**Return of Organization Exempt From Income Tax**

**Form 990**

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **MAR 1, 2016** and ending **FEB 28, 2017**

B **Check if applicable:**

<table>
<thead>
<tr>
<th>Address change:</th>
<th>Name change</th>
<th>Change in legal status</th>
<th>Telephone number</th>
<th>Gross receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/suite 410</td>
<td>909 NORTH WASHINGTON STREET</td>
<td>ALEXANDRIA, VA 22314</td>
<td>(703) 836-8732</td>
<td>322,687</td>
</tr>
</tbody>
</table>

C **Name of organization:**

MEDEVCAT FOUNDATION INTERNATIONAL

Doing business as

Address: 909 NORTH WASHINGTON STREET, Suite 410, ALEXANDRIA, VA 22314

City or town, state or province, country, and ZIP or foreign postal code: ALEXANDRIA, VA 22314

D **Employer identification number:**

54-2007236

E **Telephone number:**

(703) 836-8732

G **Gross receipts:**

322,687

H | Is this a group return for subordinates? | Yes | No |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Are all subordinates included?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

I **Tax-exempt status:**

X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

J **Website:**

WWW.MEDEVCATFOUNDATION.ORG

K **Form of organization:**

X Corporation 5 Trust 6 Association 7 Other

L **Year of formation:**

2000

M **State of legal domicile:**

VA

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**Part I: Summary**

1 **Briefly describe the organization’s mission or most significant activities:** THE VISION OF MEDeVCAT FOUNDATION INTERNATIONAL (MFI) IS TO ASSURE THAT EVERY PERSON HAS ACCESS TO

2 **Check this box ☑ 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): 18

4 Number of independent voting members of the governing body (Part VI, line 1b): 18

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a): 0

6 Total number of volunteers (estimate if necessary) (Part V, line 2b): 20

7a Total unrelated business revenue from Part VIII, column (C), line 12: 0

7b Net unrelated business taxable income from Form 990-T, line 34: 0

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**Revenue**

8 Contributions and grants (Part VIII, line 1h): 547,746

9 Program service revenue (Part VIII, line 2g): 290,602

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): 290,602

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c): 2,116

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12): 298,329

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**Expenses**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3): 14,607

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): 0

16a Professional fundraising fees (Part IX, column (A), line 11a): 0

16b Total fundraising expenses (Part IX, column (D), line 25): 233,777

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e): 493,689

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25): 502,932

19 Revenue less expenses. Subtract line 18 from line 12: 499,601

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**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:**

RICK SHERLOCK, PRESIDENT & CEO

**Date:** 02/14/2017

**Type or print name and title:**

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**Paid Preparer’s Signature**

**Name:** JENNIFER S. HAN

**Date:** 07/24/17

**PTIN:** P00633304

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**Preparer’s EIN:**

**Firm’s name:** HAN GROUP LLC

**Firm’s EIN:**

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**Use Only**

**Firm’s address:** 1020 19TH STREET, NW, SUITE 800

**WASHINGTON, DC 20036**

**Phone no.:** (202) 293-7000

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May the IRS discuss this return with the preparer shown above? (see instructions)

**X Yes**

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION