

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEDSHARE INTERNATIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3240 CLIFTON SPRINGS ROAD City or town, state or province, country, and ZIP or foreign postal code DECATUR, GA 30034 F Name and address of principal officer: CHARLES REDDING 3240 CLIFTON SPRINGS RD, DECATUR, GA 30034	D Employer identification number 58-2433968 E Telephone number 770-323-5858 G Gross receipts \$ 24,641,654. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MEDSHARE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1998
		M State of legal domicile: GA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: WE EFFICIENTLY COLLECT SURPLUS MEDICAL SUPPLIES AND BIOMEDICAL EQUIPMENT FROM U.S. HOSPITALS AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	42
	6	Total number of volunteers (estimate if necessary)	6	8524
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 28,791,096.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,808.	257,958.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,101.	-113,447.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,819,803.	23,300,246.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,464,494.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,223,323.	2,856,604.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,000.	13,750.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 885,831.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,318,122.	3,122,077.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,032,939.	23,317,321.
	19	Revenue less expenses. Subtract line 18 from line 12	5,786,864.	-17,075.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 29,183,563.	End of Year 28,826,427.
	21	Total liabilities (Part X, line 26)	404,265.	432,325.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,779,298.	28,394,102.

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 CHARLES REDDING, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MEGAN RANDOLPH	Preparer's signature Date 05/15/23
	Firm's name ▶ WARREN AVERETT, LLC Firm's address ▶ 2500 ACTON ROAD BIRMINGHAM, AL 35243	Check if self-employed <input type="checkbox"/> PTIN P00989558 Firm's EIN ▶ 45-4084437 Phone no. 205-979-4100

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 [X]

1 Briefly describe the organization's mission: MEDSHARE IMPROVES THE QUALITY OF LIFE OF PEOPLE, COMMUNITIES, AND OUR PLANET THROUGH THE SOURCING AND DELIVERY OF SURPLUS MEDICAL SUPPLIES AND EQUIPMENT TO COMMUNITIES IN NEED.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 21,374,652. including grants of \$ 17,324,890.) (Revenue \$ 5,354.) DURING THE FISCAL YEAR 2022, THE MEDSHARE MISSION SERVED 1.56 MILLION PATIENTS IN 44 COUNTRIES THROUGH OUR MATERNAL & CHILD HEALTH, PRIMARY CARE, DISASTER RELIEF, AND INFECTIOUS DISEASE CONTROL & PREVENTION PROGRAMS. OUR BIOMEDICAL EQUIPMENT TRAINING & REPAIR SERVICE HAS SUPPORTED MORE THAN 565 ENGINEERS, TECHNICIANS, AND END-USERS THROUGHOUT THE WORLD.

AS WE CONTINUE TO BE MISSION FOCUSED, THREE STRATEGIC IMPERATIVES GUIDE OUR DAILY WORK - ACHIEVING GREATER RECIPIENT IMPACT; CREATING CAPITAL-EFFICIENT GROWTH AND ENSURING ORGANIZATIONAL EXCELLENCE. IN OTHER WORDS, WE WANT TO HELP MORE PEOPLE AND COMMUNITIES IN WAYS THAT WILL LEAVE A MORE LASTING IMPACT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,374,652.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		42
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
b	If "Yes," enter the name of the foreign country 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A
If "Yes," complete Form 6069.			

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 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; 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; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA, AL, AZ, CA, CO, CT, DE, FL, HI, ID, IL, IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 TONYA WARE - 404-537-5072 3240 CLIFTON SPRINGS RD, DECATUR, GA 30034

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHARLES REDDING PRESIDENT/CEO	40.00 0.00			X			211,984.	0.	13,344.	
(2) DENNIS ROBINSON REGIONAL DIRECTOR, WESTERN REGION	40.00 0.00				X		135,700.	0.	8,796.	
(3) RANDOLPH STRANG IMM PAST CHIEF OPERATING OFFICER	40.00 0.00				X		125,577.	0.	10,859.	
(4) ERIKA MITCHELL IMM PAST CHIEF FINANCIAL OFFICER	40.00 0.00				X		104,742.	0.	0.	
(5) STEPHANIE GREENE DIRECTOR OF FINANCE & HR	40.00 0.00				X		104,018.	0.	10,224.	
(6) KEITH WINN CHAIR	1.50 0.00	X					0.	0.	0.	
(7) ANGELINE FIFE PAST CHAIR	1.50 0.00	X					0.	0.	0.	
(8) DAVID KOCHMAN VICE CHAIR	1.50 0.00	X					0.	0.	0.	
(9) TOM HAWK SECRETARY	1.50 0.00	X					0.	0.	0.	
(10) MARYJANE STEVENS TREASURER	1.50 0.00	X					0.	0.	0.	
(11) THOMAS ASHER TRUSTEE	0.50 0.00	X					0.	0.	0.	
(12) KATHLEEN BARKSDALE TRUSTEE	0.50 0.00	X					0.	0.	0.	
(13) REMY BERNSTEIN TRUSTEE	0.50 0.00	X					0.	0.	0.	
(14) JOSH COVETT TRUSTEE	0.50 0.00	X					0.	0.	0.	
(15) KC DECKER TRUSTEE	0.50 0.00	X					0.	0.	0.	
(16) DANA H. HALBERG, CFA TRUSTEE	0.50 0.00	X					0.	0.	0.	
(17) IRA HOROWITZ, M.D. TRUSTEE	0.50 0.00	X					0.	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) JO HODGES TRUSTEE	0.50 0.00	X						0.	0.	0.
(19) KASSY KEBEDE TRUSTEE	0.50 0.00	X						0.	0.	0.
(20) PAT SALBER, MD, MBA TRUSTEE	0.50 0.00	X						0.	0.	0.
(21) MIKE TUCK TRUSTEE	0.50 0.00	X						0.	0.	0.
1b Subtotal							682,021.	0.	43,223.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							682,021.	0.	43,223.	

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 **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	411,273.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,744,462.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 18,109,707.				
	h Total. Add lines 1a-1f			23,155,735.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,647.			37,647.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,442,918.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,222,607.				
	c Gain or (loss)	7c	220,311.				
	d Net gain or (loss)			220,311.		220,311.	
8 a Gross income from fundraising events (not including \$ 411,273. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	118,801.			
c Net income or (loss) from fundraising events			-118,801.		-118,801.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	901101	5,354.	5,354.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			5,354.			
12 Total revenue. See instructions			23,300,246.	5,354.	0.	139,157.	

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 ...	1,565,767.	1,565,767.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,759,123.	15,759,123.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	214,359.	132,657.	29,698.	52,004.
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	2,142,048.	1,325,614.	296,764.	519,670.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,511.	14,550.	3,257.	5,704.
9 Other employee benefits	311,243.	192,614.	43,120.	75,509.
10 Payroll taxes	165,443.	102,385.	22,921.	40,137.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,000.	2,221.	2,471.	308.
c Accounting	193,053.	85,763.	95,400.	11,890.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	13,750.			13,750.
f Investment management fees	11,572.		11,572.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	300,671.	137,530.	145,062.	18,079.
12 Advertising and promotion	22,618.		348.	22,270.
13 Office expenses	115,374.	19,610.	62,931.	32,833.
14 Information technology	184,622.	31,380.	100,702.	52,540.
15 Royalties				
16 Occupancy	1,052,347.	947,554.	74,552.	30,241.
17 Travel	27,249.	15,842.	7,737.	3,670.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	18,120.	10,537.	5,141.	2,442.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,870.	109,870.		
23 Insurance	91,922.	73,685.	17,718.	519.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHIPPING COSTS	662,825.	662,825.	0.	0.
b DISTRIBUTION EXPENSES	167,695.	167,419.	276.	0.
c REORGANIZATION EXPENSES	125,065.	-5,619.	135,644.	-4,960.
d HIRING EXPENSES	37,254.	23,055.	5,161.	9,038.
e All other expenses	-3,180.	270.	-3,637.	187.
25 Total functional expenses. Add lines 1 through 24e	23,317,321.	21,374,652.	1,056,838.	885,831.
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	3,184,494.	1	1,908,903.
	2 Savings and temporary cash investments	510,602.	2	621,349.
	3 Pledges and grants receivable, net	419,050.	3	386,000.
	4 Accounts receivable, net	152.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	700,981.	5	700,981.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	21,318,823.	8	22,366,549.
	9 Prepaid expenses and deferred charges	89,083.	9	89,585.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,970,372.		
	b Less: accumulated depreciation	10b 1,557,048.		
	11 Investments - publicly traded securities	1,523,194.	10c	1,413,324.
	12 Investments - other securities. See Part IV, line 11	1,401,765.	11	1,279,835.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	35,419.	14	59,901.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,183,563.	15	28,826,427.	
17 Accounts payable and accrued expenses	404,265.	16	432,325.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	404,265.	25	432,325.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
28 Net assets without donor restrictions	25,449,404.	27	25,512,807.	
29 Net assets with donor restrictions	3,329,894.	28	2,881,295.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	28,779,298.	32	28,394,102.	
35 Total liabilities and net assets/fund balances	29,183,563.	33	28,826,427.	

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	23,300,246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,317,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,779,298.
5	Net unrealized gains (losses) on investments	5	-368,121.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,394,102.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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 on Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20912881.	27297154.	23082450.	28791096.	23155735.	123239316
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	20912881.	27297154.	23082450.	28791096.	23155735.	123239316
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)						16716513.
6 Public support. Subtract line 5 from line 4.						106522803

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	20912881.	27297154.	23082450.	28791096.	23155735.	123239316
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,220.	31,205.	35,342.	30,808.	37,647.	184,222.
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.)	68,162.		6,346.		5,354.	79,862.
11 Total support. Add lines 7 through 10						123503400
12 Gross receipts from related activities, etc. (see instructions)					12	52,909.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	86.25 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.15 %
16a 33 1/3% support test - 2021. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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 type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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 - 2020. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 (explain in Part VI). 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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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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	DEPUY SYNTHES 325 PARAMOUNT DRIVE RAYNHAM, MA 02767-	\$ 1,652,551.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAISER MORENO VALLEY MEDICAL CENTER 27200 IRIS AVE MORENO VALLEY, CA 92555	\$ 1,436,183.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	EMPIRE MANAGED SOLUTIONS 901 OFFICERS ROW VANCOVER, WA 98661	\$ 1,005,455.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	OWENS & MINOR 9120 LOCKWOOD BOULEVARD MECHANICSVILLE, VA 23116	\$ 1,405,665.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	BENCO DENTAL 295 CENTERPOINT BLVD PITTSTON, PA 18640	\$ 825,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	NORTHWELL HEALTH 2000 MARCUS AVE NEW HYDE PARK, NY 11042	\$ 768,275.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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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
7	KAISER FOUNDATION HEALTH PLAN, INC., COMMUNITY BENEFIT 1 KAISER PLAZA 21B OAKLAND, CA 94612-3610	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HENRY SCHEIN 135 DURYEA ROAD MELVILLE, NY 11747	\$ 538,087.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,652,551.</u>	<u>06/30/22</u>
2	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,436,183.</u>	<u>06/30/22</u>
3	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,005,455.</u>	<u>06/30/22</u>
4	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,405,665.</u>	<u>06/30/22</u>
5	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>825,000.</u>	<u>06/30/22</u>
6	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>768,275.</u>	<u>06/30/22</u>

Name of organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ 538,087.	06/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MEDSHARE INTERNATIONAL, INC. **Employer identification number** 58-2433968

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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	1,401,765.	1,183,346.	1,234,955.	1,183,020.	1,193,220.
b Contributions					
c Net investment earnings, gains, and losses	-113,944.	268,884.	16,782.	63,596.	1,758.
d Grants or scholarships					
e Other expenditures for facilities and programs		38,000.	56,688.		
f Administrative expenses	11,572.	12,465.	11,703.	11,661.	11,958.
g End of year balance	1,276,249.	1,401,765.	1,183,346.	1,234,955.	1,183,020.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 78.3550 %
 - c Term endowment 21.6450 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		340,552.		340,552.
b Buildings		1,932,048.	960,729.	971,319.
c Leasehold improvements		3,100.	3,100.	0.
d Equipment		383,042.	349,397.	33,645.
e Other		311,630.	243,822.	67,808.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,413,324.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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.) ▶	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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	23,257,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-368,121.	
b	Donated services and use of facilities	2b	336,458.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-31,663.
3	Subtract line 2e from line 1		3	23,288,674.
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	11,572.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	11,572.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	23,300,246.

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	23,642,207.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	336,458.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	336,458.
3	Subtract line 2e from line 1		3	23,305,749.
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	11,572.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	11,572.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	23,317,321.

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 V, LINE 4:

THE MEDSHARE BUILDING MAINTENANCE ENDOWMENT FUND WILL BE TO PROVIDE FUNDS FOR THE MAINTENANCE AND REPAIR OF THE HEADQUARTERS BUILDING IN DECATUR, GA.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
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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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	6,355,522.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	200,907.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	459,450.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	1,332,032.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	121,484.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	6,821,676.
3 a Subtotal	0	0			15,291,071.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			15,291,071.

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

Schedule F (Form 990) 2021

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		78,978.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		78,893.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		28,081.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		86,349.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		100,844.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		102,798.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		62,400.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		85,383.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

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

3 Enter total number of other organizations or entities ▶ _____

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		68,226.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		59,009.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		98,961.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		85,323.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		84,071.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		150,396.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		82,369.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		70,780.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		145,719.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		67,884.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		544,747.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		156,882.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		63,949.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		75,778.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		161,291.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		141,058.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		105,840.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		108,595.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		122,318.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		232,946.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		277,142.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		49,878.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		131,974.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		102,988.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		97,793.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		82,431.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		58,913.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		90,512.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		51,659.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		102,180.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		103,458.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		71,145.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		22,865.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		99,663.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		55,093.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		125,033.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		52,537.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		68,890.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		78,120.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		59,920.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		64,823.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		585,963.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		71,279.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		261,867.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		71,284.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		67,266.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		114,590.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		76,264.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		99,093.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		112,146.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		12,363.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		17,900.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		29,619.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		83,317.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		25,920.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		26,383.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		122,609.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		11,536.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,159.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		66,117.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		459,450.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		152,875.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		123,353.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		136,627.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		141,969.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		131,361.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		53,664.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		143,089.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		104,673.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		59,913.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		63,440.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		86,652.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		194,040.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		88,619.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		88,496.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		77,001.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		58,133.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		201,925.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		339,035.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		142,868.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		187,291.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		117,558.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		174,264.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		45,996.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		118,447.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		133,678.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		76,390.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		61,881.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		127,653.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		134,528.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		113,699.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		113,954.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		127,867.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		90,675.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		162,047.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		168,847.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		172,874.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		78,102.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		124,716.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		34,750.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		180,835.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		48,651.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		167,852.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		191,704.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		250,000.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		196,495.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		197,827.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB- SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		194,219.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,028.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		19,713.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,813.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,898.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,570.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,348.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		5,250.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		28,468.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		63,649.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,960.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		207,036.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		11,194.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		222,675.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		15,285.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,385.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		189,714.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,945.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		5,394.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		7,771.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		8,905.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		8,881.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,536.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		645,208.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		24,690.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		9,337.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,997.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		15,577.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		7,289.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		69,012.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't file with Form 990)* Yes No

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:

THERE ARE NO CASH GRANTS AWARDED OUTSIDE THE UNITED STATES. ALL FOREIGN ASSISTANCE IS IN THE FORM OF DONATED MEDICAL SUPPLIES AND EQUIPMENT.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WELLSPRING NONPROFIT RESOURCE, INC - 2870	GRANTWRITING		X	0.	13,750.	0.
Total					13,750.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GA, AL, AR, AZ, CA, CO, CT, DE, FL, HI, ID, IL, IN, IA, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WY, DC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		KALEIDOSCOPE	SHARE THE GOOD GALA	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	143,800.	267,473.	411,273.	
	2	Less: Contributions	143,800.	267,473.	411,273.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		3,000.	9,579.	12,579.
	7	Food and beverages	7,021.	45,604.		52,625.
	8	Entertainment		4,400.		4,400.
	9	Other direct expenses	21,181.	26,391.	1,625.	49,197.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				118,801.
11	Net income summary. Subtract line 10 from line 3, column (d)				-118,801.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WELLSPRING NONPROFIT RESOURCE, INC

(I) ADDRESS OF FUNDRAISER: 2870 PEACHTREE RD SUITE 614, ATLANTA, GA 30305

Part IV Supplemental Information *(continued)*

Horizontal lines for supplemental information.

**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.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **MEDSHARE INTERNATIONAL, INC.** Employer identification number **58-2433968**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BERKELEY FREE CLINIC 2339 DURANT AVE BERKELEY, CA 94704	94-1697002	501(C)(3)	0.	8,868.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
EISNER HEALTH 15477 VENTURA BLVD. #300 SHERMAN OAKS, CA 91403	95-1690966	501(C)(3)	0.	7,097.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GLEANNING FOR THE WORLD 7539 STAGE ROAD CONCORD, VA 24538	54-1930105	501(C)(3)	0.	1,352,455.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LIFELONG MEDICAL CARE - (EAST OAKLAND) - 386 14TH STREET - OAKLAND, CA 94612	94-2502308	501(C)(3)	0.	9,362.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ORDER OF MALTA CLINIC 2121 HARRISON ST. #120 OAKLAND, CA 94612	20-5969389	501(C)(3)	0.	6,876.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
PROJECT LINK 1315 WEST SPRUCE STREET TAMPA, FL 33607	59-2976029	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD., SUITE 12 OAKLAND, CA 94603	26-2583954	501(C)(3)	0.	7,090.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ROOTS OUTREACH TEAM EAST OAKLAND 9925 INTERNATIONAL BLVD OAKLAND, CA 94603	26-2583954	501(C)(3)	0.	20,937.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SOCIETY ST. VINCENT DE PAUL 2272 SAN PABLO AVE OAKLAND, CA 94612	94-1156493	501(C)(3)	0.	6,504.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
TIBURCIO VASQUEZ HEALTH CENTER, INC. - 22331 MISSION BLVD., OR 16110 E 14TH STREET SAN LEANDRO, CA 9457 - ALAMEDA, CA 94541	23-7118361	501(C)(3)	0.	10,516.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
UC DAVIS HEALTH, CENTER FOR HEALTH & TECHNOLOGY - 4610 X STREET - SACRAMENTO, CA 95817	94-6036494	501(C)(3)	0.	52,418.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 noncash assistance

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:

ALL NONCASH ASSISTANCE IS IN THE FORM OF SURPLUS MEDICAL EQUIPMENT AND
SUPPLIES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **MEDSHARE INTERNATIONAL, INC.**
 Employer identification number: **58-2433968**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHARLES REDDING PRESIDENT/CEO	(i)	200,334.	11,650.	0.	5,253.	8,119.	225,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **MEDSHARE INTERNATIONAL, INC.** Employer identification number **58-2433968**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
A.B. SHORT	SEE PT V	SEE PT V		X	159,128.	700,981.		X	X		X	
Total						▶ \$ 700,981.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: A.B. SHORT

(B) RELATIONSHIP WITH ORGANIZATION: RETIRED CEO/EMERITUS TRUSTEE

(C) PURPOSE OF LOAN: SEE PART V

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 159,128. (F) BALANCE DUE \$ 700,981.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE L PART II, LOANS TO INTERESTED PERSONS

PURPOSE OF LOAN:

AMOUNTS REFLECT PREMIUM ADVANCED TO FORMER KEY EXECUTIVE FOR THE
PURCHASE OF LIFE INSURANCE, WHEREBY EACH PREMIUM IS TREATED AS A LOAN
TO THE FORMER KEY EXECUTIVE FOR TAX PURPOSES UNDER IRC SECTION 26
C.F.R. SUBSECTION 1.7872-15. IT WILL BE REPAID AT THE DEATH OF MR.
SHORT INCLUDING PRINCIPAL PLUS CUMULATIVE INTEREST AT A RATE
ESTABLISHED BY THE INTERNAL REVENUE SERVICE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MEDSHARE INTERNATIONAL, INC.** Employer identification number **58-2433968**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EQUIPMENT AND</u>)	X	1,546,998	18,109,707.	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **4**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

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

COMPANIES AND DISTRIBUTE THOSE ITEMS TO HEALTHCARE PARTNERS AROUND THE
WORLD. OUR FOUR PROGRAMS AND ONE SERVICE REFLECT OUR FOCUS AREAS:
MATERNAL & CHILD HEALTH, INFECTIOUS DISEASE CONTROL & PREVENTION,
DISASTER RELIEF, PRIMARY CARE, AND BIOMEDICAL EQUIPMENT TRAINING &
REPAIR SERVICE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR MATERNAL & CHILD HEALTH INTERVENTIONS MEANS REDUCING MATERNAL DEATH
FOR UNDERSERVED COMMUNITIES AROUND THE WORLD. OUR SAFE BIRTH INITIATIVE
WITH THE COCA-COLA WEST AFRICA BUSINESS UNIT CONTINUES TO SUPPORT THE
MINISTRIES OF HEALTH IN COTE D'IVOIRE AND NIGERIA AND TACKLE THE HIGH
INCIDENCES OF MATERNAL AND NEWBORN MORTALITY IN THESE TWO COUNTRIES.

AS ALWAYS, WE REMAIN PREPARED FOR THE SUDDEN AND OFTEN UNIMAGINED
DESTRUCTION ASSOCIATED WITH NATURAL DISASTER RELIEF. OUR PREPAREDNESS
IS STRENGTHENED BY STRONG PARTNERSHIPS, BOTH LONGTIME AND EMERGING.
PARTNERSHIPS WITH UPS, COCA-COLA AND OTHERS WERE ESSENTIAL TO OUR EARLY
RESPONSE TO THE COVID-19 PANDEMIC. MEDSHARE DISTRIBUTED PERSONAL
PROTECTIVE EQUIPMENT TO FRONT LINE HEALTH WORKERS BOTH WITHIN THE
UNITED STATES AND THROUGHOUT SEVERAL OTHER COUNTRIES AROUND THE WORLD.

DURING TWENTY-THREE YEARS OF SERVICE TO MEDICALLY UNDERSERVED
COMMUNITIES, MEDSHARE HAS DONATED \$272 MILLION IN AID TO SERVE MORE
THAN 32 MILLION PATIENTS IN 117 COUNTRIES AND TERRITORIES. IN SERVICE

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

TO OUR ENVIRONMENT WE HAVE DIVERTED ALMOST 2 MILLION POUNDS OF QUALITY
MEDICAL SUPPLIES FROM LOCAL LANDFILLS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 11B:

EACH TRUSTEE RECEIVES AN ELECTRONIC COPY OF THE FORM 990 WITH A REQUEST
THAT THEY REVIEW AND SUBMIT ANY QUESTIONS TO THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY AND COMPLIANCE FORM ARE SENT ANNUALLY TO
EACH TRUSTEE AND THE CEO. COMPLIANCE IS MONITORED BY THE CFO.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SALARY FOR THE CEO WAS AGREED UPON BY THE BOARD OF TRUSTEES AFTER A
THOROUGH REVIEW OF SALARY DATA COMPARISONS. AN ANNUAL REVIEW IS COMPLETED
BY THE EXECUTIVE COMMITTEE, WHO REQUEST INPUT FROM ALL TRUSTEES, AND IS
REVIEWED WITH THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

GA, AL, AZ, CA, CO, CT, DE, FL, HI, ID, IL, IN, IA, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE
NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WY, DC

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

COPIES OF AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM XII, LINE 2C

THE AUDIT COMMITTEE OF THE ORGANIZATION ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. MEDSHARE INTERNATIONAL, INC.	Taxpayer identification number (TIN) 58-2433968
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3240 CLIFTON SPRINGS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DECATUR, GA 30034	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TONYA WARE

- The books are in the care of ▶ **3240 CLIFTON SPRINGS RD - DECATUR, GA 30034**

Telephone No. ▶ **404-537-5072** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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