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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

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

		Information about Form 990 and its instructions is			1			
A F	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and e	ending J	UN 30, 2014	<u> </u>			
B Cr ap	eck if plicable			D Employer identif	ication number			
	Addres change Name			75) 4 7 0 F 4 3			
<u></u>	J¢hang€	Doing Business As		13-2	2470543			
<u> </u>	Initial return Termin ated		Room/suite	E Telephone number (203				
\equiv	Amend			G Gross receipts \$	2,503,279.			
\vdash	iretum Applica			H(a) Is this a group return				
-	ltion pendin				s? Yes X No			
		999 ORONOQUE LANE, STRATFORD, CT 06614	1	H(b) Are all subordinates				
I T	ax-exe	mpt status: X 501(c)(3) 501(c) ()	or 527		a list. (see Instructions)			
		e: ► WWW.MEDSEND.ORG		H(c) Group exempti				
		organization X Corporation	I Vear		M State of legal domicile CT			
		Summary	1 1 1001	or tormation. 22301	W Otate of legal doffacile 92			
	<u> </u>	Summary MEDCI	DE CINE	OUTDES EDIT	TATTONAT.			
- ဗွ	1	Briefly describe the organization's mission or most significant activities: MEDSI	ICADE	DDOEECCION	AT C			
ä		LOAN REPAYMENT GRANTS TO CHRISTIAN HEALTH						
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more					
Š	3	Number of voting members of the governing body (Part VI, line 1a)						
9	4	Number of independent voting members of the governing body (Part VI, line 1b).		4				
8	5	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		<u>.</u> <u>.</u> <u>.</u> <u></u>				
達し		Total number of volunteers (estimate if necessary)		1.	15			
듷		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.			
٩		Net unrelated business taxable income from Form 990-T, line 34						
-		tet dinolated bosiness taxable meetile north offiness (Time 54		Prior Year	Current Year			
		Contributions and greats (Dort VIII line 1h)	<u> </u>	1,686,324				
Revenue		Contributions and grants (Part VIII, line 1h)		0				
5		Program service revenue (Part VIII, line 2g)		5,392				
ا ۾		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)						
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 1	<11,658				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,680,058	2,486,849.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		856,370				
- 1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0				
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		569,126	636,262.			
Expenses		Professional fundralsing fees (Part IX, column (A), line 11e)		0				
ğ	b	Total fundralsing expenses (Part.)X_column (D), line 25) 439, 3	93.	44. 10.77	7.77.2			
ŭ	17	Other expenses (Rart.IX, column (A) lines 11a-11d, 11f-24e)		221,328	. 313,077.			
		Total expenses. Add lines 13-17 (must estal Part IX, column (A), line 25)		1,646,824				
	40	Power times as a second for the second fine to the second for the	· · ·	33,234				
<u>= 8</u>	19	Revenuelless expenses. Subtract line 18 from line 12		eginning of Current Year				
Net Assets or Fund Balances		171 (%)	100	1,199,088				
SSe	20		···· }-	23,681				
끃		Total llabilitie (Par இரு ஜ்ர்), UT	····	1,175,407				
		Net assets or fund balances. Subtract-line 21 from line 20	<u></u>	1,175,407	1,0/3,431.			
		Signature Block						
		ities of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is			
true,	correc	t, and complete Declaration of preparer (Other than efficer) is based on all information of wi	hich prepare	r has any knowledge.				
		Shilm Cilla						
Sign	,	Signature of officer		Date	15/2011			
Her		Richard C. Allen	į	16	X/5/2014			
	_	Type or print name and title	<u> </u>	1 0				
		Print/Type preparer's name Preparer's signature / Za Lill	-/ ;/// 1	Date / Check	PTIN			
Pald	ı	JANET BARILLARI	1 1881	12/1 /14 if self-empl				
			A 17-1	-, -, -,	. 06-0674034			
•	arer	7		/ Firm's EIN	00-00/4034			
use	Only	Firm's address 375 BRIDGEPORT AVENUE		, a	02_020_004F			
		SHELTON, CT 06484	-, - , , , , , , , , , , , , , , , , , 	[Phone no. 2	03-929-9945			
Mar	the li	RS discuss this return with the preparer shown above? (see instructions)			Yes No			

	990 (2013) PROJECT MEDSEND	75-2	<u>470543</u>	Page 2
Pa	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:		_	<u>`</u>
•		HAT ENAB	LE:	
	CHRISTIAN HEALTHCARE PROFESSIONALS TO SERVE PEOPLE IN			THE
		N NEED A	KOUND	THE
	WORLD.			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Y	es 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 serv	410002		es X No
3		110001	·	25 [4 <u>x</u>] 140
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others, the tot	tal expense	s, and
	revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 1,179,583. Including grants of \$ 939,466.)	(Revenue \$		
-	TO REPAY THE EDUCATIONAL LOANS OF HEALTH CARE WORKERS	S AS THE	V MINI	STER
	AT HOME (USA) AND ABROAD.	- 110 1114		
	AT HOME (ODA) AND ADROAD.			
				
				
4b	(Code) (Expenses \$ 165,745 • including grants of \$ 100,000 •)	(Revenue \$		<u>, </u>
7.0	· · · · · · · · · · · · · · · · · · ·	AT HOME	AND AR	ROAD '
	EDUCATION TO PREPARE HEADTHCARE WORKERD FOR BERVICE A	AI HOME	MID AL	NOAD_
				
4c	No.	(Revenue \$		· · · · · · · · · · · · · · · · · · ·
40	(Code) (Expenses \$)	(Lievenne 3		
		 _		
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$			
4e	1 245 220			
			Forn	n 990 (2013)
33200 10-29	2			\\/
10-29	2			
	£			

	990 (2013) PROJECT MEDSEND 75-2470 IV Checklist of Required Schedules	<u>)543</u>	Р	age 3
£ 649	CIT Offecklist of Required ochedules		V	- N-
	Is the constitution department in continue 501(a)(2) or 4047(a)(4) (athors there is proved foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	х	
^	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3	ĺ	х
4	public office? If "Yes," complete Schedule C, Part I			<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbyling activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		 ^
5		5		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	 		
6		6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	İ	x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	-'-	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	1		
	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	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
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	<u> </u>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
	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	ļ.,	X
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	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	1	١	
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	٠,
	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	├─-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├ ─-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		J.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 -	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 -	X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	i	1	1

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20a

complete Schedule G, Part III

20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $\,H\,$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	1990 (2013) PROJECT MEDSEND 75-	-2470543	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part I	x,		
	column (A), line 27 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 curre	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[ĺ
	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	[ĺ	ĺ
	Schedule K. If "No", go to line 25a	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	, [!		ĺ
	any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	[]	İ I	ĺ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	t t		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	į !		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	i	ŀ	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,		!	
	complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ĺ	l
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь			├	Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an of			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	ļ

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

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31

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33

34

35a

35b

36

37

Х

X

X

Part V Statements Regarding Other IRS Fillings and Tax Compliance Check it Schedule Cootamas a response or note to any line in this Part V	Form	990 (2013) PROJECT MEDSEND 75-2470	543	P	age 5
Series the number reported in Box 3 of Form 1098. Enter 0- if not applicable 18 167 10 0					-5
table the number reported in Box 3 of Form 1096. Enter 0-f not applicable Enter the number of Forms WaS cinculard in the a. Enter 0-f in cit applicable C Did the organization combly with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) withinings to prize withinings. 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, (field for the calandard year ending with or within the year covered by this neture). 2b if at least one in reported on the 28, did the organization fiel all required federal employment tax returns? Note: If the sum of lines ta and 2 as greater than 250, you may be required to e-file (see Instructions) 3a	<u></u>	<u></u>			
table the number reported in Box 3 of Form 1096. Enter 0-f not applicable Enter the number of Forms WaS cinculard in the a. Enter 0-f in cit applicable C Did the organization combly with backup withholding rules for reportable payments to vendors and reportable gaming (gamilling) withinings to prize withinings. 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, (field for the calandard year ending with or within the year covered by this neture). 2b if at least one in reported on the 28, did the organization fiel all required federal employment tax returns? Note: If the sum of lines ta and 2 as greater than 250, you may be required to e-file (see Instructions) 3a				Ves	No
b Enter the number of Forms WSG included in line 1a. Enter Orl not applicable Did the organization comply with backup with holding rules for reportable payment to vendors and reportable garming (gambling) winnings to pinze winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, life of circle calendary ser ending with or within the year covered by this raturn 10 If I a least one is reported on line 2a, did the organization tile all required deferal employment tax returns? Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-fide (see Instructions) 3a Did the organization have unrialed business gross income of \$1,000 or more during the year? 3a B X b If Yes, 1 as If field a Form 990-1 for this year I if Yos, 7 bin 80, 1000 or more during the year? 3b If Yes, 1 as If field a Form 990-1 for this year I if Yos, 7 bin 80, 1000 or more during the year? 3c As any time during the calendary year, 40t the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. 3c As a state of the calendary year, 40t the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. 3b If Yes, 1 and the calendary year, 40t the organization have an interest in, or a signature or other authority over, a financial accounts. 4c As any time during the calendary year, 40t the organization have an interest in, or a signature or other authority over, a financial accounts. 5c Was the organization a party to a prohibited tax shelfer transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any organization in the organization induced with very solicitation an express statement that such contributions or glits were not tax oductibles a charitable contributions? 5c With Yes, 1 and the organization induced with very solicitation an express alternant that suc	1a	Enter the number reported in Box 3 of Form 1096. Enter the not applicable.			110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamthling) withinings to girze withinines? 2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. 2b If at least one is reported on him 2a, did the organization file all esquired federal employment tax returns? Note. If the sum of lines is a and 2a is greater than 250, you may be required to a-file (see Instituctions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, has it filed a Form 990-T for this year? If No, 16 into 3b, provide an explanation in Schedule O. 5 A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 If Yes, has it filed a Form 990-T for this year? If No, 16 into 3b, provide an explanation in Schedule O. 5 If Yes, 10 in the file and into the organization fer form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a part ye to a prohibited trans action? 5 If Yes, 10 in the Sac of St. did the organization file form 888-07. 6 Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ax deductibles is esharizative contributions? 6 If Yes, 10 in the Sac of St. did the organization file scharization contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 10 in the organization with every solicitation an express statement that such contributions or girts were not tax deductibles in a scharization contribution and partition receive a gargential excess the partition receive a gargent in excess of \$7 made partly as a contribution and partly for goods and services provided? 7 Organizations that may receive deducti	_				
gemble/gemble/g wkenings to prize winners? 2		· · · · · · · · · · · · · · · · · · ·			l
2e Elter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 12 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *hea if filed a Form 990-7 for the year? If *No.* to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a H Yes, *hear the name of the foreign country Such as a bank account, securities account, or other financial account)? 5b If Yes, *to line 5a or 5b, odd the organization that it was or is a party to a prohibited unring the tax year? 5c Was then organization have unrelated such seherits transaction at any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited unrelated that year or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that was or is a party to a prohibited that the party of the party of the organization include with very ecilitation an express statement that such contributions or gifts were not tax deductible? 6a X 6a X 6b If Yes, *indicate the number of Forms 8282 filed during the year 6b If Yes, *indicate the number of Forms 8282	·		.	x	
the for the calendary year ending with or within the year covered by this return 2a	0-		IC		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c At any time during the calendary year, did the organization have an inferrent, or a segnature or chief earthory over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c At any time enter the name of the foreign country: 5c Be instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization approximate to a proximate the foreign country: 5c Be Was the organization and the organization file Form 8886-17? 5c If 'Yes, 1' lo line 5a or 5b, did the organization file Form 8886-17? 5c If 'Yes, 1' lo line 5a or 5b, did the organization file Form 8886-17? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions; 5d If 'Yes, 1' did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organization state was receive deductible contributions under section 170(c). 8d If 'Yes, 1' did the organization notify the donor of the value of the goods or services provided? 8d If 'Yes, 1' did the organization notify the donor of the value of the goods or services provided to the payor? 7d Did the organization cereive a pyment in excess of 375 made parity as contribution and parity for goods and services provided to the payor? 7e Did the organization neceive a pyment in excess of 375 made parity as contribution and parity for goods and services provided to the payor? 8d If 'Yes, 1' indicate the number of Forms 8282 feed during the year payor permitums on a pers	28	1 1 1 1 1		`	-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see Instructions) 3a				v	İ
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
<u>Sec</u>	tion A. Governing Body and Management			
		, <u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	if there are material differences in voting rights among members of the governing body, or if the governing	~		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision)		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_	1
,	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
U	persons other than the governing body?	₇₆		х
				· · · · · · · · · · · · · · · · · · ·
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	.	Х	1
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)			T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			}
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	<u> </u>
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	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		٠.	
	taxable entity during the year?	16a	Ì	Х
ь.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ļ
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ		
	exempt status with respect to such arrangements?	16b	İ	
Soc	tion C. Disclosure	100		·
17	List the states with which a copy of this Form 990 is required to be filed CT, AZ, KY, FL, MD, MN, MI, NY, NC	SC	. VA	. WA
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			.,
18	for public inspection. Indicate how you made these available. Check all that apply.	uvallat	,, C	
	X Own website X Another's website X Upon request Other (explain in Schedule 0)			
40	• • • • • • • • • • • • • • • • • • • •	d fin-	a di di	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	io iinai	iciai	
	statements available to the public during the tax year.	.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon: 🕨		
	RICHARD ALLEN - 203-891-8223			
	999 ORONOQUE LANE, STRATFORD, CT 06614-1379 6 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES		. 000	100:00
33200	6 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES	rom	990	(2013)

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

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

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

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

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

(A) Name and Title	(B) Average		not c		ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	(list any hours for related programmers below helow	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) MARK TOPAZIAN, MD	0.00								_	
DIRECTOR		Х			_	_	<u> </u>	0.	0.	0.
(2) KENNETH P. CHRISMAN	0.00			v		ļ	ļ	0.	0.	0.
CHAIRMAN OF FINANCE COMMITTEE	0.00	Х		Х			┝			
(3) LAWRENCE D HUTCHINS	0.00	X		х				0.	0.	0.
TREASURER COOK MR	0.00	^		^		┿	-			
(4) JANET CROW, MD CHAIR OF ARC	0.00	X		Х				0.	0.	ο.
(5) DOUGLAS A. DREVETS, MD	0.00	1	-	-	\vdash	-	┢	† 		
CHAIRMAN		x		x				0.	0.	0.
(6) JUN HEE KANG, MD	0.00				 					
DIRECTOR		X					l	0.	0.	0.
(7) JANET KIM, MD	0.00									
DIRECTOR		X					L	0.	0.	0,
(8) ROBIN NICHOLS	0.00								_	_
DIRECTOR		X	<u> </u>			_	<u> </u>	0.	0.	0.
(9) JOHN GOETZ	0.00	}	ļ							
DIRECTOR		X		<u> </u>		_	L	0.	0.	0
(10) SCOTT REICHENBACH	0.00					ŀ	1			
DIRECTOR	0.00	X	ļ		_	├ ─	-	0.	0.	0
(11) JOHN NWANGWU, MD	0.00	١,,						0.	0.	ο.
DIRECTOR	0.00	X	├	 				0.	0.	
(12) DOUGLAS CHRISTGAU	0.00	X				i	1	0.	0.	0.
DIRECTOR (13) RICHARD ALLEN	24.00	^	┝	├	\vdash	╁╌	╁	 		ļ
PRESIDENT	24.00	1		x		Ì		70,000.	0.	5,600
FREDIUENI	-	┢	 	1	-	T	-	70,000.		3,000
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Form **990** (2013)

Part VII Section A. Officery, Directors, Trustees, Key Employees, and Highest Compensated Employees. (Contract) Average hours for related to the compensation of	Form 990 (2013) PROJECT I									75-24	1/0:	<u> </u>	Page 8
(A) Name and title Average Aver			ploy	ees	, and	d Hi	ghe	st C		es (continued)			
To Sub-total To Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organizations and related organization signal and related organizations greater than \$150,000 of Irey such person Total floor dividuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of reportable compensation from the organization and related organizations greater than \$150,000 of Irey such individuals and related organizations greater than \$150,000 of Irey such person Total floor the organization for the organization of reportable compensation from the organization and related organizations greater than \$150,000 of Irey such person Total floor than the floor than \$150,000 of Irey such person Total floor than \$150,000 of		Average hours per week	offic	not c	Posi heck i	ition more rson	than is bot	h an	Reportable compensation	Reportable compensation		Estim: amou	ated nt of
1b Sub-total □ Total from continuation sheets to Pert VII, Section A □ Total from continuation sheets to Pert VII, Section A □ Total from continuation sheets to Pert VII, Section A □ Total (add lines 1b and 1c) □ Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. ■ □ Did the organization is st any former office, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, *complete Schedule J for such individual □ Total and instead on line 1a. Is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, *complete Schedule J for such individual of services and related organizations greater than \$150,000? If Yes, *complete Schedule J for such individual of services and related to the organization? If Yes, *complete Schedule J for such parson □ Complete this table for your five highest compensation from any unrelated organization or individual for services □ Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization? to the compensation for the calendar year ending with or within the organization of services □ Compensation. □ Description of services □ Compensation		hours for related organizations	oustee o	fromal frustee		nplayee	st compensated	let.	organization			from organiz and re	the zation lated
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the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation		mpensated in	dene		ent c	onti	racto	ors t	that received more than	\$100,000 of com		ation from	1
Name and business address NONE Description of services Compensation											<u> </u>		
		address	NO	ומכ	F!					services	С		tion
2 Total number of Independent contractors (including but not limited to those listed above) who received more than				2111	<u> </u>			7					
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	2 Total number of independent contractors (including but r	not li	mite	d to	tho	se li	l	d above) who received n	nore than	•••••		

332008 10-29-13

Form **990** (2013)

		-111	Check if Schedule O conf		The state of the s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	•	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and	1,892. 7,069. 2.491.730.		-		
	,	g	Noncesh contributions included in lines	3 1a-1f \$	2,491,730. 190,781.	• ,		150	
3 8	إ	<u>-</u>	Total. Add lines 1a-1f .		>	2,500,691.		-	
ł					Business Code				
Program Service Revenue	2								
E S		b			ſ				
E S		C			1				
<u> </u>		u _							
돈		f	All other program service reve	anue	-				
- 1			Total. Add lines 2a·2f		·				
	3	-	Investment income (including	dividends, İr	nterest, and				
ĺ			other similar amounts)		▶	2,265.	2,265.		
- }	4		Income from investment of ta	x-exempt bo	nd proceeds				
	5		Royalties .	·····					
1				(i) Real	(ii) Personal	,	,		
	6	a	Gross rents .						1
1			Less: rental expenses			•			
- 1			Rental income or (loss)						
			Net rental income or (loss)		_				
	7	а	Gross amount from sales of	(ı) Securiti	es (ii) Other				-
		L	assets other than inventory Less: cost or other basis	-					
}		U	and sales expenses		j	-		,	
		c	Gain or (loss)	 			,		
l			Net gain or (loss)						1
venue			Gross income from fundraisin including \$ 7,0			- \		: ,	
Other Reve			contributions reported on line Part IV, line 18		a 0.				
#		b	Less: direct expenses		ь 16,430.	:			
١			Net income or (loss) from fun-	draising ever		<16,430.	>		<16,430.
1			Gross income from gaming a				,		
			Part IV, line 19		а	,		,	
			Less: direct expenses .	-	b			-	
			Net income or (loss) from gan		· · · · · · · · ·	······································			
1	10	a	Gross sales of inventory, less	returns					
ľ		_	and allowances	•	a				
- 1			Less: cost of goods sold Net income or (loss) from sale	on of inventor	v b			, `	()
-		<u>. </u>	Miscellaneous Revenu		Business Code			, ,	-
1	11	— а	MISCELLANEOUS	<u></u>	900099	323.	323.	•	1
		b							
		c							
			All other revenue						
		е	Total. Add lines 11a-11d		•	323.			
1	12		Total revenue. See instructions		_ ▶	2,486,849.	2,588.	0	<16,430.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t		(C)	·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	100,000.	100,000.		
2	Grants and other assistance to individuals in				•
	the United States. See Part IV, line 22	939,466.	939,466.		•
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			•	
	United States. See Part IV, lines 15 and 16				and the little between the
4	Benefits paid to or for members				***************************************
5	Compensation of current officers, directors,	i			
	trustees, and key employees				
6	Compensation not included above, to disqualified		Ì		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	551,889.	143,582.	82,765.	325,542
8	Pension plan accruals and contributions (include	331/0031	113/3021	027.03.	323/312
Ü	section 401(k) and 403(b) employer contributions)	17,406.	4.526.	2,611.	10,269
9	Other employee benefits	17,908.	4,526. 4,656.	2,686.	10,566
10	Payroll taxes	49,059.	12,755.	7,359.	28,945
11	Fees for services (non-employees):				
а	Management	1			
b	Legal				
C	Accounting	16,639.		16,348.	291
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	25,659.	5,132.	2,566.	17,961
13	Office expenses	8,156.	5,720.	1,626.	810
14	Information technology	28,585.	10,155.	9,949.	8,481
15	Royalties	04-000	10 021		2 404
16	Occupancy .	24,039.	19,231.	2,404.	2,404
17	Travel	94,875.	13,508.	48,887.	32,480
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials			-	-
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2,069.		2,069.	
22	Depreciation, depletion, and amortization	7,510.	2,929.	3,154.	1,427
23 24	Insurance Other expenses, Itemize expenses not covered	7,510.	2,323.	3/1341	1/12/
24	above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) EDUCATION	78,770.	78,770.	0.	0
a	MISCELLANEOUS	15,296.	0.	15,079.	217
b	STATE FILING FEES	9,915.	4,898.	5,017.	0
d	DITEC AND CUDGOD TOUTONG	1,564.	0.	1,564.	0
e				-,501	
25	Total functional expenses. Add lines 1 through 24e	1,988,805.	1,345,328.	204,084.	439,393
<u>25</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

'art X	Balance Sheet				
	Check If Schedule O contains a response or note	to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1,075,471.	1	1,677,463.
2	Savings and temporary cash investments		106,967.	2	0.
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and for	mer officers, directors,			
- 1	trustees, key employees, and highest compensat	ed employees Complete		`	<i>"</i> "
Ì	Part II of Schedule L			5	
6	Loans and other receivables from other disqualifi	ed persons (as defined under			
j	section 4958(f)(1)), persons described in section	· '		ĺ	,
Ì	employers and sponsoring organizations of sections				
2	employees' beneficiary organizations (see instr).	* *		6	
7	Notes and loans receivable, net			7	
8 5	Inventories for sale or use	•		8	
9	Prepaid expenses and deferred charges		12,600.	9	3,350
10a		1			······································
	basis. Complete Part VI of Schedule D	10a 23,847.			,
t	Less: accumulated depreciation	10b 11,211.	4,050.	10c	12,636
11	Investments · publicly traded securities			11	
12	Investments · other securities. See Part IV, line 1	 1		12	
13	Investments - program-related. See Part IV, line 1			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equa	l line 34)	1,199,088.	16	1,693,449
17	Accounts payable and accrued expenses		23,274.	17	19,677
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
22	Loans and other payables to current and former				
<u> </u>	key employees, highest compensated employees	s, and disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelate	ed third parties		23	
24	Unsecured notes and loans payable to unrelated			24	
25	Other liabilities (including federal income tax, pay				
1	parties, and other liabilities not included on lines	17-24). Complete Part X of		}	
	Schedule D		407.	25	321
26	Total liabilities. Add lines 17 through 25 .	· · · · · ·	23,681.	26	19,998
	Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 🔀 and	\$ 7		
3	complete lines 27 through 29, and lines 33 and	134.	`		
27	Unrestricted net assets		1,113,864.	27	1,539,440
28	Temporarily restricted net assets		61,543.	28	134,011
امما				29	
29	Permanently restricted net assets				1
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS	6C 958), check here ▶			
29	•	SC 958), check here			,
30	Organizations that do not follow SFAS 117 (AS	SC 958), check here		30	,
30 31	Organizations that do not follow SFAS 117 (AS and complete lines 30 through 34.			30 31	,
30 31 32	Organizations that do not follow SFAS 117 (AS and complete lines 30 through 34. Capital stock or trust principal, or current funds	upment fund		31 32	
30 31	Organizations that do not follow SFAS 117 (AS and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ	upment fund	1,175,407. 1,199,088.	31 32 33	1,673,451 1,693,449

<u>Form</u>	990 (2013) PROJECT MEDSEND	75-2	470543	Pag	ge 12
Pai	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,98		
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,17	5,4	<u>07.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,67	3 <u>,4</u>	<u>51.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·	<u> </u>		<u> </u>
			r	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		:	
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	[-]	:	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		F I		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis		Į.		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		v	
	review, or compilation of its financial statements and selection of an independent accountant?	•	. 2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	000	(2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public inspection

Name of the organization

Employer identification number

		PROJECT	MEDSEND						7	5 - 2470	1543	
Part 1	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital descr	lbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	l's name,	
	city, and stat	е:										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	-			-					
6 🔲	A federal, sta	te, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	elves a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	cribed in	
	section 170(b)(1)(A)(vi). (Comple	te Part II)			•			-			
8 🔲	-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	-		eives: (1) more than 33 1	•		rom contri	butions, m	embershi	p fees, a	nd gross re	ceipts fro	m
	-	•	nctions - subject to certa							-	-	
		·	axable income (less sect									
		509(a)(2). (Complete										
10 🔲	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11 🔲	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated											
e 🔙	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	: 111				
	supporting of	rganizatıon, check tl	nis box xod air								. l	لــا
9			organization accepted ar									
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	jether with	persons o	described i	n (ii) and i	jii) below		1	No
	the gove	erning body of the s	upported organization?							11g(i)		
	•	•	n described in (i) above?				•			11g(ii)	1	
			person described in (i) o							11g(iii)	<u> </u>	
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
			T	,				 	44	г		
(I) Name	of supported	(II) EIN	(iii) Type of organization		organization		u notify the	(vi) is organizati	s the on in col	(vii) Amoun	it of monet	tary
orga	inization		(described on lines 1-9 above or IRC section		sted in your document?		ion in col. r support?	(I) organiz U S	ed in the	sut	pport	
			(see instructions))	•	,	<u> </u>				-		
			· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	 		
			 	}	 		-	 	 	-		
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Total				1.	Ĺ ′	1 :						

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

<u>Se</u> c	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		····
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			1		İ	
	membership fees received. (Do not	1106066	1 200 272	1500015	1606334	2500601	0200660
	include any "unusual grants.")	1196066.	1302373.	1523215.	1686324.	2500691.	8208669.
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	110000	1202272	1523215.	1686324.	2500691.	8208669.
	Total. Add lines 1 through 3	1196066.	1302373.	1523215.	1000324.	2300091.	0200003.
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	٠.		`			
	amount shown on line 11,	,			•		729,454.
_	column (f)	···í···	111-11-11-1				7479215.
	Public support. Subtract line 6 from line 4	<u> </u>	<u>. </u>		<u> </u>		71752151
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	1196066.	1302373.	1523215.	1686324.	2500691.	8208669.
	Gross income from interest,	1130000	13023731	13202100			
8	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources	25,144.	6,889.	6,384.	8,079.	2,588.	49,084.
9			0,0000				
9	activities, whether or not the			ļ			
	business is regularly carried on						
10	Other income. Do not include gain						72.72.1
	or loss from the sale of capital						
	assets (Explain in Part IV.)					i	
11					111 1111	,	8257753.
12		etc. (see instruct	ions)			12	
	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and sto						▶□
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2013	(line 6, column (f) c	livided by line 11,	column (f))		14	90.57 %
	Public support percentage from 2013					15	96.05 %
16	33 1/3% support test - 2013. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies					•	. ▶ X
ı	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua						
170	a 10% -facts-and-circumstances tes	st - 2013. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa					art IV how the orga	nization
	meets the "facts-and-circumstances"					•	▶∟
ı	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t						• ⊾ □
	organization meets the "facts-and-cil						\
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	sa, 16b, 17a, or 17	b, check this box	and see instruction	15
					Sch	edule A (Form 99	∪ or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			j			
	include any "unusual grants.")			1			1
2							
	merchandise sold or services per-						
	formed, or facilities furnished in	1	l		1		{
	any activity that is related to the organization's tax-exempt purpose			İ			
3	Gross receipts from activities that				 		
٠	are not an unrelated trade or bus-		1	1			}
	iness under section 513						
	• •			 			
4	Tax revenues levied for the organ-			İ			
	ization's benefit and either paid to]
_	or expended on its behalf		ļ <u></u> -	 			
5	The value of services or facilities						j
	furnished by a governmental unit to						
	the organization without charge		ļ <u> </u>			- 	ļ
6	Total. Add lines 1 through 5 .					<u></u>	
7 8	Amounts included on lines 1, 2, and		İ		1		1
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received	l					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	İ	l		1	1	ì
	amount on line 13 for the year			<u> </u>			
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		,				
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources]		}			,
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			İ			
	acquired after June 30, 1975						
	Add lines 10a and 10b						†
11			 		 	 	†
	activities not included in line 10b,						
	whether or not the business is regularly carried on	ĺ	1	Ì	1		
12	Other Income. Do not include gain		 				
	or loss from the sale of capital						ļ
42	assets (Explain in Part IV.)		 	 -		- 	
	Total support. (Add lines 9, 10c, 11, and 12)		- 6 41-1	ind farmer and fifth a			l
14	First five years. If the Form 990 is fo check this box and stop here	r the organization	s iirst, secona, trii	ira, iourth, or illtir t	lax year as a secti	on soricits) organi	zation,
Sa	ction C. Computation of Publ	ic Support Pe	rcentage	 	 		
	Public support percentage for 2013 (naluma (6)		15	<u> </u>
		•	=	Column (i))	• •	16	%
	Public support percentage from 2012 ction D. Computation of Inve					1 101	
17						17	
		•	• • • • • • • • • • • • • • • • • • • •	110 10, 001011111 (1))	•••	18	%
18	a 33 1/3% support tests - 2013. If the	· ·		on line 14, and lin	 .a 15 is mora than	<u> </u>	
ושנ							1, 19 HO
	more than 33 1/3%, check this box a						I
E	33 1/3% support tests - 2012. If the	-					. —
22	line 18 is not more than 33 1/3%, che		-	•			
	Private foundation. If the organization of the	#1_UIO NOT CRECK &	DOX ON IME 14, 18	ea, or 190, check t		hedule A (Form 9	00 or 990 EZ) 0044
3320	Z.1 U9-25-13				30	neuue A (COIII) 71	20 UL BBU"ELI ZU13

T IV Supplemental	Information. Provide the explanations required by	75-2470543 Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this	part for any additional information. (See instructions).	
	parties and description with the service of the ser	
		
		
		
		
		1

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	PROJECT MEDSEND		75-2470543
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	
<u>.~ Ŧ</u>	organization answered "Yes" to Form 990, Part IV, lin		as of the confidence in the
	organization and the total tot	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	i	
3	Aggregate grants from (during year)		
4			
	Aggregate value at end of year	william the state of the state	I
5	Did the organization inform all donors and donor advisors in	<u>-</u>	
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		*
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpor	· —
Do	impermissible private benefit?		Yes No
	rt II Conservation Easements. Complete if the or		r, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		N.S. A. S Mar. S
	Preservation of land for public use (e.g., recreation or		historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	ructure included in (a) .	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru	cture
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located 🟲	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements	ıt holds?	L_ Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserval	tion easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthe	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desci	ribes these items.	
ь	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS:	•	arm Samil bratian
а	Develope Included to Form 000 Dark VIII has d	. 10 the cool towning to mose nome.	. > \$
b	Assets included in Form 990, Part X		• \$
.,			***
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 201

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		MEDSEND						<u>75-24</u>	70543	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	ا 🖵 ا	Loan or exc	hange progra	ams				
ь	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exe	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er simılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?	<u></u>	<u> </u>		Yes	No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	n answered '	"Yes" to	Form 990	, Part IV, I	ine 9, or	
1a	is the organization an agent, trustee, custodi	an or other intermed	dary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?				_	_			Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:	•	-		•		
	•	,							Amount	
С	Beginning balance				_		1c			
d	Additions during the year						1d			
е	Distributions during the year		-		_	_	1e			
f	Ending balance			_	_		1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?		_				Yes	No
	If "Yes," explain the arrangement in Part XIII.			n has been	provided in I	Part XIII	-			
	t V Endowment Funds. Complete it						0.			
		(a) Current year		rior year	(c) Two year			years back	(e) Four	ears back
1a	Beginning of year balance					1	-			
b	Contributions									
С	Net investment earnings, gains, and losses	-								
d	Grants or scholarships					T				
е	Other expenditures for facilities									
	and programs				1	1		ı	<u> </u>	
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·							L	
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	 -								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation tha	it are held a	ind administe	ered for ti	he organi	zation		
	by:	_								Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		•					•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	tule R?	-	•			3b	
4	Describe in Part XIII the intended uses of the	·								
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
		basis (investr	ſ		(other)	de	oreciation	· .		
1a	Land									
	Buildings	-								
	Leasehold improvements				١ .					
	Equipment			2	3,847.		11,2	11.	12	,636.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X. colur	nn (B), line i	10(c).)				12	,636.

Schedule D (Form 990) 2013

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047 2013

> Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2013) **2** Employer identification number NATIONAL DRS TO COMPLETE 75-2470543 NATIONAL DRS TO COMPLETE ADVANCED MEDICAL EDUC. ADVANCED MEDICAL EDUC PROVIDE FUNDS FOR GBL PROVIDE FUNDS FOR GBL (h) Purpose of grant or assistance ROG WHICH ENABLE ROG WHICH ENABLE X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ċ Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 75,000 25,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section ıf applicable 501 (C) 3 501 (C) 3 Enter total number of other organizations listed in the line 1 table 36-2284267 20-2953378 Part i General Information on Grants and Assistance (P) EIN PROJECT MEDSEND criteria used to award the grants or assistance? CHRISTIAN MEDICAL & DENTAL SOCIETY 1 (a) Name and address of organization ASSOC) - 2605 HWY 421 - BRISTOL, IN HIS IMAGE INTERNATIONAL, INC. (DBA CHRISTIAN MEDICAL & DENTAL 1441 EAST 75TH PLACE SOUTH or government Name of the organization TULSA, OK 74136 TN 37620 Part

Page 2

Schedule I (Form 990) (2013) PROJECT MEDSEND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANT RECIPIENT PROGRAM	178	939,466.	0.		
Part IV Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: GRANT PAYMENTS ARE MA	MADE BY PR	PROJECT MEDSEND	END ON BEHALF	ALF OF THE	
GRANT RECIPIENTS. THESE PAYMENTS	ARE	VERIFIED TO BE	EDUCATION LOANS	LOANS FOR	
CHRISTIAN HEALTHCARE PROFESSIONALS	S WHICH IS	S PART OF	PROJECT MEDSEND'S	DSEND'S	
MISSION.					

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

PROJECT MEDSEND

Employer identification number 75-2470543

Pai	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		-	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional Interests							
4	Books and publications							
5	Clothing and household goods		 					
6	Cars and other vehicles				- -			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	190,781.	FMV AT DONA	TIO	N	
10	Securities · Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests		j					
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	}						
14	Qualified conservation contribution · Other							
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate · Other							
18	Collectibles .							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy .							
22	Historical artifacts							
23	Scientific specimens	<u> </u>						
24	Archeological artifacts		<u> </u>					
25	Other ()							
26	Other • ()							
27	Other ()							
28	Other (<u> </u>		<u> </u>				
29	Number of Forms 8283 received by the organic	zatıon durin	g the tax year for c	, ,				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement . 29			—	
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for			17
	the entire holding period?		•			30a	············ }	X
b	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance i					31		X
32a	Does the organization here or use third parties	or related o	rganizations to sol	icit, process, or sell noncash				.,
	contributions?	•		•		32a		X
b	If "Yes," describe in Part II.			i				
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.				Sabadula M	<u></u>		

332141

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number PROJECT MEDSEND 75-2470543 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990, PAGE 6, LINE 10. - A COPY OF THE 990 IS SENT TO THE ENTIRE BOD ELECTRONICALLY FOR THEIR COMMENTS AND IS REVIEWED IN DEPTH BY RICHARD ALLEN AND THE CURRENT TREASURER, LAWRENCE HUTCHINS. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: FORM 990, PART VI, SECTION B, LINE 12 - FORMAL CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY ALL BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: PAGE 6, LINES 15A AND 15B - ALL PAID OFFICIALS SALARIES ARE DETERMINED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES_RECEIVING COPY OF FORM 990: CT, AZ, KY, FL, MD, MN, MI, NY, NC, SC, VA, WA, MS, WI, WV, PA, TN, CO, GA, HI, MA, NH, NJ, OH, OK OR, AK, AR, ME, ND, NM, RI, UT FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: PROJECT MEDSEND MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. PROJECT MEDSEND MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.