#### EXTENDED TO JULY 17, 2023

Form **990** 

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning SEP 1, 2021 and ending AUG 31, and ending AUG 31, 2022 Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
		MEDICINE EDUCATION AND DEVELOPMENT FOR		
X	Addres	LOW INCOME FAMILIES EVERYWHERE		
Ļ	□Name □change □Initial	, , , , , , , , , , , , , , , , , , ,	26-29164	
Ļ	return	Number and street (or P.O. box if mail is not delivered to street address)		
	Final return/ termin-	8 THE GREEN 4507	844-633-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,640,617.
	lreturn	DOVER, DE 19901	H(a) Is this a group re	
	Application pending		for subordinates	····· — —
		SAME AS C ABOVE	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 50 (c) € www.medlifemovement.org		list. See instructions
		•	H(c) Group exemption	n number ► 1 State of legal domicile: ME
		Summary	tai oi ioiilialioli. 2000 N	1 State of legal doffliche, PID
		Briefly describe the organization's mission or most significant activities: TO BUILD	A WORLDWIDE	MOVEMENT
Governance	•	EMPOWERING THE POOR IN THEIR FIGHT FOR EQUAL	ACCESS TO HE	ALTHCARE,
rna		Check this box  if the organization discontinued its operations or disposed of m		
ove.		Number of voting members of the governing body (Part VI, line 1a)		3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		1
es 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5
Activities &	6	Total number of volunteers (estimate if necessary)	6	2483
₽cti	7 a <sup>-</sup>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
			Prior Year	Current Year
Р		Contributions and grants (Part VIII, line 1h)	548,498.	2,341,066.
Revenue	1	Program service revenue (Part VIII, line 2g)	173,699.	270,423.
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,508.	17,115.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,741.	12,013.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	747,446.	2,640,617.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	468,362.	654,085.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	034,003.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  690.	0.	<b>.</b>
$\overline{\mathbf{X}}$	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	933,884.	1,607,674.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,402,246.	2,261,759.
	19	Revenue less expenses. Subtract line 18 from line 12	-654,800.	378,858.
or			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	1,286,725.	1,574,922.
t Ass	21	Total liabilities (Part X, line 26)	6,783.	2,161.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,279,942.	1,572,761.
Pa	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		Signature of officer	Date	
Sig		•	Date	
Her	e	NICOLAS ELLIS, PRESIDENT AND CEO  Type or print name and title		
			Date Check	PTIN
Paid	4	Print/Type preparer's name  JOYCE RIPIANZI, CPA  JOYCE RIPIANZI, CPA	Ondok	
	parer	Firm's name AAFCPAS, INC.		04-2571780
-	Only	Firm's address 50 WASHINGTON STREET	THIII 3 LIV	
		WESTBOROUGH, MA 01581	Phone no. 50	8-366-9100
May	/ the IF	RS discuss this return with the preparer shown above? See instructions	1	X Yes No

Form	1990 (2021) LOW INCOME FAMILIES EVERYWHERE	26-2916450	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		X
1	Briefly describe the organization's mission:		
-	MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMIL	ŒS	
	EVERYWHERE'S (MEDLIFE) MISSION IS TO HELP FAMILIES ACHIE		
	FREEDOM FROM THE CONSTRAINTS OF POVERTY, EMPOWERING THEM		
	HEALTHIER LIVES. OUR PATIENTS DID NOT CHOOSE TO BE POOR,		<b>አ</b> ፕ/ፔ
		, bui inei n	AVE
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	,,	
4a	(Code: ) (Expenses \$ 780,541 • including grants of \$ ) (Revenue	54	460.)
44	MEDICINE - WE PARTNER TEAMS OF STUDENTS FROM DEVELOPED (	*	
	HEALTH PROFESSIONALS FROM THE COUNTRIES IN WHICH WE WORK		
	FORM MOBILE CLINICS THAT ALLOW MEDLIFE TO INCREASE ACCES		
	TREATMENT AND HEALTH SCREENINGS IN THE POOR COMMUNITIES		
	WORK. DURING THE FISCAL YEAR ENDING AUGUST 31, 2022, THE		NICS
	SERVED 21,264 OF INDIVIDUALS (WINTER, SPRING AND SUMMER)		
	000 000	1.62	
4b	(Code:) (Expenses \$ 972,972. including grants of \$) (Revenue)		982.
	COMMUNITY DEVELOPMENT - WE BUILD BASIC INFRASTRUCTURE IN		
	COMMUNITIES IN WHICH WE WORK. PROJECTS INCLUDE, BUT ARE		TO,
	BUILDING SMALL HEALTH CLINICS, COMMUNITY STAIRCASES, AND		
	WATER PROJECTS. DURING THE FISCAL YEAR ENDING AUGUST 31,	, 2022, MEDL	IFE
	COMPLETED 39 PROJECTS THAT SERVED 2,250 INDIVIDUALS.		
4c			)
	MEDLIFE IMPLEMENTED A SHORT TERM PROGRAM, SOUP KITCHEN M	MEDLIFE, THA	T
	SERVED 3,200 MEALS. ALSO, MEDLIFE WORKED ON DEVELOPMENT	PROJECTS, S	UCH
	AS A CONTENTION WALL AND LAND WORK FOR THE MED CENTER.		
4d			
	(Expenses \$ 63 • including grants of \$ ) (Revenue \$	63,994. <sub>)</sub>	
4e	Total program service expenses ▶ 1,810,492.	•	
		Form 9	90 (2021)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	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)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	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		37	
	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			v
	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	40		v
<b>.</b> -	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,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		x
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued)

			Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			. v
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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			X
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W2G included on line 13. Enter -0- if not applicable.			
b	Efficient the flumber of Forms w-2d included of fine 1a. Efficience applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(garrowing) withings to prize withers:	10		

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Form 990 (2021) LOW INCOME FAMILIES EVERYWHERE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	to state monte megaliang out of minge and max 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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country   SEE SCHEDULE O	4a	Λ	
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		25
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ua		6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.)  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) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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 the 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021)

26-2916450

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 on 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	3						
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	-						
2								
	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, 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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	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 on 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	X					
b	Describe on 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							
	on Schedule O how this was done	12c		Х				
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on 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		Х				
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)s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,						
	X Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial					
	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 - 844-633-5433							
	8 THE GREEN, 4507, DOVER, DE 19901							

#### Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

$\overline{}$	
v	

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne		orga	aniza			npe	nsat		director, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		l a		1	17 11 412	l	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		99/	mpen		1099-NEC)	1000 NEO)	and related
	below	dualt	tiona	L	oldu	st co I	<u></u>	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) NICOLAS ELLIS	20.00	_	_	Ī	Ž	-				
PRESIDENT/CEO		Х		X				20,839.	0.	0.
(2) MARTHA CHICAIZA	40.00									
MEMBER		Х						0.	0.	18,000.
(3) CARLOS BENAVIDES	40.00									
MEMBER (UNTIL 2/2022)		Х						0.	0.	9,934.
(4) JUAN CAMILO VANEGAS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JERRY ELLIS	2.00									
VP/TREASURER (UNTIL 5/2022)		X	4	Х				0.	0.	0.
			$\vdash$	$\vdash$		$\vdash$	-			
		ł								
				$\vdash$						
		1								
		1	l	l		l	l			

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	١		Posi	ition			Reportable	Reportable		Es	timate	d
	hours per			heck r ss per				compensation	compensation			ount o	
	week			d a di				from	from related			other	
	(list any	ctor						the	organization	s	com	pensat	tion
	hours for	or director				pa		organization	(W-2/1099-MIS	SC/	fr	om the	•
	related	tee or	stee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		1099-NEC)			and	d relate	ed
	below	idua	tution	l a	Key employee	est c loyee	Je.				orga	ınizatio	ons
	line)	Indi	Instii	Officer	Key e	High emp	Former						
				Н									
		1											
				$\vdash$									
								A					
					4								
				1									
								ľ					
1b Subtotal								20,839.		0.	2.	7,93	34.
c Total from continuation sheets to Part V								0.		0.		. , .	0.
								20,839.		0.	2	7,93	
d Total (add lines 1b and 1c)								<u> </u>	000 - f t - b	_		,,,,	7 = •
2 Total number of individuals (including but n	ot limited to th	iose	IISTE	ed ar	OOV	e) wr	no re	eceived more than \$100	,000 of reportab	ie			0
compensation from the organization												<b>V</b>	
										ı		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			сеу с	empl	loye	e, o	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	;			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch p	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100.000 of con	npens	ation f	rom	
the organization. Report compensation for										•			
(A)		-				<u> </u>		(B)	,		(C	2)	
Name and business	address	NO	INC	7				Description of s	ervices	С	omper		า
				_			_	· · · · · · · · · · · · · · · · · · ·			•		
							$\dashv$						
							$\dashv$						
							_						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation -				(	0							
, , , , , , , , , , , , , , , , , , , ,											Form 9	990 (2	021)

Form 990 (2021) LOW INC
Part VIII | Statement of Revenue

Fai	L VII		or note to any lin	oo in this Dort VIII			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>8</u> 8	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
٩		Membership dues 1b 1c					
ifts ar A		Related organizations 1d					
,, Bisi		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
the	•		341,066.				
ÖĘ	g		•				
a G	_	Total. Add lines 1a-1f	<b>•</b>	2,341,066.			
			Business Code				
g.	2 a	PARTICIPANT TRIP FEES	541900	270,423.	270,423.		
ا ق	b				-		
Se	С						
Program Service Revenue	d						
Pg B	е						
ᇫ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>&gt;</b>	270,423.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	<b>&gt;</b>	16,058.			16,058.
	4	Income from investment of tax-exempt bond	proceeds <b>&gt;</b>				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,057					
a	b	Less: cost or other basis and sales expenses 7b 0					
ğ			•				
er Revenue		. ,	•	1,057.			1,057.
놂		Net gain or (loss)	<u> </u>	1,057.			1,057.
Oth	8 a	Gross income from fundraising events (not					
١		including \$ of					
		contributions reported on line 1c). See Part IV, line 18					
	h	Less: direct expenses 8t					
		Net income or (loss) from fundraising events	<u>'</u>				
		Gross income from gaming activities. See					
	-	Part IV, line 19					
	b	Less: direct expenses 9t					
		Net income or (loss) from gaming activities	<b></b>				
		Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold	o				
		Net income or (loss) from sales of inventory .	<b>&gt;</b>				
S			Business Code				
e a	11 a	MISCELLANEOUS REVENUE	900099	12,013.	12,013.		
enu	b						
Miscellaneous Revenue	С						
≅	d	All other revenue		10.015			
	е	Total. Add lines 11a-11d	<b>&gt;</b>	12,013.	000 105		45 415
	12	Total revenue. See instructions		2,640,617.	282,436.	0.	17,115.

132009 12-09-21

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	F0 000	F0 000		
	trustees, and key employees	50,000.	50,000.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	470 007	400 004	F0 002	
7	Other salaries and wages	470,827.	420,824.	50,003.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	116,464.	86,957.	20 507	
9	Other employee benefits	16,794.		29,507. 15,417.	
10	Payroll taxes	10,/94.	1,377.	15,41/•	
11	Fees for services (nonemployees):				
a	Management	0 /11		0 /11	
b	Legal	8,411. 63,536.		8,411.	
C	Accounting	03,330.		03,330.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	412,322.	320,211.	91,820.	291
40	column (A), amount, list line 11g expenses on Sch 0.)	412,322.	320,211.	91,020.	231
12	Advertising and promotion	21,468.		21,465.	3
13	Office expenses	21,457.	21,457.	21,403.	
14	Information technology	21,4576	21,437.		
15	Royalties	366,009.	299,205.	66,804.	
16 17	Occupancy	213,335.	181,532.	31,716.	87
17 18	Travel Payments of travel or entertainment expenses	213,333.	101,332.	31,710.	07
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	· .				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23		59,225.	5,190.	54,035.	
23 24	Other expenses. Itemize expenses not covered	22,223	5,250	,	
∠→	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM MATERIALS	163,790.	150,951.	12,530.	309
b	MEDICINE	147,412.	146,522.	890.	
c	PARTICIPANT FOOD	130,164.	125,721.	4,443.	
d	SOCIAL NETWORKS	545.	545.	,	
e					
25	Total functional expenses. Add lines 1 through 24e	2,261,759.	1,810,492.	450,577.	690
26	Joint costs. Complete this line only if the organization	, , , , , , ,	, .,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			129,335.	1	410,218.
	2	Savings and temporary cash investments			7,208.	2	3,469.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net			21,690.	7	32,023.
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	57,073.			
	b	Less: accumulated depreciation	. 10b	57,073.		10c	0.
	11	Investments - publicly traded securities			1,080,789.	11	1,079,909.
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			47,703.	15	49,303.
	16	Total assets. Add lines 1 through 15 (must ed			1,286,725.	16	1,574,922.
	17	Accounts payable and accrued expenses			6,783.	17	2,161.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
Lia Tia		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin				0.5	
	00	of Schedule D			6,783.	25	2,161.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, cl	haak ba	- X	0,703.	26	2,101.
es		and complete lines 27, 28, 32, and 33.	neck ne	re 🖊 🔼			
Juc	27	Net assets without donor restrictions			1,279,942.	27	1,572,761.
3al	28	Net assets with donor restrictions			1,213,342.	28	1,372,701.
Pd.	20	Organizations that do not follow FASB ASC				20	
Ξ		and complete lines 29 through 33.	930, CI	eck liefe			
ō	29	Capital stock or trust principal, or current fund	le.			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,279,942.	32	1,572,761.
Z	33	Total liabilities and net assets/fund balances			1,286,725.	33	1,574,922.
	1 30	, otal nabilitios and not assets/fund balafless			_,,,	_ 55	Form <b>990</b> (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		<u> L</u>	
						_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,2			
3	Revenue less expenses. Subtract line 2 from line 1	3			,85	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2			
5	Net unrealized gains (losses) on investments	5		82	,99	<u>2.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-3	,04	7.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,5	72	,76	1.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		L	
				Y	es l	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		<u>X</u>
	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?		2	b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:			
	Act and OMB Circular A-133?			а		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		З	ь		

132012 12-09-21

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

MEDICINE EDUCATION AND DEVELOPMENT FOR

**ZUZ I** 

**Employer identification number** 

OMB No. 1545-0047

Open to Public Inspection

LOW INCOME FAMILIES EVERYWHERE 26-2916450 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

26-2916450 Page 2

Part II	Suppor	t Schedule for Org	ganizations	Described in S	Sections	170(b)(1)(A)(iv)	and 170(b)(1)(A	<u>۱)(vi)</u>

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	,					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop	here					<u></u> ▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I		•			14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		·	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·		, ,,	•		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the		·		•		<b>.</b> —
	organization meets the facts-and-circu			•			
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 a	ana see instruction	s ▶∟∟

26-2916450 Page 3

#### 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.)

	qualify under the tests listed by ction A. Public Support	elow, please comp	nete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(2)	(=, == : :	(=, ====	(-,	(-,	(-,
	membership fees received. (Do not include any "unusual grants.")	15,071.	38,614.	398,706.	548,498.	2,341,066.	3,341,955.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1,886,829.			8,793,653.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	2,367,216.	4,149,171.	2,285,535.	722,197.	2,611,489.	12,135,608.
	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						12,135,608.
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(4) 2020	(e) 2021	(f) Total
	Amounts from line 6	2,367,216.	4,149,171.	2,285,535.	(d) 2020 722,197.	2,611,489.	12,135,608.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,762.	44,250.	17,582.	5,508.	16,058.	94,160.
ŀ	unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	acquired after June 30, 1975 c Add lines 10a and 10b	10,762.	44,250.	17,582.	5,508.	16,058.	94,160.
11	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•	2,946.	19,741.	12,013.	34,700.
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	2,377,978.	4,193,421.	2,946. 2,306,063.	19,741. 747,446.	12,013.	34,700. 12,264,468.
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	2,377,978.	4,193,421.	2,946. 2,306,063.	19,741. 747,446.	12,013.	34,700. 12,264,468.
11 12 13 14	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	2,377,978. e organization's fir	4,193,421. st, second, third,	2,946. 2,306,063.	19,741. 747,446.	12,013.	34,700. 12,264,468.
11 12 13 14 Se	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Publication.	2,377,978. e organization's fir	4,193,421. st, second, third,	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. 601(c)(3) organization	34,700. 12,264,468. on,
11 12 13 14 See 15	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public Public support percentage for 2021 (lines 10 to	2,377,978. e organization's fir c Support Per ne 8, column (f), d	4,193,421. st, second, third, rcentage ivided by line 13,	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. i01(c)(3) organization	34,700. 12,264,468. on, 98.95 %
11 12 13 14 See 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020)	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part	4,193,421. st, second, third, rcentage ivided by line 13, of	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. 601(c)(3) organization	34,700. 12,264,468. on,
11 12 13 14 Se 15 16 Se	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Ction C. Computation of Public Public support percentage for 2021 (lied Public support percentage from 2020 ction D. Computation of Investigation in the computation in the computation of Investigation in the computation of Investigation in the computation in	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part	4,193,421. st, second, third, rcentage ivided by line 13, of the second state of the s	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. 001(c)(3) organization	34,700. 12,264,468. on, 98.95 % 99.27 %
11 12 13 14 See 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Ction C. Computation of Public Public support percentage for 2021 (Il Public support percentage from 2020 Ction D. Computation of Investing Investment income percentage for 20	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part stment Income 21 (line 10c, colum	4,193,421. st, second, third, rcentage ivided by line 13, of the second	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. i01(c)(3) organization	34,700. 12,264,468. on, 98.95 % 99.27 %
11 12 13 14 <u>Se</u> 15 16 <u>Se</u> 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Ction C. Computation of Public Public support percentage for 2021 (lied Public support percentage from 2020 ction D. Computation of Investigation in the computation in the computation of Investigation in the computation of Investigation in the computation in	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part stment Income 21 (line 10c, colum	4,193,421. st, second, third, rcentage ivided by line 13, 6 Percentage in (f), divided by line 17	2,946. 2,306,063. fourth, or fifth tax y	19,741. 747,446. year as a section 5	12,013. 2,639,560. 501(c)(3) organization	34,700. 12,264,468. on, 98.95 % 99.27 % .77 % .70 % 7 is not
11 12 13 14 See 15 16 See 17 18 19	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage from 2020 Investment income percentage from 2020 at 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box and stop here 2020 are 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2021 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this box are 2020 at 13% of the check this 2020 at 13% of the c	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part stment Income 21 (line 10c, colum 2020 Schedule A, F organization did nondstop here. The	4,193,421. st, second, third, rcentage ivided by line 13, of the Percentage on (f), divided by line 17 of check the box of the part III, line 17 of check the box of the part III of the part II of the part III of the part II of	2,946. 2,306,063. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line lies as a publicly si	19,741. 747,446. year as a section 5	12,013. 2,639,560. 301(c)(3) organization  15 16 17 18 3 1/3%, and line 1 tion	34,700. 12,264,468. on, 98.95 % 99.27 % .77 % .70 % 7 is not
11 12 13 14 See 15 16 See 17 18 19	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public Public support percentage for 2021 (Investment income percentage from 2020 Investment income percentage from 2021 (Investment income percentage from 2021). If the	2,377,978. e organization's fir c Support Per ne 8, column (f), d Schedule A, Part stment Income 21 (line 10c, colum 2020 Schedule A, F organization did nodstop here. The organization did no	4,193,421. st, second, third, centage ivided by line 13, of the percentage on (f), divided by line 17 ot check the box of the corganization qualifor the check a box on	2,946. 2,306,063. fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line ies as a publicly si line 14 or line 19a	19,741. 747,446. year as a section 5	12,013. 2,639,560. 301(c)(3) organization  15 16  17 18 3 1/3%, and line 1 tion  17 tion  18 tion 33 1/3%, a	34,700.  12,264,468. on,  98.95 % 99.27 %  .77 % .70 % 7 is not

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

1		Yes	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	+0		
	5a		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
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Pa	rt IV Supporting Organizations (continued)			.gc C
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.12		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
202	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
-	, , , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	<b>!-</b>		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	.5 401101	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

LOW INCOME FAMILIES EVERYWHERE 26-2916450 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

3

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Part V Type III None

LOW INCOME FAMILIES EVERYWHERE

26-2916450 Page 7

Par	t v   Type III Non-Functionally Integrated 509	(a)(s) Supporting Organ	iizations (continu	<u>ied)                                    </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 LOW INCOME FAMILIES EVERIMERE 20-2910450 Page 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.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

**Employer identification number** 26-2916450

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		ds or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bener adviced fands	(b) Furnas and surer assessmen
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	vised funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pai		ganization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
•	<b>\</b> \$		70(1)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
I G	Complete if the organization answered "Yes" on Form		other olimiai Assets.
12	If the organization elected, as permitted under FASB ASC 95		t and halance sheet works
ia	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its fina	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public	· · · · · · · · · ·	
	provide the following amounts relating to these items:	combiner, education, or rescaron in the	Titlerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
~	the following amounts required to be reported under FASB A		oral gairi, provide
9	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
			··········· F T

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

LOW INCOME FAMILIES EVERYWHERE

26-	291	6450	Page 2
20	271	.0 = 3 0	Page Z

Par	t III Organizations Maintaining Co	llections of Ar	t, Historical <sup>-</sup>	Treasures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	, and other records	s, check any of th	ne following tha	at make sign	ificant use of	its
	collection items (check all that apply):						
а	Public exhibition	d	Loan or e	xchange progr	am		
b	Scholarly research	е					
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain	how they furthe	r the organizat	ion's exemp	t purpose in I	Part XIII.
5	During the year, did the organization solicit or r						
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's	collection?			Yes No
Par	rt IV Escrow and Custodial Arrange	ements. Comple	te if the organiza	tion answered	"Yes" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Part >	X, line 21.	_				
1a	Is the organization an agent, trustee, custodian	n or other intermed	iary for contributi	ons or other as	ssets not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII an						
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form					)	Yes No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has be	en provided or	Part XIII		
Par	rt V Endowment Funds. Complete if the	he organization ans	swered "Yes" on	Form 990, Par	t IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two yea	ırs back (d)	Three years ba	ick (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column	(a)) held as:			•
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%	7				
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.					
За	Are there endowment funds not in the possess		tion that are held	I and administe	ered for the	organization	
	by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment funds.				
Par	t VI Land, Buildings, and Equipme	nt.					
	Complete if the organization answered	'Yes" on Form 990	, Part IV, line 11a	. See Form 990	0, Part X, line	e 10.	
	Description of property	(a) Cost or ot	her (b) Co	st or other	(c) Accu	mulated	(d) Book value
		basis (investm	ent) bas	is (other)	depre	ciation	
1a	Land						
	Buildings						
	Leasehold improvements						
d	Equipment			57,073.	5	7,073.	0.
	Other						
Total	I. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X	X, column (B), line	e 10c.)			0.

			EVELOPMENT FOR	26 2016450 - 0
Schedule D (Form 990) 2021		'AMILIES EVER	YWHERE	26-2916450 Page 3
Part VII Investments - C		- Faure 000 Dart IV line	11h Can Farra 000 Dart V line	10
			11b. See Form 990, Part X, line	
(a) Description of security or categor		(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990,				
Part VIII Investments - F	_			
		n Form 990, Part IV, line	11c. See Form 990, Part X, line	
(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			/	
(9)				
Total. (Col. (b) must equal Form 990,	Part X, col. (B) line 13.)			
Part IX Other Assets.				
Complete if the orga	inization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal For	rm 990, Part X, col. (B) line	15.)		
Part X Other Liabilities	S.			-
Complete if the orga	ınization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1. (a) De:	scription of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2021

LOW INCOME FAMILIES EVERYWHERE

26-2916450 Page 4

Par	TXI Reconciliation of Revenue per Audited Financial State		enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
	Add lines <b>4a</b> and <b>4b</b>		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Par	t XII Reconciliation of Expenses per Audited Financial Sta	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
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 I	
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	.)	5
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **Statement of Activities Outside the United States**

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

MEDICINE EDUCATION AND DEVELOPMENT FOR

LOW INCOME FAMILIES EVERYWHERE

**Employer identification number** 

26-2916450

Part I General Info	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "\	es" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
=	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.					
			an be duplicated if additional space is		(6) T-1-1
(a) Region	(b) Number of offices	èmployees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		for and
		contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	,	.,	in the region
				MODILE GLINIAG	
			DDOGDAM GERVIGEG AND	MOBILE CLINICS,	
GOLIMIA AMERICA	,	2.1	PROGRAM SERVICES AND	EDUCATION WORKSHOPS,	1 242 542
SOUTH AMERICA	3	31	ADMINISTRATIVE SERVICES	DEVELOPMENT PROJECTS	1,343,542.
				MODILE GLINIAG	
				MOBILE CLINICS,	
SUB-SAHARAN AFRICA	1	1	DROCDAM CERVICES	EDUCATION WORKSHOPS, DEVELOPMENT PROJECTS	20 210
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	DEVELOPMENT PROJECTS	30,219.
				MOBILE CLINICS,	
				EDUCATION WORKSHOPS	
NODELL AMEDICA	0	,	DDOGDAM GEDYLGEG	1	120 601
NORTH AMERICA	0	2	PROGRAM SERVICES	DEVELOPMENT PROJECTS	130,601.
				MODILE GLINING	
DUDODE / THE UDING				MOBILE CLINICS,	
EUROPE (INCLUDING	0		DROGRAM GERVIGEG	EDUCATION WORKSHOPS,	120
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DEVELOPMENT PROJECTS	128.
					<u> </u>
•		2			1 504 400
3 a Subtotal	4	34			1,504,490.
<b>b</b> Total from continuation	_	]			] _
sheets to Part I	0	(			0.
c Totals (add lines 3a					1 504 400
and 3b)	<u>4</u>	34		2	1,504,490.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F (	Form 990) 2021

132071 12-20-21

**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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
					1			
exempt 501(c)(3) orga	anization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter	<b>&gt;</b> _		

Schedule F (Form 990) 2021

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.												
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
			U									
	•	•	•	•		0-1	lulo E (Earm 990) 201					

Schedule F (Form 990) 2021

## Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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 (Form 990) 2021

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number 26-2916450

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, AND 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 III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION - WE PROVIDE EDUCATION ON A VARIETY OF TOPICS TO MEMBERS OF

THE POOR COMMUNITIES IN WHICH WE WORK THROUGH EDUCATIONAL WORKSHOPS.

EDUCATION TOPICS INCLUDE, BUT ARE NOT LIMITED TO, PREVENTATIVE HEALTH

CARE AND COMMUNITY DEVELOPMENT. DURING THE FISCAL YEAR ENDING AUGUST

31, 2022, MEDLIFE CONDUCTED 20 EDUCATIONAL WORKSHOPS THAT SERVED 1,350

INDIVIDUALS.

EXPENSES \$ 63. INCLUDING GRANTS OF \$ 0. REVENUE \$ 63,994.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ECUADOR, PERU, TANZANIA, NICARAGUA,

UNITED KINGDOM, CANADA

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Employer identification number 26-2916450

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 B, LINE 15:

THE MEDLIFE BOARD WAS INVOLVED IN REVIEWING THE HIRING AND COMPENSATION OF

KEY EMPLOYEES. COMPARABLE SALARIES WERE CONSIDERED IN DETERMINING

COMPENSATION PACKAGES. DELIBERATION AND APPROVAL WAS DOCUMENTED IN MEETING

MINUTES.

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 VII:

MEDLIFE HAS TWO FOREIGN EMPLOYEES. THERE ARE NO FORM W-2S OR FORM

1099'S ISSUED. THEIR COMPENSATION IS REPORTED IN COLUMN F "ESTIMATED

AMOUNT OF OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED

ORGANIZATIONS."

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

CONTRACTED MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES 320,211.

MANAGEMENT AND GENERAL EXPENSES 91,820.

FUNDRAISING EXPENSES

291.

132212 11-11-21

132212 11-11-21

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. MEDICINE EDUCATION AND DEVELOPMENT FOR LOW INCOME FAMILIES EVERYWHERE

Open to Public Inspection

Employer identification number

26-2916450

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization and	swered "Yes" on Form 990, Pa	rt IV, line 34, becau	se it had one or more	related tax-exempt

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	_						

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

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or Pe ging or ner?	ercentage wnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		
				4						Ш	_	
										Н		

Part IV 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
GOOD LIFE EXPEDITIONS, INC 46-4028518	OFFERS TRAVEL		MEDICINE						l
101 EAST BROADWAY	SERVICES TO POOR		EDUCATION AND						
BANGOR, ME 04401	COMMUNITIIES	ME	DEVELOPMENT	C CORP	0.	90,894.	100.00%	Х	
									<u> </u>
									l
									l

Schedule R (Form 990) 2021

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

b Giff, grant, or capital contribution for related organization(s)	а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
C Giff, grant, or capital contribution from related organization(s)  Leans or loan guarantees to or related organization(s)  Leans or loan guarantees to related organization(s)  Dividends from related organization(s)  S Sale of assets to related organization(s)  Hy						1b		X		
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to refore deted organization(s) for including surphieses by related organization(s) for Dividends from related organization(s) for Dividends from related organization(s) for Processes or leased organization(s) for Processes or leased organization(s) for Exchange or assets with related organization(s) for Exchange or assets with related organization(s) for Exchange or assets with related organization(s) for Exchange or Services or membership or fundriasing solicitations (or related organization(s) for Exchange or Services or membership or fundriasing solicitations by related organization(s) for Exchange or Services or membership or fundriasing solicitations by related organization(s) for Exchange or Services or membership or fundriasing solicitations by related organization(s) for Exchange or Services or membership or fundriasing solicitations by related organization(s) for Exchange or Services or membership or fundriasing solicitations for related organization(s) for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or membership or fundriasing solicitations for Exchange or Services or Services or Services for Exchange or Services or Services or Services for Exchange or Services or Services for Exchange or Services or Services for Exchange or Services	С	Gift, grant, or capital contribution from related organization(s)				1c		X		
be Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assests to related organization(s)  f Purchase of assests trom related organization(s)  f Loange of assest with related organization(s)  g Lease of facilities, equipment, or other assests to related organization(s)  k Lease of facilities, equipment, or other assests from related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance of services or membership or fundraising solicitations for related organization(s)  f Performance o	d	d Loans or loan guarantees to or for related organization(s)				1d		X		
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) h Purchase of assets with related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) r Performance of services or membership or fundraising solicitations to related organization(s) r Performance of services or membership or fundraising solicitations by related organization(s) r Performance of services or membership or fundraising solicitations by related organization(s) r Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related organization(s) r Sharing of acilities, equipment, mailing lists, or other assets with related or	е	Loans or loan guarantees by related organization(s)				1e		X		
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i Exchange of assets with related organization(s)						1h		X		
Lease of facilities, equipment, or other assets to related organization(s)   1	i Exchange of assets with related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundralsing solicitations for related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  2 Sharing of paid employees with related organization(s)  2 Performance of services or membership or fundralsing solicitations services or membership or fundralsing solicitations by related organization(s)  2 Performance of services or membership or fundralsing solicitations by related organization(s)  3 Performance of services or membership or fundralsing solicitations by related organization(s)  4 Performance of services or membership or fundralsing solicitations by related organization(s)  5 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations by related organization(s)  1 Performance of services or membership or fundralsing solicitations or ship or fundralsing solicitations or	j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  s Sharing of paldities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  1	-									
Performance of services or membership or fundraising solicitations for related organization(s)   1	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
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o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1tr	n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
p Reimbursement paid to related organization(s) for expenses								X		
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1	_	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1	n	Reimbursement paid to related organization(s) for expenses				1n		Х		
r Other transfer of cash or property to related organization(s)  5 Other transfer of cash or property from related organization(s)  1 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)  Transaction type (as)  (c)  Amount involved  Method of determining amount involved  1 1  2 1  3 1  4 1  5 1  A 15										
s Other transfer of cash or property from related organization(s)  Is X  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) (b) (c) Amount involved Method of determining amount involved  It was a see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b) (c) Amount involved Method of determining amount involved  It was a see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (d) Amount involved Method of determining amount involved when the complete this line, including covered relationships and transaction thresholds.	ч	1 Trombursomer paid by rolated organization(s) for expenses				19				
s Other transfer of cash or property from related organization(s)  Is X  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) (b) (c) Amount involved Method of determining amount involved  It was a see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (b) (c) Amount involved Method of determining amount involved  It was a see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (d) Amount involved Method of determining amount involved when the complete this line, including covered relationships and transaction thresholds.	r	Other transfer of cash or property to related organization(s)				1r		Х		
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)  (b)  (c)  (d)  Method of determining amount involved  Method of determining amount involved  1)  2)  3)  4)										
(a) Name of related organization Transaction type (a-s)  (b) Transaction type (a-s)  Method of determining amount involved  Method of determining amount involved  1)  2)  3)  4)										
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved  1)  2)  3)  4)	_	·	ipioto ti	,	·					
type (a-s)  1)  2)  3)  4)  6)		(a) (b)  Name of related organization Transacti	ion			olved				
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36	<u>√,</u>									
36	6)									
			5		Schedule F	R (Forr	n 990)	2021		

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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations	<sup>2</sup> of Schedule K-1	General of managing partner?	(k) Percentage ownership
					1					

Schedule R (Form 990) 2021 LOW INCOME FAMILIES EVERYWHERE	26-2916450 Page 5
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 EXPEDITIONS, INC.	
DIRECT CONTROLLING ENTITY: MEDICINE EDUCATION AND DEVELOPME	INT FOR LOW
INCOME FAMILIES EVERYWHERE	
	_

# Form **8938**

(Rev. November 2021)
Department of the Treasury
Internal Revenue Service

For calendar year

#### Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

Attach to your tax return.

or tax year beginning 09/01/21 and ending 08/31/22.

OMB No. 1545-2195

Attachment Sequence No. **938** 

If you have attached additional statements, check here X **Number of additional statements** Name(s) shown on returnMEDICINE EDUCATION AND DEVELOPMENT 2 Taxpayer identification number (TIN) LOW INCOME FAMILIES EVERYWHERE 26-2916450 Type of filer **b** Partnership **c** Corporation a Specified individual If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN 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 to list.) Part I Foreign Deposit and Custodial Accounts Summary Number of deposit accounts (reported in Part V) Maximum value of all deposit accounts 7 Number of custodial accounts (reported in Part V) Maximum value of all custodial accounts X Yes Were any foreign deposit or custodial accounts closed during the tax year? No Part II Other Foreign Assets Summary Number of foreign assets (reported in Part VI) Maximum value of all assets (reported in Part VI) X Were any foreign assets acquired or sold during the tax year? ........ 」Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on (b) Tax item (a) Asset category form or schedule (d) Form and line (e) Schedule and line 13 Foreign deposit and a Interest custodial accounts **b** Dividends \$ \$ c Royalties d Other income \$ e Gains (losses) \$ Deductions \$ \$ Credits \$ 14 Other foreign assets a Interest **b** Dividends \$ \$ c Royalties d Other income \$ e Gains (losses) \$ Deductions \$ \$ g 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. 15 Number of Forms 3520 16 Number of Forms 3520-A 17 Number of Forms 5471 18 Number of Forms 8621 **19** Number of Forms 8865 Form 8938 (Rev. 11-2021) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt V				for Ea	ich Foreign	Dep	osit ar	nd Cu	usto	dial Ac	count Include	d in the F	Part I S	umn	nary
16		(see instruc				David V/ adda alb a				<b>f</b> a a.e	الداد د داد د	itianal assault Car	- i	_		
				nt to r		Part v, attach a	separ	rate stat	ement	tor ea		itional account. See				
	туре	of account	a L		posit stodial							Account number o 93-233378		gnation		
22	Chec	k all that apply	a _		•	ened during ta	•					ed during tax year				
			c L			ntly owned witl	•					ported in Part III wi	· ·	o this ass		274
_23																,374.
24	, , , , ,															
25														1.0		
		oreign currency aintained	in wn	cn acc	count	(b) Foreign convert to U.		-	nge ra	ite use	ed to	(c) Source of exc Treasury Departm	•			
26a		e of financial ins					ied				<b>b</b> Globa	al Intermediary Ide	ntification N	umber (G	IIN) (	Optional)
27		ng address of fir LLE CENT						ntained.	Numb	er, str	eet, and	I room or suite no.				
28	City o	or town, state or <b>MA</b>	provii	nce, co	ountry, a	nd ZIP or foreiç <b>PER</b>	•	tal code								
												n the Part II Su	- (	see inst	ruct	ions)
If you	ı have	more than one	asset '	to repo	ort in Pai	t VI, attach a s	eparat	e staten	nent fo	r eacl	h additic	onal asset. See inst	ructions.			
29	Desc	ription of asset							3	0 Ide	entifying	number or other de	esignation			
31	Com	plete all that app	oly. Se	e instr	uctions	for reporting of	multip	le acqui	sition	or dis	position	dates.				
а	Date	asset acquired	during	tax ye	ear, if ap	plicable				))						
b	Date	asset disposed	of dur	ing tax	k year, if	applicable			<u></u>							
c		Check if asse	t jointly	y owne	ed with s	pouse		d		heck	if no tax	item reported in Pa	art III with re	espect to	this a	asset
32	Maxi	mum value of as	set du					es)								
а		\$0 - \$50,000				001 - \$100,000		c L			01 - \$15			,001 - \$20	00,00	0
e																
33								alue of th	ne ass	et into	U.S. do	ollars?		Ye	;S	<u></u> No
34		u answered "Yes						<del></del>						1.0		
	. ,	oreign currency	in wn	cn ass	set is	(b) Foreign of convert to U.		-	nge ra	ite use	ea to	(c) Source of exc Treasury Departm	-			
	deno	minated				convert to 0.	S. 0011	ars				Treasury Departin	ierii s burea	u oi trie r	iscai	Service
35	If ass	set reported on I	ine 29	is sto	ck of a fo	reian entity or	an inte	erest in a	forei	nn ent	itv ente	r the following info	rmation for t	he asset		
		e of foreign entit				or origin or many or						(Optional)				
		· · · · · · · · · · · · · · · · ·	,									(-				
С	Туре	of foreign entity	,		(1)	Partnership		(2)		Corp	oration	(3)	Trust	(4)		Estate
d	Mailir	ng address of fo	reign (	entity.	Number	, street, and ro	om or	suite no		•		, ,				
е	City	or town, state or	provi	nce, co	ountry, a	nd ZIP or forei	gn pos	tal code								
36	If acc	set reported on I	ine 20	is not	stack of	a foreign entity	/ or an	interest	in a f	oreian	entity (	enter the following	information	for the as		
00												with the same infor				issuer
		unterparty. See					,,		, o p a a.							
а	Name	e of issuer or co	untern	artv												
	Check if information is for Super Counterparty															
b	Туре	of issuer or cou	ınterpa	arty					. ,							
	(1)	Individual	-	-	(2) 🔲	Partnership		(3)		Corp	oration	(4)	Trust	(5)		Estate
С	<del></del>	k if issuer or co				U.S. pers	on		Forei	gn pei						
		ng address of is				•		room or								
					•											
е	City	or town, state or	provi	nce, co	ountry, a	nd ZIP or foreig	gn pos	tal code								
	-				•	`										

MEI	Name or Organization Name DICINE EDUCATION AND D			Identification Number $26-2916450$	Form 8938
Pai	t V Foreign Deposit and Custod	lial Accounts (see instructions)			
20	Type of account <b>a X</b> Deposit <b>b</b> Custodial			Account number or other designation $3-01900711-0-09$	
22				ed during tax year	
	·			eported in Part III with respect to this a	
23	Maximum value of account during tax yea				4,000
24	Did you use a foreign currency exchange		into U.S	. dollars? Yes	X No
25	If you answered "Yes" to line 24, complete			1	
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate u convert to U.S. dollars	sed to	(3) Source of exchange rate used if r Treasury Department's Bureau of the	
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	oal Intermediary Identification Number (	GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
27	Mailing address of financial institution in w	hich account is maintained. Number, s	treet, and	d room or suite no.	
	CALLE CENTENARIO 156	MOLINA 12			
28	City or town, state or province, country, ar LIMA PERU	nd ZIP or foreign postal code			
20	Type of account  a X Deposit  b Custodial		21 19	Account number or other designation $0.3 - 38877257 - 0 - 54$	
22				ed during tax year eported in Part III with respect to this a	sset
23	Maximum value of account during tax yea				5,540
24	Did you use a foreign currency exchange i				X No
25	If you answered "Yes" to line 24, complete				
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate u convert to U.S. dollars	sed to	(3) Source of exchange rate used if r Treasury Department's Bureau of the	
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number (	GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
27	Mailing address of financial institution in w		treet, and	d room or suite no.	
	CALLE CENTENARIO 156	MOLINA 12			
28	City or town, state or province, country, ar LIMA PERU	nd ZIP or foreign postal code			
20	Type of account <b>a</b> X Deposit		21	Account number or other designation	
	<b>b</b> Custodial			03-35744558-0-12	
22	,			ed during tax year eported in Part III with respect to this a	sset
23	Maximum value of account during tax yea	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	35,290
24	Did you use a foreign currency exchange				X No
25	If you answered "Yes" to line 24, complete				
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed to	(3) Source of exchange rate used if r	not from LLS
	is maintained	convert to U.S. dollars	seu to	Treasury Department's Bureau of the	
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	oal Intermediary Identification Number (	GIIN) (Optional)
	BANCO DE CREDITO DEL				
27	Mailing address of financial institution in w	· ·	treet, and	d room or suite no.	
28	CALLE CENTENARIO 156  City or town, state or province, country, ar				
_5	LIMA	.a o. lo.o.g.i pootal oodo			

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	Name or Organization Name DICINE EDUCATION AND D	EVELOPMENT FOR		Identification Number 26-2916450	Form 8938
	rt V Foreign Deposit and Custod			20 2510450	
	Type of account a X Deposit		21	Account number or other designation	
	<b>b</b> Custodial		19	3-2332871-0-52	
22	Check all that apply a Account open	ened during tax year <b>b</b> Acco	unt close	ed during tax year	
	,			ported in Part III with respect to this as	
23	Maximum value of account during tax year				77,188.
24	Did you use a foreign currency exchange r	ate to convert the value of the account	into U.S.	dollars? Yes	X No
25	If you answered "Yes" to line 24, complete	•		1	
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	ed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number (0	GIIN) (Optional)
	BANCO DE CREDITO DEL	PERU			
27	Mailing address of financial institution in w	hich account is maintained. Number, st	reet, and	I room or suite no.	
	CALLE CENTENARIO 156	M∩I.TNA 12			
20					
28	City or town, state or province, country, ar LIMA PERU	id ZIP or loreigh postal code			
20	Type of account <b>a</b> X Deposit <b>b</b> Custodial		21 19	Account number or other designation 3-35113587-0-68	
22	Check all that apply a Account ope	ened during tax year <b>b</b> Accor	unt close	ed during tax year	
	<b>c</b> Account joir	itly owned with spouse d No ta	x item re	ported in Part III with respect to this as	
23	Maximum value of account during tax year			\$	64,000.
24	Did you use a foreign currency exchange r	ate to convert the value of the account	into U.S.	. dollars? Yes	X No
25	If you answered "Yes" to line 24, complete	all that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	ed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
26a	Name of financial institution in which acco		<b>b</b> Glob	al Intermediary Identification Number (0	GIIN) (Optional)
	BANCO DE CREDITO DEL				
27	Mailing address of financial institution in w		reet, and	I room or suite no.	
	CALLE CENTENARIO 156				
28	City or town, state or province, country, ar LIMA PERU	nd ZIP or foreign postal code			
20	Type of account <b>a</b> X Deposit		21	Account number or other designation	
	<b>b</b> Custodial		43	2-3001202892	
22	Check all that apply a Account ope	ened during tax year <b>b</b> Acco	unt close	ed during tax year	
	<b>c</b> Account joir	itly owned with spouse 🛮 d 🔲 No ta	x item re	ported in Part III with respect to this as	set
23	Maximum value of account during tax year			\$	88,833.
24	Did you use a foreign currency exchange r	ate to convert the value of the account	into U.S.	. dollars? Yes	X No
25	If you answered "Yes" to line 24, complete	all that apply.			
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	ed to	(3) Source of exchange rate used if n Treasury Department's Bureau of the	
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number (0	GIIN) (Optional)
	INTERBANK				
27	Mailing address of financial institution in w	hich account is maintained. Number, st	reet, and	I room or suite no.	
00	CARLOS VILLARAN 140 S				
28	City or town, state or province, country, ar <b>LIMA</b>	iu ZiP or toreign postal code			

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## Last Name or Organization Name MEDICINE EDUCATION AND DEVELOPMENT FOR

<u> </u>	TV Familia Description (IND D			20 2710450				
	t V Foreign Deposit and Custod	ial Accounts (see instructions)						
20	Type of account <b>a</b> X Deposit <b>b</b> Custodial			Account number or other designation 11756500				
22	Check all that apply a Account op	ened during tax year <b>b</b> Acco	ount close	ed during tax year				
	c Account joir	ntly owned with spouse 🛮 d 🔲 No to	ax item re	eported in Part III with respect to this asset				
23	Maximum value of account during tax yea	·		\$ 26,559 <b>.</b>				
24	77							
25	If you answered "Yes" to line 24, complete							
	(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 Fiscal Service				
26a	Name of financial institution in which acco	unt is maintained	<b>h</b> Glob	al Intermediary Identification Number (GIIN) (Optional)				
	Traine of infarious monacion in which acco		<b>2</b> 0.05	armomodaly radianeaton named (amy (optional)				
	BANCO PICHINCHA							
27	Mailing address of financial institution in w	hich account is maintained. Number s	treet and	t room or suite no				
_,	Maining address of infarious institution in w	Their account is maintained. Number, s	troct, and	Troom of suite no.				
	AV. AMAZONAS 4560 Y P	ERETRA						
28	City or town, state or province, country, ar							
20	QUITO	id ZIP or foreign postal code						
	ECUADOR							
20	F==1		104	Account number or other decignation				
20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Account number or other designation 00015				
	b Custodial	and during to the last	_					
22	,		1	ed during tax year				
				eported in Part III with respect to this asset \$ , 092.				
	Maximum value of account during tax yea							
24	, , , ,		into U.S.	. dollars? Yes X No				
25	If you answered "Yes" to line 24, complete			T				
	(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 not from U.S. Treasury Department's Bureau of the Fiscal Service				
26a	Name of financial institution in which acco	unt is maintained	<b>b</b> Glob	al Intermediary Identification Number (GIIN) (Optional)				
	ABSA BANK TANZANIA LI	MITED						
27	Mailing address of financial institution in w		troot and	1 room or suito no				
21	Mailing address of financial institution in w	Their account is maintained. Number, s	ireet, and	Troom of suite no.				
	P.O. BOX 5137							
28	City or town, state or province, country, ar	nd ZIP or foreign postal code						
20	DAR ES SALAAM	id Zii Oi foreigh postai code						
	TANZANIA, UNITED REP							
20	Type of account a X Deposit		21	Account number or other designation				
20	<b>b</b> Custodial		36	58-3002019941				
22		ened during tax year <b>b</b> Acco		ed during tax year				
				eported in Part III with respect to this asset				
23	Maximum value of account during tax yea			45 001				
24	Did you use a foreign currency exchange							
	If you answered "Yes" to line 24, complete		1110 0.0	. dollars:				
	(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	300 10	Treasury Department's Bureau of the Fiscal Service				
26-	Name of financial institution in which acco	unt is maintained	h Glob	Loal Intermediary Identification Number (GIIN) (Optional)				
20a	name of financial institution in which acco	unt is maintained	<b>b</b> Glob	al intermediary identification Number (Gilly) (Optional)				
	INTERBANK							
07		high apparent in maintain and Neural are	troot or	A room or quite no				
27	Mailing address of financial institution in w	mich account is maintained. Number, s	ıreet, and	a room or suite no.				
	CAROLOS VILLARAN, NO.	140						
00								
28	City or town, state or province, country, ar LIMA	id ZIP or foreign postal code						
	PERU							
	LUV	4.2						

# Last Name or Organization Name MEDICINE EDUCATION AND DEVELOPMENT FOR

Par	Part V Foreign Deposit and Custodial Accounts (see instructions)							
20	Type of account <b>a</b> X Depos	it	,	21	Account number or other designatio	n		
	<b>b</b> Custoo	dial		0.0	238 100-285-6			
22	Check all that apply a Accou	nt opened during tax year <b>b</b>	Acc	ount close	ed during tax year			
		nt jointly owned with spouse <b>d</b>	☐ No t	ax item re	eported in Part III with respect to this	asset		
23	Maximum value of account during ta	x year			\$	28,506.		
24	Did you use a foreign currency excha					X No		
25	If you answered "Yes" to line 24, con	nplete all that apply.						
	(1) Foreign currency in which account is maintained (2) Foreign currency exchange rate used to convert to U.S. dollars (3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service							
26a	b Global Intermediary Identification Number (GIIN) (Optional)							
	ROYAL BANK OF CANA	DA						
27	Mailing address of financial institution	n in which account is maintained. N	Number, s	treet, and	d room or suite no.			
	P.O. BOX 4047 TERM	INAL A						
28	City or town, state or province, coun			A				
	TORONTO	ON		4				
	CANADA			_				
20	Type of account a X Depos b Custoo		4		Account number or other designation $\frac{17}{9}$	n		
22	Check all that apply a Accou	nt opened during tax year <b>b</b>			ed during tax year			
	c Accou	nt jointly owned with spouse d	└ No t	ax item re	eported in Part III with respect to this			
23	Maximum value of account during ta	-				6,805.		
24	Did you use a foreign currency excha		e accoun	into U.S.	. dollars? Yes	X No		
25	If you answered "Yes" to line 24, con				1			
	(1) Foreign currency in which account is maintained	nt (2) Foreign currency exchar convert to U.S. dollars	nge rate u	sed to	(3) Source of exchange rate used i Treasury Department's Bureau of th			
26a	Name of financial institution in which	account is maintained		<b>b</b> Glob	al Intermediary Identification Numbe	r (GIIN) (Optional)		
	CAF BANK LTD							
27	Mailing address of financial institution	n in which account is maintained. N	Number, s	treet, and	d room or suite no.			
	25 KINGS HILL AVE							
28	City or town, state or province, counting MEST MALLING, KENT UNITED KINGDOM	try, and ZIP or foreign postal code						
20	Type of account a X Depos	it		21	Account number or other designatio	n		
	b Custoo				31034027			
22		nt opened during tax year <b>b</b>	Acc	ount close	ed during tax year			
	,	nt jointly owned with spouse <b>d</b>			eported in Part III with respect to this	asset		
23	Maximum value of account during ta	x year			\$	34,145.		
24	Did you use a foreign currency excha	•				X No		
25	If you answered "Yes" to line 24, con							
	(1) Foreign currency in which account is maintained	nt (2) Foreign currency exchar convert to U.S. dollars	nge rate u	sed to	(3) Source of exchange rate used i Treasury Department's Bureau of the			
		L			<u></u>	(0111) (5)		
26a	Name of financial institution in which	account is maintained		<b>b</b> Glob	al Intermediary Identification Numbe	r (GIIN) (Optional)		
	BANCO GUAYAQUIL							
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.							
	PICHINCHA 105 ? 10	7 Y FRANCISCO DE 1	PAULA					
28	City or town, state or province, country, and ZIP or foreign postal code QUITO ECUADOR							
10000	1.00.14.01		44					

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. MEDICINE EDUCATION AND DEVELOPMENT FOR print 26-2916450 LOW INCOME FAMILIES EVERYWHERE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 8 THE GREEN, 4507 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 19901 DOVER, DE Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 NICOLAS ELLIS The books are in the care of ▶ 8 THE GREEN, 4507 -DOVER, DE 19901 Telephone No. ► 844-633-5433 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ \_\_\_ and attach a list with the names and TINs of all members the extension is for. JULY 17, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2021 , and ending AUG 31, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment