

MEDICAL EDUCATION COOPERATION
WITH CUBA, INC.

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2015 AND 2014

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.

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To the Board of Directors of
Medical Education Cooperation with Cuba, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Medical Education Cooperation with Cuba, Inc. (a nonprofit organization) which comprise the statements of financial position as of December 31, 2015 and 2014, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Medical Education Cooperation with Cuba, Inc., as of December 31, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Brooks, McGinnis & Company, LLC

Atlanta, Georgia
October 25, 2016

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Cash and cash equivalents	\$ 983,543	\$ 836,970
Contributions and other receivables	78,148	25,400
Grants receivable, net	1,166,300	2,466,686
Travel advances	3,666	5,129
Prepaid expenses and other assets	23,840	36,395
Investments for deferred compensation obligation	57,306	33,017
Other investments	201,891	204,141
Furniture and equipment, net	17,700	22,882
Total assets	\$ 2,532,394	\$ 3,630,620
LIABILITIES AND NET ASSETS		
Liabilities:		
Accounts payable and accrued expenses	\$ 240,805	\$ 119,100
Deferred revenue	35,500	28,000
Deferred compensation obligation	57,306	33,017
Total liabilities	333,611	180,117
Commitments and contingencies		
Net assets:		
Unrestricted	612,708	476,080
Temporarily restricted	1,586,075	2,974,423
Total net assets	2,198,783	3,450,503
Total liabilities and net assets	\$ 2,532,394	\$ 3,630,620

The accompanying notes are an integral part of these financial statements.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
Changes in unrestricted net assets:		
Revenues and support:		
Contributions, including grants receivable released for expiration of time restrictions of \$649,800 in 2015 and \$831,900 in 2014	\$ 711,478	\$ 870,875
Consulting fees	184,995	85,961
In-kind revenue	9,045	34,070
Investment loss	(566)	(132)
Film distribution and other income	587	16,000
Net assets released for satisfaction of purpose restrictions	1,530,766	1,255,320
Total unrestricted revenue and support	2,436,305	2,262,094
Expenses:		
Educational programs	1,833,848	1,612,940
Supporting services:		
General and administrative	236,146	238,595
Fundraising	229,683	145,531
Total expenses	2,299,677	1,997,066
Increase in unrestricted net assets	136,628	265,028
Changes in temporarily restricted net assets:		
Contributions and grants	792,218	1,089,535
Net assets released for expiration of time restrictions	(649,800)	(831,900)
Net assets released for satisfaction of purpose restrictions	(1,530,766)	(1,255,320)
Decrease in temporarily restricted net assets	(1,388,348)	(997,685)
Decrease in net assets	(1,251,720)	(732,657)
Net assets at beginning of year	3,450,503	4,183,160
Net assets at end of year	\$ 2,198,783	\$ 3,450,503

The accompanying notes are an integral part of these financial statements.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
Cash flows from operating activities:		
Decrease in net assets	\$ (1,251,720)	\$ (732,657)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation	6,582	5,403
Realized and unrealized gain (loss) on investments	5,610	(73)
Change in assets and liabilities:		
(Increase) decrease in:		
Contributions and other receivables	(52,748)	(8,514)
Grants receivable, net	1,300,386	1,168,835
Travel advances	1,463	3,304
Prepaid expenses and other assets	12,554	(11,306)
Increase in:		
Accounts payable and accrued expenses	121,705	29,418
Deferred revenue	7,500	-
Deferred compensation obligation	24,693	14,562
Total adjustments	1,427,745	1,201,629
Net cash provided by operating activities	176,025	468,972
Cash flows from investing activities:		
Acquisition of furniture and equipment	(1,400)	(28,285)
Purchase of investments	(152,047)	(111,501)
Proceeds from sale of investments	151,141	13,389
Payments to deferred compensation investment	(24,693)	(14,562)
Reinvestment of interest and dividends	(2,453)	(1,388)
Net cash used in investing activities	(29,452)	(142,347)
Net increase in cash and cash equivalents	146,573	326,625
Cash and cash equivalents at beginning of year	836,970	510,345
Cash and cash equivalents at end of year	\$ 983,543	\$ 836,970

Non-cash Investing and Financing Transactions:

The Organization renewed certificates of deposit of \$104,814 and \$104,727, respectively, during each of the years ended December 31, 2015 and 2014.

The accompanying notes are an integral part of these financial statements.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Nature of Organization and Significant Accounting Policies

Organization

Medical Education Cooperation with Cuba, Inc. (the Organization) was established in 1997 as an institutional bridge between the U.S. and Cuban medical communities in an effort to benefit health outcomes and equity. Support for the Organization's activities is primarily provided by foundation and individual contributions. The Organization accomplishes its mission primarily through four areas of concentration:

- Increase international visibility to Cuban medical and population health experiences, outcomes, policy and research by publishing an on-line and printed quarterly journal addressing global health issues; and by publishing other materials with the same objective.
- Facilitate opportunities for exchanges between U.S. and Cuban health professionals by providing advice, background materials and fellowships for research opportunities in Cuba for U.S. professionals including those involved in health leadership programs, as well as those traveling to Cuba under licenses granted to the Organization by the U.S. Department of the Treasury.
- Contribute to improving health care in other developing countries and in U.S. underserved communities by: supporting students and graduates of the Latin American Medical School (ELAM) as they return to their home countries to practice in shortage areas; and by familiarizing leaders from U.S. marginalized communities and their academic partners with Cuban health care strategies, to gain insights for improved health outcomes in such communities.
- Provide current medical bibliography to Cuban health professionals in accordance with the U.S. Free Trade in Ideas Act.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP), and in accordance with standards adopted by the American Institute of Certified Public Accountants for certain nonprofit organizations. Under this method of accounting, revenues are recognized in the period in which they are earned, while expenses are recognized in the period in which they are incurred.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Nature of Organization and Significant Accounting Policies – Continued

Financial Statement Presentation

GAAP requires the Organization to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted or permanently restricted net assets described as follows:

- Unrestricted net assets – Net assets that are not subject to donor imposed stipulations.
- Temporarily restricted net assets – Net assets whose use by the Organization is limited by donor-imposed restrictions that either expire by the passage of time or can be fulfilled by actions of the Organization.
- Permanently restricted net assets – Net assets subject to donor imposed stipulations that must be maintained permanently by the Organization. The Organization had no permanently restricted net assets as of December 31, 2015 or 2014.

Revenue Recognition

Unconditional promises to give (including pledges and grants) and contributions received are recognized as revenue in the year they are received or pledged, with allowances provided for pledges estimated to be uncollectible. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts (if any) is included in contributions and grants revenue in the accompanying statements of activities. Conditional promises to give are not included as support until the conditions are substantially met.

The Organization recognizes contributions as restricted support if they are received with donor imposed restrictions that limit the use of the donated assets. When a donor-imposed restriction is met, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and presented in the accompanying statements of activities as net assets released from restrictions.

Contributed Materials and Services

All non-cash gifts are recorded at their estimated fair market value at the date of receipt if reasonably determinable. Contributed services are reflected as both in kind revenue and expense in the accompanying statements of activities if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided. For the years ended December 31, 2015 and 2014, the estimated donated value of goods and services is \$9,045 and \$34,070, respectively, and has been reflected in these financial statements as in-kind revenue.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Nature of Organization and Significant Accounting Policies – Continued

Allowance for Doubtful Accounts

The Organization uses an allowance method to determine uncollectible contributions receivable, grants receivable and other receivables. The allowance is based on a number of factors including collection experience and management's analysis of specific accounts. For the year ended December 31, 2015 and 2014, management believes contributions, grants and other receivables are fully collectible, and therefore, no allowance for doubtful accounts has been recorded for these receivables.

Investments

Investments are reported at fair value based on quoted market prices or other valuation methods with gains and losses reported in the statements of activities.

Fair Value Measurement

The Organization classifies its investment assets using a hierarchy of inputs to fair value measurements in accordance with professional standards as follows:

Level 1 – Quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access.

Level 2 – Inputs to the valuation methodology that are derived principally from or corroborated by observable market data:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs that are unobservable and significant to the overall fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Money market funds are carried at cost, which approximates fair value. The Organization's direct investments in mutual funds consist exclusively of fixed income components and are exchange-traded mutual funds. Accordingly, the Organization's money market funds and direct investments in mutual funds are considered to be Level 1 investments.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Nature of Organization and Significant Accounting Policies – Continued

Fair Value Measurement - Continued

The Organization's Investments for Deferred Compensation Plan are invested in flexible annuity contracts issued by the insurance company that administers the Plan. The annuity contracts are considered a Level 2 investment.

None of the Organization's investments are considered to be Level 3 investments.

Furniture and Equipment

Furniture and equipment are recorded at cost. The Organization follows the practice of capitalizing all expenditures for property, furniture and equipment in excess of \$1,000. Depreciation is being provided using the straight-line method over the estimated useful lives of the related assets as follows:

Furniture and fixtures	7 years
Computer and other equipment	3 - 5 years

Deferred Revenue

Deferred revenue represents the amount of consulting fees relating to the subsequent year. These amounts are recognized as revenue in the subsequent period when earned.

Functional Allocation of Expenses

The costs of providing the various programs and other activities are summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the various programs and supporting services benefited.

Income Taxes

Medical Education Cooperation with Cuba, Inc. is exempt from federal income taxes under the provisions of Internal Revenue Code Section 501(c)(3). Income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. For the years ended December 31, 2015 and 2014, the Organization did not have any unrelated business income, and accordingly, no unrelated business income tax. The Organization believes it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization's Internal Revenue Service filings for the previous three years remain subject to examination.

Advertising Costs

Advertising costs are expensed as incurred.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Nature of Organization and Significant Accounting Policies – Continued

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Reclassification

Certain amounts previously reported have been reclassified to conform to the current year financial statement presentation.

Subsequent Events

Subsequent events have been evaluated through October 25, 2016, which is the date the financial statements were available to be issued, and there were no significant subsequent events requiring recognition or disclosure in the financial statements, except those mentioned in Notes 5 and 14.

2. Cash and Concentrations of Credit Risk

The Organization considers all highly liquid investments with maturities of three months or less to be cash equivalents. Cash and cash equivalents consist principally of demand deposits at a commercial bank. In addition, the Organization maintains a certificate of deposit at the same financial institution. The account balances (as reflected in the institution's records) are insured by the Federal Deposit Insurance Corporation (FDIC) up \$250,000. At December 31, 2015 and 2014, the Organization's bank accounts exceeded this coverage by approximately \$892,000 and \$751,000, respectively.

In addition, a senior staff member of the Organization maintains a bank account in Cuba on behalf of the Organization for the sole benefit and purpose of facilitating U.S. Treasury Department -licensed activities, including news gathering activities pursuant to MEDICC Review magazine. At December 31, 2015 and 2014, the balance in this account totaled \$2,135 and \$670, respectively. This account is not insured by the FDIC or any other banking authority.

Cash and cash equivalents at December 31 are summarized below:

	<u>2015</u>	<u>2014</u>
Unrestricted cash available for operations	\$ 563,768	\$ 373,346
Restricted cash (net of receivables for multi-year grants)	<u>419,775</u>	<u>463,624</u>
Total cash and cash equivalents	<u>\$ 983,543</u>	<u>\$ 836,970</u>

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

3. Investments for Deferred Compensation Obligation

In 2008, the Organization established an eligible 457 Deferred Compensation Retirement Plan as further described in Note 7. The Organization's investments for its Deferred Compensation Plan are invested in flexible annuity contracts issued by the insurance company that administers the Plan and is funded by employer contributions on behalf of the participants. The funds in this account are considered to be assets of the Organization, and as such are subject to the general creditors of the Organization. Investments for Deferred Compensation Obligation for the year ended December 31, 2015 and 2014 were \$57,306 and \$33,017, respectively. An accrued liability is recorded to show a corresponding obligation payable to the participants as described in Note 7.

4. Other Investments

Other investments consist of the following at December 31:

	Fair Value Hierarchy	2015	2014
Money market	1	\$ 2,626	\$ 2,632
Certificate of deposit	1		
Bond mutual funds:			
Treasury	1	21,341	10,894
Emerging markets	1	-	8,228
High yield	1	-	19,622
Intermediate-term	1	28,864	23,722
Corporate	1	24,815	24,850
Short-term	1	10,879	9,466
Long-term	1	8,553	-
		97,078	99,414
Other assets not marked to fair value - certificate of deposit		104,813	104,727
		\$ 201,891	\$ 204,141

Investment Policy

The Organization has adopted investment and spending policies for the prudent investment of its investment assets. The Organization's Board has fiduciary responsibility for directing and monitoring the investment management of the assets. The investment plan is reviewed at least annually to determine whether it is still appropriate. This policy governs asset allocation, diversification and other matters relevant to the prudent investment of assets while considering long-term capital market risk and return.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

5. Grants Receivable, Net and Conditional Promises to Give

Grants receivable, net consisted of two multi-year grants totaling \$1,166,300 and \$2,466,686 respectively, as of December 31, 2015 and 2014. Subsequent to year end in 2016, one of the multi-year grants was modified so that the remaining balance has been received in full during 2016, and consequently, the total grants receivable of \$1,166,300 at December 31, 2015 is expected to be received in 2016. The December 31, 2014 grants receivable are recorded at the net present value of future cash flows, and the discount of \$44,114 for the year ended December 31, 2014 is calculated using an effective rate of 1%. Management expects the grants receivable to be fully collectible, and therefore, no allowance for doubtful accounts has been recorded as of December 31, 2015 and 2014.

Additionally, one of the Organization's multi-year grants provided for payments totaling \$2,100,000 which were subject to matching funds requirements. These amounts were payable at various dates during 2014 – 2017, with remaining conditional promises to give of \$1,300,000 and \$1,750,000, respectively, as of December 31, 2015 and 2014. Since these amounts represent conditional promises to give, they are not recorded as contributions revenue until donor conditions are met. Subsequent to year end in 2016, the Organization met its matching funds requirements for \$300,000 in conditional promises to give; further, the multi-year grant was modified during 2016 so that the remaining conditional promises to give of \$1,000,000 are no longer subject to matching requirements, and therefore, the entire remaining conditional promises to give at December 31, 2015 of \$1,300,000 has been received in full and recorded as contribution revenue during 2016.

6. Furniture and Equipment, Net

Furniture and equipment consisted of the following at December 31:

	2015	2014
Furniture and fixtures	\$ 4,099	\$ 4,099
Computer and other equipment	25,586	24,186
Less accumulated depreciation	(11,985)	(5,403)
Total furniture and equipment, net	\$ 17,700	\$ 22,882

Depreciation expense for the years ended December 31, 2015 and 2014 totaled \$6,582 and \$5,403, respectively.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

7. Deferred Compensation Obligation

The Organization has established an Eligible 457(b) Deferred Compensation Retirement Plan for a select group of highly compensated management employees. The Plan allows the employer to defer compensation for the eligible employees at a rate of 100% of their 403(b) plan contribution up to a \$5,000 limit per year. Additionally, employees can make elective contributions with certain specified limitations as per the Plan agreement. At the end of 2015 and 2014, the Organization had funded a total of \$57,306 and \$33,017, respectively, to the Plan. The Organization's insurer invests the funds in flexible annuity contracts issued by the insurance company that administers the Plan as further described in Note 3. Distributions are payable to participants at the earlier of severance from employment or age 70½.

8. Temporarily Restricted Net Assets

Temporarily restricted net assets are comprised of the funds the Organization has received subject to donor-imposed restrictions of either time or purpose consisting of the following at December 31:

	<u>2015</u>	<u>2014</u>
Purpose restrictions:		
Dissemination of information on Global Impact of the Cuban Health System	\$ 150,575	\$ 97,828
Textbooks and on-line journal subscriptions for Cuban health professionals and teaching institutions	-	35,000
Support for U.S. health professionals' research in Cuba, and for Cuban health professionals' travel to the U.S.	286,086	690,660
Teaching for Health Equity International Conference and leveraging new models of cooperation	19,882	35,829
Publication of medical journal	307,501	470,757
Fellowships and support for international medical students and graduates	265,316	372,439
Emergency aid	4,000	7,862
Other	55,416	161,063
Subtotal purpose restrictions	<u>1,088,776</u>	<u>1,871,438</u>
Time Restrictions:		
General operations	<u>497,299</u>	<u>1,102,985</u>
Total temporarily restricted net assets	<u>\$ 1,586,075</u>	<u>\$ 2,974,423</u>

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

9. Net Assets Released for Satisfaction of Purpose Restrictions

Temporarily restricted net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes specified by donors as follows for the years ended December 31:

	<u>2015</u>	<u>2014</u>
Dissemination of information on Global Impact of the Cuban Health System	\$ 45,253	\$ 38,322
Textbooks and on-line journal subscriptions for Cuban health professionals and teaching institutions	41,000	48,397
Support for U.S. health professionals' research in Cuba, and for Cuban health professionals' travel to U.S.	581,574	269,788
Teaching for Health Equity International Conference and leveraging new models of cooperation	28,947	180,469
Publication of medical journal	261,634	195,825
Fellowships and support for international medical students and graduates	242,655	266,467
Emergency aid	21,039	19,696
Other	<u>308,664</u>	<u>236,356</u>
Total net assets released for satisfaction of purpose restrictions	\$ <u><u>1,530,766</u></u>	\$ <u><u>1,255,320</u></u>

As described in the statements of activities, certain other net assets were released for the expiration of time restrictions for the various temporarily restricted grants and contributions and are reflected as unrestricted contributions totaling \$649,800 and \$831,900, respectively, for fiscal 2015 and 2014.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

10. Functional Expenses

Functional expenses are categorized by the following natural classifications for the year ended December 31, 2015:

	<u>Educational Programs</u>	<u>General and Administrative</u>	<u>Fundraising</u>	<u>Total Expenses</u>
Salaries and wages	\$ 668,060	\$ 115,786	\$ 114,273	\$ 898,119
Payroll taxes and benefits	135,298	49,243	-	184,541
Total personnel	<u>803,358</u>	<u>165,029</u>	<u>114,273</u>	<u>1,082,660</u>
Fellowships	189,508	-	-	189,508
Translation	31,771	-	-	31,771
Travel and meals	248,117	4,762	-	252,879
Consulting	109,397	-	104,942	214,339
Photography and news gathering	58,079	-	-	58,079
Books and reference materials	11,997	-	-	11,997
Contributions	182,000	-	-	182,000
Conferences and seminars	17,987	343	-	18,330
Rent and utilities	39,843	9,961	-	49,804
Repairs and maintenance	6,428	1,607	-	8,035
Telephone and internet	14,884	4,961	-	19,845
Supplies	16,671	3,825	-	20,496
Printing	27,489	10,925	-	38,414
Postage and delivery	5,721	1,260	400	7,381
Professional fees	9,179	19,888	1,530	30,597
Insurance	14,549	6,235	-	20,784
Marketing and advertising	44,227	-	8,538	52,765
Bank fees	2,643	768	-	3,411
Depreciation	-	6,582	-	6,582
Total	<u>\$ 1,833,848</u>	<u>\$ 236,146</u>	<u>\$ 229,683</u>	<u>\$ 2,299,677</u>
Percentage of total	<u>80%</u>	<u>10%</u>	<u>10%</u>	<u>100%</u>

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

10. Functional Expenses – Continued

Functional expenses are categorized by the following natural classifications for the year ended December 31, 2014:

	Educational Programs	General and Administrative	Fundraising	Total Expenses
Salaries and wages	\$ 604,140	\$ 109,719	\$ 114,297	\$ 828,156
Payroll taxes and benefits	138,951	49,215	-	188,166
Total personnel	<u>743,091</u>	<u>158,934</u>	<u>114,297</u>	<u>1,016,322</u>
Fellowships	203,964	-	-	203,964
Translation	29,521	-	-	29,521
Travel and meals	271,642	7,965	-	279,607
Consulting	29,228	1,055	16,594	46,877
Other outside services	-	2,936	-	2,936
Photography and news gathering	23,318	-	-	23,318
Books and reference materials	92,922	-	-	92,922
Film dissemination	1,455	-	-	1,455
Contributions	30,000	-	-	30,000
Conferences and seminars	15,878	251	-	16,129
Rent and utilities	38,738	9,685	-	48,423
Repairs and maintenance	14,042	3,511	-	17,553
Telephone and internet	16,194	4,321	-	20,515
Supplies	3,918	1,295	-	5,213
Printing	30,055	10,867	-	40,922
Postage and delivery	9,475	2,195	2,634	14,304
Professional fees	11,628	25,194	1,938	38,760
Insurance	11,392	4,882	-	16,274
Marketing and advertising	34,529	-	10,068	44,597
Bank fees	1,950	101	-	2,051
Depreciation	-	5,403	-	5,403
Total	<u>\$ 1,612,940</u>	<u>\$ 238,595</u>	<u>\$ 145,531</u>	<u>\$ 1,997,066</u>
Percentage of total	<u>81%</u>	<u>12%</u>	<u>7%</u>	<u>100%</u>

11. Funding Concentrations

During 2015 and 2014, the Organization received 43% and 30%, respectively, of its revenues from a single foundation. This foundation funded specific projects as well as various ongoing programs including general operating expenses. Amounts due from this foundation represented 91% and 93%, respectively, of grants and contributions and other receivables, net at December 31, 2015 and 2014.

MEDICAL EDUCATION COOPERATION WITH CUBA, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

12. Operating Lease

The Organization has entered into a lease agreement for office space in Oakland, California. Total rent expense under this lease was \$48,333 and \$45,406, respectively, for the years ended December 31, 2015 and 2014. The Organization has future minimum operating lease commitments at December 31, 2015 as follows:

<u>For the year ended December 31,</u>	
2016	\$ 49,321
2017	<u>51,294</u>
	<u>\$ 100,615</u>

13. Retirement Plan

The Organization's 403(b) Pension Plan covers substantially all employees who are twenty-one years of age or older and who wish to participate. The plan provides for participant contributions up to the maximum allowed under the Internal Revenue Code. The Organization does not currently match the employees' contributions.

14. Commitment

In August 2015, the Organization entered into an agreement in the amount of up to \$100,000 for communications services including strategic communications planning, design and digital services, communications and advocacy training, writing, media outreach and events management. Subsequent to year end in March 2016, the Organization amended the agreement to add up to \$45,000 plus expenses for a total commitment of \$145,000 plus expenses. As of December 31, 2015, \$54,997 had been paid towards this commitment.

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

2015
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **MEDICAL EDUCATION COOPERATION WITH CUBA**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) **1814 FRANKLIN ST., STE. 820** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code
OAKLAND CA 94612

D Employer identification number **31-1603765**
E Telephone number **510-350-3052**
G Gross receipts \$ **1,046,427**

F Name and address of principal officer:
NASSIM ASSEFI
1814 FRANKLIN ST., STE. 820
OAKLAND CA 94612

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.MEDICC.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1999** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	19
	6 Total number of volunteers (estimate if necessary)		6	17
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	1,162,584	Current Year 858,391
	9 Program service revenue (Part VIII, line 2g)		87,632	185,582
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,387	2,454
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,328	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,265,931	1,046,427
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		233,964	371,508
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,016,322	1,082,661
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u 227,132			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		746,780	840,957
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,997,066	2,295,126	
19 Revenue less expenses. Subtract line 18 from line 12		-731,135	-1,248,699	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	3,630,620	End of Year 2,532,394
	21 Total liabilities (Part X, line 26)		180,117	333,610
	22 Net assets or fund balances. Subtract line 21 from line 20		3,450,503	2,198,784

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JERRONTAY FOSTER** Date: _____
 Type or print name and title: **COO**

Paid Preparer Use Only

Print/Type preparer's name: **JACK L. MCGINNIS** Preparer's signature: **JACK L. MCGINNIS** Date: **11/07/16** Check if self-employed PTIN: **P01253324**
 Firm's name: **BROOKS, MCGINNIS & COMPANY, LLC** Firm's EIN: **58-2161308**
 Firm's address: **5607 GLENRIDGE DR STE 650 ATLANTA, GA 30342-4959** Phone no.: **404-531-4940**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **649,949** including grants of \$ **182,000**) (Revenue \$)

EXPANDED THE COMMUNITY PARTNERSHIPS FOR HEALTH EQUITY PROGRAM TO 11 SITES, WITH 229 PARTICIPANTS REPRESENTING 102 COMMUNITY HEALTH ORGANIZATIONS. THE NETWORK NOW INCLUDES SOUTH LOS ANGELES AND OAKLAND, CA; ALBUQUERQUE, NM; BRONX, NEW YORK; SUMMIT COUNTY, OHIO; AND MILWAUKEE, WISCONSIN, AS WELL AS WITH FOUR CALIFORNIA ENDOWMENT BUILDING HEALTHY COMMUNITIES SITES (KERN COUNTY, DEL NORTE COUNTY, SAN DIEGO AND SOUTH LOS ANGELES), AND A NEW CPHE STARTED IN RED MESA, NAVAJO NATION. CPHE 2.0 WAS IMPLEMENTED WITH SEED GRANTS AWARDED FOR GRASSROOTS INITIATIVES IN FOUR CPHE SITES AND A SUCCESSFUL SECOND ANNUAL CPHE NETWORK MEETING WAS HELD IN OAKLAND, CA WITH 54 PARTICIPANTS FROM 11 CPHE SITES.

4b (Code:) (Expenses \$ **350,962** including grants of \$) (Revenue \$)

MEDICC REVIEW GARNERED THE MOST ONLINE VIEWS TO DATE: 73,963 IN OCTOBER 2015. THE JOURNAL PUBLISHED FOUR ISSUES: MATERNAL & CHILD HEALTH; ENVIRONMENT, CLIMATE CHANGE & HEALTH; CUBA'S GLOBAL HEALTH COOPERATION; AND HEALTH ACROSS BORDERS; AND ALSO COLLABORATED WITH THE LANCET TO PUBLISH THE 72-PAGE ONLINE AND PRINT SPANISH EDITION OF THEIR SERIES, UNIVERSAL HEALTH COVERAGE IN LATIN AMERICA (COBERTURA UNIVERSAL DE SALUD EN LATINOAMERICA).

4c (Code:) (Expenses \$ **456,587** including grants of \$ **120,249**) (Revenue \$)

SUPPORTED US ELAM STUDENTS AND GRADUATES WITH 50 MNISI SCHOLARSHIPS, 27 STUDENT CLINICAL ROTATIONS IN 23 SITES ACROSS THE U.S., AND NUMEROUS OTHER PROGRAMS LEADING TO 14 ELAM GRADUATES MATCHED TO RESIDENCY PROGRAMS IN MARCH 2015 IN FAMILY MEDICINE, INTERNAL MEDICINE, NEUROLOGY AND A TRIPLE BOARD PROGRAM.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **376,350** including grants of \$ **69,259**) (Revenue \$ **185,582**)

4e Total program service expenses **1,833,848**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? If "Yes," complete Schedule F, Parts I and IV	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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section 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 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.		
	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NY, CA, GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **u**

JERRONTAY FOSTER
DECATUR

3810 BRANDEIS WAY

GA 30034

678-904-8092

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER G. BOURNE CHAIRMAN	5.00 0.00	X		X				0	0	0
(2) ALFRED W. BRANN, JR. DIRECTOR	2.00 0.00	X						0	0	0
(3) ARACHU CASTRO DIRECTOR	2.00 0.00	X						0	0	0
(4) DABNEY EVANS DIRECTOR	2.00 0.00	X						0	0	0
(5) LILLIAN HOLLOWAY DIRECTOR	2.00 0.00	X						0	0	0
(6) SHARON K. HULL DIRECTOR	2.00 0.00	X						0	0	0
(7) C. WILLIAM KECK VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(8) TOMAS A. MAGANA DIRECTOR	2.00 0.00	X						0	0	0
(9) CARMEN NEVAREZ DIRECTOR	2.00 0.00	X						0	0	0
(10) ARNOLD PERKINS DIRECTOR	2.00 0.00	X						0	0	0
(11) GAIL REED DIRECTOR	2.00 0.00	X						77,041	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RONALD ST. JOHN	2.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(13) RALPH RIVERA-GUTIERREZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) JERRONTAY FOSTER	55.00									
COO	0.00			X			80,541	0	11,570	
(15) PIERRE M. LARAMEE	40.00									
EXECUTIVE DIRECTOR	0.00			X			133,107	0	10,698	
1b Sub-total							290,689		22,268	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							290,689		22,268	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed 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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 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's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	858,391			
	g Noncash contributions included in lines 1a-1f: \$		4,495			
	h Total. Add lines 1a-1f	u	858,391			
Program Service Revenue		Busn. Code				
	2a CONSULTING FEES	611710	184,995	184,995		
	b FILM DISTRIBUTION INCOME	611710	587	587		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	185,582			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	2,454			2,454
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
	Miscellaneous Revenue	Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	1,046,427	185,582	0	2,454	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	162,000	162,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	189,508	189,508		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000	20,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	213,648	138,702	60,237	14,709
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	684,472	529,358	55,550	99,564
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	116,823	85,650	31,173	
10 Payroll taxes	67,718	49,648	18,070	
11 Fees for services (non-employees):				
a Management				
b Legal	6,497	1,949	4,223	325
c Accounting	24,100	7,230	15,665	1,205
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, column (A) amount, list line 11g expenses on Schedule O.)	211,788	109,397		102,391
12 Advertising and promotion	52,765	44,227		8,538
13 Office expenses	66,291	49,881	16,010	400
14 Information technology				
15 Royalties				
16 Occupancy	49,804	39,843	9,961	
17 Travel	250,879	248,117	2,762	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,330	17,987	343	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,581		6,581	
23 Insurance	20,784	14,549	6,235	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHOTO. & NEWS GATHERING	58,079	58,079		
b TRANSLATION	31,771	31,771		
c TELEPHONE AND INTERNET	19,845	14,884	4,961	
d BOOK & REFERENCE MATERIAL	11,997	11,997		
e All other expenses	11,446	9,071	2,375	
25 Total functional expenses. Add lines 1 through 24e	2,295,126	1,833,848	234,146	227,132
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part 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
Assets	1 Cash—non-interest bearing	836,970	1	983,543
	2 Savings and temporary cash investments	104,727	2	104,814
	3 Pledges and grants receivable, net	2,466,686	3	1,166,300
	4 Accounts receivable, net	25,400	4	78,148
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,535	9	23,840
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,685		
	b Less: accumulated depreciation	10b 11,985	10c	17,700
	11 Investments—publicly traded securities	99,414	11	97,077
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,006	15	60,972
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,630,620	16	2,532,394	
Liabilities	17 Accounts payable and accrued expenses	119,100	17	240,804
	18 Grants payable		18	
	19 Deferred revenue	28,000	19	35,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	33,017	25	57,306
	26 Total liabilities. Add lines 17 through 25	180,117	26	333,610
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	476,080	27	612,709
	28 Temporarily restricted net assets	2,974,423	28	1,586,075
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,450,503	33	2,198,784	
34 Total liabilities and net assets/fund balances	3,630,620	34	2,532,394	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,046,427
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,295,126
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,248,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,450,503
5	Net unrealized gains (losses) on investments	5	-3,020
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,198,784

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MEDICAL EDUCATION COOPERATION WITH CUBA

Employer identification number

31-1603765

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 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)**.
- 7 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.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	468,864	340,056	3,869,024	1,162,584	858,391	6,698,919
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	468,864	340,056	3,869,024	1,162,584	858,391	6,698,919
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)						4,750,749
6 Public support. Subtract line 5 from line 4.						1,948,170

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	468,864	340,056	3,869,024	1,162,584	858,391	6,698,919
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	709	637	351	1,387	2,454	5,538
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.)	345	1,325		14,328		15,998
11 Total support. Add lines 7 through 10						6,720,455
12 Gross receipts from related activities, etc. (see instructions)					12	356,180
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	28.99 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	47.38 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section 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		

Section 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 15,998**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization

**MEDICAL EDUCATION COOPERATION WITH
CUBA**

Employer identification number

31-1603765

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MEDICAL EDUCATION COOPERATION WITH

Employer identification number

31-1603765

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ATLANTIC PHILATHROPIES TRUST 1 LANYON QUAY BELFAST . BTI 3LG	\$ 450,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK NY 10017	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOUIS AND ANNE ABRONS FOUNDATION 812 PARK AVENUE, APT. 4E NEW YORK NY 10021	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT WOOD JOHNSON FOUNDATION P.O. BOX 2316 PRINCETON NJ 08543	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND CA 94612	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE CALIFORNIA WELLNESS FOUNDATION 6320 CANOGA AVENUE, SUITE 1700 WOODLAND HILLS CA 91367	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

MEDICAL EDUCATION COOPERATION WITH CUBA

Employer identification number

31-1603765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		25,586	10,345	15,241
e Other		4,099	1,640	2,459
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	17,700

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED COMPENSATION	57,306	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	57,306	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,047,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,020
b	Donated services and use of facilities	2b	4,550
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,530
3	Subtract line 2e from line 1	3	1,046,427
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,046,427

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,299,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,550
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,550
3	Subtract line 2e from line 1	3	2,295,126
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,295,126

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

MEDICAL EDUCATION COOPERATION WITH CUBA, INC. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).

INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, THE ORGANIZATION DID NOT

HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO UNRELATED BUSINESS

INCOME TAX. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY

TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INTERNAL

REVENUE SERVICE FILINGS FOR THE PREVIOUS THREE YEARS REMAIN SUBJECT TO

EXAMINATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

**MEDICAL EDUCATION COOPERATION WITH
CUBA**

Employer identification number
31-1603765

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
HONDURAS					
(1)			RURAL HOSPITAL		20,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					20,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					20,000

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			HONDURAS	RURAL HOSPITAL	20,000	CHECK			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **u** _____

3 Enter total number of other organizations or entities **u** _____

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) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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; do not file with Form 990) Yes 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 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 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 No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) Yes No

Schedule F (Form 990) 2015

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).

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FUNDS ARE DISTRIBUTED WITH A SPECIFIC INITIAL BUDGET. THE RECIPIENT USES QUICKBOOKS, AS DOES MEDICC, AND HAS SET UP EXPENSE CODES THAT CORRESPOND WITH THE GRANT BUDGET. AS FUNDS ARE USED, THEY ARE EXPENSED USING THE SPECIFIC EXPENSE CODES AND PERIODIC REPORTS ARE FURNISHED TO MEDICC FROM THE GRANT RECIPIENT.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
HONDURAS	\$ 20,000	\$ 0

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Name of the organization **MEDICAL EDUCATION COOPERATION WITH
CUBA**

Employer identification number
31-1603765

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CENTRO SAVILA 1317 ISLETA BLVD SW ALBUQUERQUE NM 87105	46-0667855		36,000				HEALTH SERVICES
(2)	CHARLES R. DREW UNIVERSITY OF MEDIC 1731 E. 120TH STREET LOS ANGELES CA 90059	95-6151774		18,000				HIV/AIDS PREVENTION
(3)	CLAREMONT NEIGHBORHOOD CENTERS, INC 489 EAST 169TH STREET BRONX NY 10456	13-6016450		36,000				BUILD LEADERSHIP CAP
(4)	COMMUNITY COALITION FOR SUBSTANCE 8101 S. VERMONT AVENUE LOS ANGELES CA 90044	95-4298811		36,000				HEALTH SERVICES
(5)	LA CLINICA DE LA RAZA, INC. P.O. BOX 22210 OAKLAND CA 94623	94-1744108		36,000				HEALTH PROMOTION
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
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
1 GRANTS & FELLOWSHIPS	50	189,508			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MEDICC REQUIRES THE STUDENTS WHO RECEIVE ASSISTANCE TO USE TESTING SITES.

THESE SITES REPORT TESTING ACTIVITY BACK TO MEDICC, WHICH ENABLES MEDICC TO

MONITOR THE USE OF THE GRANT FUNDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

**MEDICAL EDUCATION COOPERATION WITH
CUBA**

Employer identification number

31-1603765

FORM 990 - ORGANIZATION'S MISSION

MEDICAL EDUCATION COOPERATION WITH CUBA (MEDICC) PROMOTES COOPERATION
AMONG THE US, CUBAN AND GLOBAL HEALTH COMMUNITIES TO IMPROVE HEALTH
OUTCOMES AND EQUITY, OFFERING THE CUBAN EXPERIENCE TO INFORM GLOBAL DEBATE,
POLICIES, AND PRACTICE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

MEDICC HELD ITS FIRST POLICY BRIEFING IN WASHINGTON, DC AT THE CAPITOL
VISITOR'S CENTER, BEYOND THE RHETORIC: WHY CUBAN INNOVATION MATTERS TO OUR
HEALTH IN THE US IN NOVEMBER 2015, SUPPORTED BY CONGRESSWOMEN BASS AND LEE,
AND ATTENDED BY BI-PARTISAN STAFF MEMBERS FROM FEDERAL AGENCIES, PUBLIC
HEALTH GROUPS, AND MORE. EXPERTS SPOKE ON CUBAN BIOTECH, MEDICAL EDUCATION,
DISASTER MITIGATION, AND POLICY OPTIONS TO SHARE THESE BENEFITS WITH THE
US.

MEDICC COORDINATED A RECORD NUMBER OF PROFESSIONAL RESEARCH/PEOPLE-TO-
PEOPLE EDUCATIONAL EXCHANGES TO CUBA; 227 PARTICIPANTS ON 14 EXCHANGES FOR
AN ALL-TIME-HIGH EARNED INCOME OF \$184,995 FROM THIS ACTIVITY. KEY GROUPS
INCLUDED BOARD MEMBERS FROM GRANTMAKERS IN HEALTH AND PUBLIC HEALTH
INSTITUTE, EDITORS FROM US PUBLIC HEALTH/GLOBAL HEALTH JOURNALS, AND
LEADERS FROM THE AMERICAN PUBLIC HEALTH ASSOCIATION.

STRENGTHENED MEDICC'S GOVERNANCE AND LEADERSHIP WITH THE ADDITION OF FOUR
NEW BOARD MEMBERS: ARACHU CASTRO, PHD, MPH, SAMUEL Z. STONE CHAIR OF PUBLIC
HEALTH IN LATIN AMERICA, TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND

Name of the organization

Employer identification number

MEDICAL EDUCATION COOPERATION WITH

31-1603765

TROPICAL MEDICINE; RALPH RIVERA-GUTIERREZ, PHD, MSW, DEAN OF THE UNIVERSITY OF PUERTO RICO GRADUATE SCHOOL OF PUBLIC HEALTH; CARMEN NEVAREZ, MD, MPH, VICE PRESIDENT FOR EXTERNAL RELATIONS, PUBLIC HEALTH INSTITUTE; AND LILLIAN HOLLOWAY, MD, ATTENDING PHYSICIAN IN CORRECTIONAL MEDICINE, COOK COUNTY HOSPITAL & HEALTH SYSTEM, CHICAGO, AND US ELAM GRADUATE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY IS PROVIDED TO, THEN REVIEWED BY THE BOARD OF DIRECTORS. ONCE APPROVED THE RETURN IS PROCESSED AND SENT TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ASIDE FROM THE ANNUAL DISCLOSURE BOARD MEMBERS AND EMPLOYEES FILL OUT, BOARD AND STAFF ARE ALSO URGED TO DISCLOSE CONFLICTS AS THEY ARISE AS WELL AS TO DISCLOSE THOSE SITUATIONS THAT ARE EVOLVING THAT MAY RESULT IN A CONFLICT OF INTEREST. ADVANCE DISCLOSURE MUST OCCUR SO THAT A DETERMINATION MAY BE MADE AS TO THE APPROPRIATE PLAN OF ACTION TO MANAGE THE CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL MEDICC HAS HIRED A CONSULTING FIRM TO ASSIST WITH THE COMPENSATION PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.

For calendar year 2015, or tax year beginning

, ending

Name

Taxpayer Identification Number

**MEDICAL EDUCATION COOPERATION WITH
CUBA****31-1603765**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1,162,584	858,391	-304,193
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	87,632	185,582	97,950
	5. Investment income	1,387	2,454	1,067
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	14,328		-14,328
	12. Total revenue. Add lines 1 through 11	1,265,931	1,046,427	-219,504
Expenses	13. Grants and similar amounts paid	233,964	371,508	137,544
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	230,000	213,648	-16,352
	16. Salaries, other compensation, and employee benefits	786,322	869,013	82,691
	17. Professional fundraising fees			
	18. Other professional fees	88,573	242,385	153,812
	19. Occupancy, rent, utilities, and maintenance	48,423	49,804	1,381
	20. Depreciation and Depletion	5,403	6,581	1,178
	21. Other expenses	604,381	542,187	-62,194
	22. Total expenses. Add lines 13 through 21	1,997,066	2,295,126	298,060
	23. Excess or (Deficit). Subtract line 22 from line 12	-731,135	-1,248,699	-517,564
Other Information	24. Total exempt revenue	1,265,931	1,046,427	-219,504
	25. Total unrelated revenue			
	26. Total excludable revenue	103,347	188,036	84,689
	27. Total assets	3,630,620	2,532,394	-1,098,226
	28. Total liabilities	180,117	333,610	153,493
	29. Retained earnings	3,450,503	2,198,784	-1,251,719
	30. Number of voting members of governing body	8	11	
	31. Number of independent voting members of governing body	8	11	
	32. Number of employees	17	19	
33. Number of volunteers	0	17		

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 87		14			
TOTAL	\$ <u>87</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 2,367		14			
TOTAL	\$ <u>2,367</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 211,788	\$ 109,397	\$	\$ 102,391
TOTAL	<u>\$ 211,788</u>	<u>\$ 109,397</u>	<u>\$ 0</u>	<u>\$ 102,391</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE	\$ 8,035	\$ 6,428	\$ 1,607	\$
BANK FEES	3,411	2,643	768	
TOTAL	<u>\$ 11,446</u>	<u>\$ 9,071</u>	<u>\$ 2,375</u>	<u>\$ 0</u>

31-1603765

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CASH CONTRIBUTIONS	\$ 853,896
SUPPLIES	4,495
TOTAL	\$ <u>858,391</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHRISTOPHER REYNOLDS	\$ 137,000	\$ 2,591
THE ATLANTIC PHILANTHROPIES TRUST	4,586,385	4,451,976
CALFIORNIA WELLNESS	40,000	
RUTH ANN DUNN	20,000	
KAISER PERMANENTE	131,000	
FORD FOUNDATION	165,000	30,591
LOUIS AND ANNE ABRONS FOUNDATION	37,500	
THE CALIFORNIA ENDOWMENTS	133,075	
ROBERT WOOD JOHNSON FOUNDATION	400,000	265,591
EAST BAY COMMUNITY FOUNDATION	40,000	
TOTAL	<u>\$ 5,689,960</u>	<u>\$ 4,750,749</u>

Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST INCOME	\$ 87
DIVIDEND INCOME	2,367
TOTAL	\$ <u>2,454</u>

Schedule A, Part II, Line 12

Description	Amount
CONSULTING FEES	\$ 184,995
FILM DISTRIBUTION INCOME	587
TOTAL	\$ <u>185,582</u>