foreign Assets       2       1       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0							· · · · ·	<b>V</b>
1       Number of Foreign Assets (reported in Part VI)       \$         2       Maximum Value of All Assets (reported in Part VI)       \$         3       Were any foreign assets acquired or sold uring the tax year?       Yes       Yes       X         Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)       Where reported       (a) Asset Category       (b) Tax item       (c) Amount reported on form or schedule       (d) Form and line       (e) Schedule and line         1       Foreign Deposit and tax item       1a Interest       \$       1       (c) Amount reported on form or schedule       (d) Form and line       (e) Schedule and line         1       Foreign Deposit and tax year?       1a Interest       \$       1								
2       Maximum Value of All Assets (reported in Part VI)       \$         3       Were any foreign assets acquired or sold during the tax year?								
3       Were any foreign assets acquired or sold during the tax year?       Image: Transcial Assets (see instructions)         Part III Summary of Tax items Attributable to Specified Foreign Financial Assets (see instructions)       (e) Amount reported on form or schedule (d) Form and line (e) Schedule and line         (a) Asset Category       (b) Tax item       (c) Amount reported on form or schedule (d) Form and line (e) Schedule and line         1       Foreign Deposit and ta Interest       \$         1       Custodial Account       1a Interest       \$         16 Royalties       \$       1       16 Royalties       \$         1       Custodial Account       1       Interest       \$       1         1       Custodial Account       1       Interest       \$       1         2       Other Foreign Assets       2       1       1       1       1         2       Other Foreign Assets       2       1       1       1       1       1       1         2       Other Foreign Assets       2       1 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td>							\$	
Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)         (a) Asset Category       (b) Tax item       (c) Amount reported on form or schedule       Where reported         1 Foreign Deposit and Custodial Accounts       1a Interest       \$       (c) Amount reported on form or schedule       (d) Form and line       (e) Schedule and line         1 Eoreign Deposit and Custodial Accounts       1a Interest       \$       (f) Dividends			\ I	/			· · · · ·	es X No
(a) Asset Category       (b) Tax item       form or schedule       (d) Form and line       (e) Schedule and line         1 Foreign Deposit and Custodial Accounts       1a Interest       \$							structio	ons)
(a) Foreign Deposit and Custodial Accounts       (b) Foreign Cashed and the interest       (c) Foreign Cashed and the interest         16       Foreign Deposit and Custodial Accounts       11       Interest       \$         16       Constructions       12       14       Other income       14         16       Credits       \$       14       Other income       14         17       Devicences       \$       14       Other income       14         18       Credits       \$       14       Other income       14         20       Other Foreign Assets       2       Interest       \$       14         20       Credits       \$       14       14       Other income       14         20       Cher Foreign Assets       \$       2       14       Other income       14         20       Cher Foreign Assets       \$       14       14       14       14       14         20       Cher Foreign Assets       \$       2       14				(c) Amount reported on		Where r	eported	
Custodial Accounts       1b Dividends       \$         1c Royalties       \$	(a)	Asset Category	(b) Tax item	form or schedule	(d)	Form and line	(e)	Schedule and line
Id       Dividends       9         Id       CRoyalties       \$         Id       Other income       \$         Id       Gains (losses)       \$         If       Deductions       \$         Ig       Credits       \$         Ig       Dividends       \$         Ig       Credits       \$         Ig       Deductions       \$         Ig       Credits       \$         Ig       Credits       \$         Ig       Decide the income       \$         Ig       Credits       \$         Ig       Credits       \$         Ig       Decide the income       \$         Ig       Credits       \$         Ig       Credits       \$         Ig       Decredits       \$<			1a Interest	\$				
1d       Other income       \$         1e       Gains (losses)       \$         1f       Deductions       \$         1g       Credits       \$         2       Other Foreign Assets       2a         2a       Interest       \$         2b       Dividends       \$         2c       Royattes       \$         2d       Other income       \$         2e       Gains (losses)       \$         2c       Royattes       \$         2d       Other income       \$         2e       Gains (losses)       \$         2f       Deductions       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         1.       Number of Forms 8320       2.         .       Xumber of Forms 8261       5.         .       Xumber of Forms 8865       3.         Part V       Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions).         1       Type of account       X       Deposit         1       Type of account       X       Deposit       Custo	Cı	istodial Accounts	1b Dividends					
1e       Gains (losses)       \$         1f       Deductions       \$         1g       Credits       \$         2       Other Foreign Assets       2a         2       Dividends       \$         2b       Dividends       \$         2c       Royatties       \$         2d       Other income       \$         2d       Gains (losses)       \$         2d       Other income       \$         2d       Gains (losses)       \$         2d       Gains (losses)       \$         2d       Credits       \$         2g       Credits       \$         1       You reported specified Foreign Financial Assets (see instructions)         1       You reported specified Foreign Financial Assets (s			1c Royalties					
If       Deductions       \$         1g       Credits       \$         2       Other Foreign Assets       2a         2a       Interest       \$         2b       Dividends       \$         2c       Royalties       \$         2d       Other income       \$         2e       Gains (losses)       \$         2f       Deductions       \$         2g       Credits       \$         2f       Deductions       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         Part IV       Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 8520       2. Number of Forms 3520 A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       2         1       Type of account       IX Deposit       Custodial         2       Account number or other designation statement for each additional account (see in					_			
1g Credits       \$         2 Other Foreign Assets       2a Interest       \$         2b Dividends       \$       2b         2b Dividends       \$       2b         2c Royatties       \$       2c         2d Other income       \$       2c         2g Credits       \$       2c         2g Credits       \$       2c         1f you reported specified Foreign Financial Assets (see instructions)       1         If your ported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520-A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       2         1f you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).       1         1 Type of account       X       Deposit       Custodial         2 Account number or other de			· · · · ·					
2 Other Foreign Assets       2a       Interest       \$         2b       Dividends       \$       2b       Dividends       \$         2b       Royalties       \$       2b       Royalties       \$         2d       Other income       \$       2d       Chearset       2d         2d       Other income       \$       2d       2d       Chearset       2d         2d       Other income       \$       2d       2d       Creatis       \$       2d         2d       Creatis       \$       2d       Creatis       \$       2d       2d         2d       Creatis       \$       2d       Creatis       \$       2d       2d       Creatis       2d       2d       Creatis       \$       2d       2d       Creatis       2d       Creatis       2d       Creatis       2d       Creatis       2d       Creatis       2d       Creatis       Creatis       2d       Creatis       Creatis       Creatis								
2b       Dividends       \$         2c       Royatties       \$         2c       Royatties       \$         2c       Royatties       \$         2e       Gains (tosses)       \$         2f       Deductions       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         1       Number of Forreign Financial Assets (see instructions)       If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520-A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of remes 5471         1       Type of account       X       Deposit       Custodial         1       You have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).       1         1       Type of account       X       Deposit       Custodial       2       Account number or other designation	0.01	hau Fausieus Assata						
2c       Royalties       \$         2d       Other income       \$         2e       Gains (losses)       \$         2e       Gains (losses)       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         2g       Credits       \$         Part IV       Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520-A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of Forms 5471         5. Number of Forms 865       2       2         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).       1         1       Type of account       X       Deposit       Custodial         2       Account number or other designation ************************************	2 01	ner Foreign Assets						
2d Other income       \$         2e Gains (losses)       \$         2f Deductions       \$         2g Credits       \$         2g Credits       \$         2g Credits       \$         Part IV Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520.A         3. Number of Forms 8621       5. Number of Forms 8665         Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account         X       Deposit         Custodial       2         Account opened during tax year       b         c       Account opened during tax year       b         d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$         c       Account pointly owned with spouse       d         d       No tax item reported in Part IIII with respect								
2e Gains (losses)       \$         2f Deductions       \$         2g Credits       \$         Part IV Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520.A         3. Number of Forms 8621       5. Number of Forms 8865         Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account         X       Deposit         Custodial       2         2       Account opened during tax year         b       Account closed during tax year         c       Account jointly owned with spouse       Mo tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       b       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       c       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year			,					
2f       Deductions       \$         2g       Credits       \$         Part IV       Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520.A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of Forms 5471         9art V       Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account       X         Deposit       Custodial       2       Account number or other designation ********1_34         3       Check all that apply       a       Account opened during tax year       b       Account closed during tax year         c       Account jointly owned with spouse       d       No tax item reported in Part II with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X<								
2g Credits       \$         Part IV       Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520.A         4. Number of Forms 8621       5. Number of Forms 8865         Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account         X       Deposit         C       Account opened during tax year         b       Account closed during tax year         c       Account opened during tax year         d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       b         c       Account opened during tax year       \$         c       Account opened during tax year       \$         c       Account opened during tax year       \$         d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year								
Part IV       Excepted Specified Foreign Financial Assets (see instructions)         If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.         1. Number of Forms 3520       2. Number of Forms 3520.A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of Forms 5471         Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).       1         1       Type of account       X       Deposit         2       Account opened during tax year       b       Account closed during tax year         c       Account jointly owned with spouse       d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.								
include these assets on Form 8938 for the tax year.  1. Number of Forms 3520 2. Number of Forms 3520. 3. Number of Forms 5471 4. Number of Forms 8621 5. Number of Forms 8865  Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)  If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).  I Type of account X Deposit Custodial C	Par	t IV Excepted	Specified Foreigr	Financial Assets (see ins	tructions)			
1. Number of Forms 3520       2. Number of Forms 3520 A       3. Number of Forms 5471         4. Number of Forms 8621       5. Number of Forms 8865       3. Number of Forms 5471 <b>Part V</b> Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).       2 Account number or other designation ********1 - 34         3 Check all that apply       a       Account opened during tax year       b       Account closed during tax year         4 Maximum value of account during tax year       c       Account opened with spouse       d       No tax item reported in Part III with respect to this asset         4 Maximum value of account during tax year       \$ 457.         5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6 If you answered "Yes" to line 5, complete all that apply.       (c) Source of exchange rate used if not from U.S.	lf you	reported specified f	oreign financial assets	on one or more of the following f	orms, enter t	he number of such forn	ns filed. Yo	ou do not need to
<ul> <li>4. Number of Forms 86215. Number of Forms 8865</li></ul>	incluc	le these assets on F	orm 8938 for the tax y	ear.				
Part V       Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account       X       Deposit       Custodial       2       Account number or other designation *******1-34         3       Check all that apply       a       Account opened during tax year       b       Account closed during tax year         4       Maximum value of account during tax year       b       No tax item reported in Part III with respect to this asset         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X       No         6       If you answered "Yes" to line 5, complete all that apply.       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.				2. Number of Forms 3520-	Α	3. Nu	mber of Fo	orms 5471
(see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account       X       Deposit       Custodial       2       Account number or other designation ********1-34         3       Check all that apply       a       Account opened during tax year       b       Account closed during tax year         c       Account jointly owned with spouse       d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (c) Source of exchange rate used if not from U.S.	4. Nu	mber of Forms 8621	l	5. Number of Forms 8865				
(see instructions)         If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account       X       Deposit       Custodial       2       Account number or other designation ********1-34         3       Check all that apply       a       Account opened during tax year       b       Account closed during tax year         c       Account jointly owned with spouse       d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (c) Source of exchange rate used if not from U.S.	Da		formation for Fo	ah Faraira Danaait and (			in the l	
If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).         1       Type of account       X       Deposit       Custodial       2       Account number or other designation ************************************	Fai			ch Foreign Deposit and C		Account included	in the i	Part I Summary
1       Type of account       X       Deposit       Custodial       2       Account number or other designation         3       Check all that apply       a       Account opened during tax year       b       Account closed during tax year         c       Account jointly owned with spouse       b       Account closed during tax year         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (a) Foreign currency in which account       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.	If you	· · · · ·	/	Part V attach a continuation state	mont for one	h additional appount (a	oo inotruo	tional
<ul> <li>Check all that apply a Account opened during tax year c Account jointly owned with spouse d I No tax item reported in Part III with respect to this asset</li> <li>Maximum value of account during tax year</li></ul>								
c       Account jointly owned with spouse       d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (a) Foreign currency in which account       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.	•				<b>–</b>	****	*1-34	griation
c       Account jointly owned with spouse       d       No tax item reported in Part III with respect to this asset         4       Maximum value of account during tax year       \$       457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X         6       If you answered "Yes" to line 5, complete all that apply.       (a) Foreign currency in which account       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.	3 (	Check all that apply	a Account op	ened during tax year <b>b</b>	Account clo	osed during tax year		
4       Maximum value of account during tax year       \$ 457.         5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes         6       If you answered "Yes" to line 5, complete all that apply.         (a)       Foreign currency in which account       (b)         Foreign currency exchange rate used to       (c)       Source of exchange rate used if not from U.S.					1		n respect t	to this asset
5       Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?       Yes       X       No         6       If you answered "Yes" to line 5, complete all that apply.       (a) Foreign currency in which account       (b) Foreign currency exchange rate used to       (c) Source of exchange rate used if not from U.S.	4	Maximum value of a		, , , , , , , , , , , , , , , , , , , ,		•		
6       If you answered "Yes" to line 5, complete all that apply.         (a)       Foreign currency in which account         (b)       Foreign currency exchange rate used to         (c)       Source of exchange rate used if not from U.S.								es X No
	-							
is maintained convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service	(	(a) Foreign currency	in which account	(b) Foreign currency exchange	rate used to	(c) Source of excha	ange rate	used if not from U.S.
	i	s maintained		convert to U.S. dollars		Treasury Departme	nt's Burea	u of the Fiscal Service

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Form 8938 (2018)	Page 2
Part V Detailed Information for Each Foreign Deposit an	d Custodial Account Included in the Part I Summary
(see instructions) (continued)	
7a Name of financial institution in which account is maintained BANCO DE CREDITO DEL PERU	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Nu CALLE CENTENARIO 156 MOLINA 12	umber, street, and room or suite no.
9 City or town, state or province, and country (including postal code) LTMA PERU	
Part VI Detailed Information for Each "Other Foreign As	set" Included in the Part II Summary (see instructions)
If you have more than one asset to report in Part VI, attach a continuation stat	
1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisit	tion or disposition dates.
a Date asset acquired during tax year, if applicable	······
<b>b</b> Date asset disposed of during tax year, if applicable	
c Check if asset jointly owned with spouse d	Check if no tax item reported in Part III with respect to this asset
4 Maximum value of asset during tax year (check box that applies)	
a 🛄 \$0-\$50,000 b 🛄 \$50,001-\$100,000 c 🗌	_ \$100,001 - \$150,000 d
e If more than \$200,000, list value	
5 Did you use a foreign currency exchange rate to convert the value of the	asset into U.S. dollars? Yes No
6 If you answered "Yes" to line 5, complete all that apply.	
(a) Foreign currency in which asset is (b) Foreign currency exchar	
denominated convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an interest in a fo	reign entity, enter the following information for the asset.
a Name of foreign entity	<b>b</b> GIIN (Optional)
c Type of foreign entity (1) Partnership (2)	Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no.	
e City or town, state or province, and country (including postal code)	
9. If appart reported on line 1 is not stack of a fergion antity or an interact in a	faraign antity, antay the following information for the apart
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a Note: If this asset has more than one issuer or counterparty, attach a con	
or counterparty (see instructions).	
a Name of issuer or counterparty	
Check if information is for	 party
<b>b</b> Type of issuer or counterparty	
(1) Individual (2) Partnership (3)	Corporation (4) Trust (5) Estate
c Check if issuer or counterparty is a U.S. person	Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or s	uite no.
e City or town, state or province, and country (including postal code)	

Form 8938 (2018)

Last ME	Name or Organization Name DICINE EDUCATION AND D	EVELOPMENT FOR		Identification Number **-**6450	Form 8938
Pa	rt V Foreign Deposit and Custod	ial Accounts (see instructions)			
		Custodial	2 **	Account number or other designation	I
3		° ,		ed during tax year eported in Part III with respect to this a	asset
4	Maximum value of account during tax year	· ·		· · · · · · · · · · · · · · · · · · ·	3,736.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
8	Mailing address of financial institution in wh CALLE CENTENARIO 156		eet, and	room or suite no.	
9	City or town, province or state, and country LIMA PERU	(including postal code)			
1	Type of account X Deposit	Custodial		Account number or other designation	I
3				ed during tax year eported in Part III with respect to this a	asset
4	Maximum value of account during tax year			\$	0.
5	Did you use a foreign currency exchange ra	te to convert the value of the account i	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a	ll that apply.		_	
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of the	
7a	Name of financial institution in which accourses BANCO DE CREDITO DEL		<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
8	Mailing address of financial institution in wh	ich account is maintained. Number, str	eet, and	room or suite no.	
	CALLE CENTENARIO 156	MOLINA 12			
9	City or town, province or state, and country LIMA PERU	(including postal code)			
1	Type of account X Deposit	Custodial		Account number or other designation $*******0-17$	
3				ed during tax year eported in Part III with respect to this a	
4	Maximum value of account during tax year				0.
5	Did you use a foreign currency exchange ra	te to convert the value of the account i	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a	ll that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
8	BANCO DE CREDITO DEL Mailing address of financial institution in wh		eet, and	room or suite no.	
	CALLE CENTENARIO 156				
9	City or town, province or state, and country				
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ME	t Name or Organization Name DICINE EDUCATION AND D			Identification Number **-**6450	Form 8938
Pa	art V Foreign Deposit and Custod	ial Accounts (see instructions)			
1	Type of account X Deposit	Custodial	2	Account number or other designation	
3	,			ed during tax year eported in Part III with respect to this as	
4	Maximum value of account during tax year			\$	0.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	oal Intermediary Identification Number (	GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
8	Mailing address of financial institution in wh CALLE CENTENARIO 156		reet, and	room or suite no.	
9	City or town, province or state, and country LIMA PERU	/ (including postal code)			
1	Type of account X Deposit	Custodial		Account number or other designation	
3	,			ed during tax year eported in Part III with respect to this as	
4	Maximum value of account during tax year			\$	820.
5	Did you use a foreign currency exchange ra	ate to convert the value of the account i	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a	II that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
7a	Name of financial institution in which accourses BANCO DE CREDITO DEL		<b>b</b> Glob	oal Intermediary Identification Number (	GIIN) (Optional)
8	Mailing address of financial institution in wh		eet, and	room or suite no.	
	CALLE CENTENARIO 156	MOLINA 12			
9	City or town, province or state, and country LIMA PERU	(including postal code)			
1	Type of account X Deposit	Custodial		Account number or other designation	
3	,	s ,		ed during tax year eported in Part III with respect to this as	
4	Maximum value of account during tax year			\$	0.
5	Did you use a foreign currency exchange ra	te to convert the value of the account i	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	Dal Intermediary Identification Number (C	GIIN) (Optional)
8	BANCO DE CREDITO DEL Mailing address of financial institution in wh		eet, and	room or suite no.	
5	CALLE CENTENARIO 156		200, 410		
9	City or town, province or state, and country	(including postal code)			

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ME	t Name or Organization Name DICINE EDUCATION AND D			Identification Number * * - * * * 6 4 5 0	Form 8938
Pa	art V Foreign Deposit and Custod	lial Accounts (see instructions)			
1	Type of account X Deposit	Custodial	2	Account number or other designation ******0-52	
3	,			sed during tax year reported in Part III with respect to this as	set
4	Maximum value of account during tax year				1,233.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
<u> </u>	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	ed to	(3) Source of exchange rate used if n	ot from LLS
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	
7a	Name of financial institution in which accou	nt is maintained	<b>b</b> Glo	bal Intermediary Identification Number (C	GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
8	Mailing address of financial institution in wh	nich account is maintained. Number, str	eet and	t room or suite no	
Ŭ	CALLE CENTENARIO 156		oot, and		
_					
9	City or town, province or state, and country LIMA PERU	(including postal code)			
1	Type of account X Deposit	Custodial	2 *	Account number or other designation *******5121	
3				sed during tax year reported in Part III with respect to this as	set
4	Maximum value of account during tax year				0.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
<u> </u>	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	od to	(3) Source of exchange rate used if n	ot from LLS
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	
7a	Name of financial institution in which accou	int is maintained	<b>b</b> Glo	bal Intermediary Identification Number (0	GIIN) (Optional)
8	Mailing address of financial institution in wh	nich account is maintained. Number, str	eet, and	d room or suite no.	
	CARLOS VILLARAN, NO.	140			
9	City or town, province or state, and country				
9	LIMA	(including postal code)			
	PERU				
		<b>0</b> • • • •			
1	Type of account X Deposit	Custodial		Account number or other designation ********2892	
3				sed during tax year reported in Part III with respect to this as	sat
4	Maximum value of account during tax year	/		· · · · · · · · · · · · · · · · · · ·	<u>3,417.</u>
<del>4</del> 5	Did you use a foreign currency exchange ra				X No
-			110 0.5		INO
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
7a	Name of financial institution in which accou	Int is maintained	<b>b</b> Glo	I bal Intermediary Identification Number (0	GIIN) (Optional)
	INTERBANK				
8	Mailing address of financial institution in wh		eet, and	d room or suite no.	
9	CARLOS VILLARAN, NO. City or town, province or state, and country				
3	LIMA				

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	t Name or Organization Name	EVELOPMENT FOR		Identification Number **-**6450	Form 8938
Pa	art V Foreign Deposit and Custod	ial Accounts (see instructions)			
-		Custodial	2 **	Account number or other designation ****6500	
3				ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year	· ·			3,649.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of the	
7a	Name of financial institution in which accou	nt is maintained	<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
	BANCO PICHINCHA				
8	Mailing address of financial institution in wh	iich account is maintained. Number, str	eet, and	room or suite no.	
_		<i>//</i> / // / / / / / / / / / / / / / / /			
9	City or town, province or state, and country QUITO ECUADOR	(including postal code)			
1		Custodial	2 **	Account number or other designation	
3				ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year			\$	167.
5	Did you use a foreign currency exchange ra	te to convert the value of the account i	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a			1	
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
	BARCLAY BANK OF TANZA				
8	Mailing address of financial institution in wh	ich account is maintained. Number, str	eet, and	room or suite no.	
_	P.O. BOX 5137	<i>(</i> , ), ), ), ), ), ), ), ), ), ), ), ), ),			
9	City or town, province or state, and country DAR ES SALAAM TANZANIA, UNITED REP	(including postal code)			
1		Custodial	2	Account number or other designation	
			**	*********0-68	
3				ed during tax year ported in Part III with respect to this a	ssot
1	· · · ·				1,448.
4 5	Maximum value of account during tax year Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed to	(3) Source of exchange rate used if	not from U.S.
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number	(GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
8	Mailing address of financial institution in wh		reet, and	room or suite no.	
	CALLE CENTENARIO 156	MOLINA 12			
9	City or town, province or state, and country	(including postal code)			

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	t Name or Organization Name	EVELOPMENT FOR		Identification Number * * - * * * 6 4 5 0	Form 8938
	art V Foreign Deposit and Custod			0450	
		Custodial		Account number or other designation *0015	
3		<b>č</b> ,		ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year	, , , , , , , , , , , , , , , , , , , ,			39.
5	Did you use a foreign currency exchange ra				X No
6	If you answered "Yes" to line 5, complete a				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if r Treasury Department's Bureau of the	
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
	BARCLAY BANK OF TANZA	NIA, LTD			
8	Mailing address of financial institution in wh	nich account is maintained. Number, str	eet, and	room or suite no.	
	P.O. BOX 5137				
9	City or town, province or state, and country DAR ES SALAAM TANZANIA, UNITED REP	(including postal code)			
1		Custodial	2 **	Account number or other designation	
3				ed during tax year eported in Part III with respect to this a	sset
4	Maximum value of account during tax year			\$	2,436.
5	Did you use a foreign currency exchange ra	ate to convert the value of the account in	nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a	ll that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if r Treasury Department's Bureau of the	
7a	Name of financial institution in which accourses BANCO DE CREDITO DEL		<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
8	Mailing address of financial institution in wh CALLE CENTENARIO 156		eet, and	room or suite no.	
9	City or town, province or state, and country LIMA PERU	(including postal code)			
1	Type of account X Deposit	Custodial		Account number or other designation $*******0-54$	
3				ed during tax year ported in Part III with respect to this a	
4	Maximum value of account during tax year				4,908.
5	Did you use a foreign currency exchange ra		nto U.S.	dollars? Yes	X No
6	If you answered "Yes" to line 5, complete a			1	
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed to	(3) Source of exchange rate used if r	
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the	Fiscal Service
7a	Name of financial institution in which accou		<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
8	BANCO DE CREDITO DEL Mailing address of financial institution in wh		eet, and	room or suite no.	
5	CALLE CENTENARIO 156				
_					
9	City or town, province or state, and country	(including postal code)			

#### LÍMA

(Rev. January 2019)

#### Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

►	File a separate	application	for each return.	

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Entering	er sidentifyn	ng number		
Type o print	MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE			Employe	mployer identification number (EIN) or **-**6450 ocial security number (SSN)			
File by th due date filing you	e for Number, street, and room or suite no. If a P.O. box, see instructions. So <sup>ur</sup> 517 SOUTH MATN STREET		Social se					
return. Se instructio								
Enter t	he Return Code for the return that this application is for		ate application for each return)			01		
Application		Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)	09				
Form 990-PF		04	Form 5227	10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990-T (trust other than above)			Form 8870	12				
• If th box • 1 I t 2 F	request an automatic 6-month extension of time until he organization named above. The extension is for the ↓	igit Group Exe and atta JUL organization's , an ns, check reas	emption Number (GEN) ach a list with the names and EINs o Y 15, 2019 , to file s return for: d ending AUG 31, 2018 on: Initial return	f this is fo f all memb	r the whole g pers the exter npt organizat	roup, check this		
	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.				\$	0.		
b l	this application is for Forms 990-PF, 990-T, 4720, or 6	6069, enter an	y refundable credits and			-		
e	stimated tax payments made. Include any prior year o	overpayment a	llowed as a credit.	3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include you					~		
	sing EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.		
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdra ions.	awal (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment		
1 1 1 4	For Drivery Act and Densmurally Deduction Act Not					000 (David 0010)		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.