

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)

2020

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 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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.		D Employer identification number 58-2433968
	Doing business as		E Telephone number 770-323-5858
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 28,824,946.
	3240 CLIFTON SPRINGS ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code DECATUR, GA 30034		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHARLES REDDING 3240 CLIFTON SPRINGS RD, DECATUR, GA 30034		If "No," attach a list. See instructions	
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

Activities & Governance	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.		
	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 2020 (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	7018
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,092,450.	Current 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)	35,342.	30,808.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-136,046.	-2,101.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,991,746.	28,819,803.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,560,519.	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)	3,094,652.	3,223,323.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	39,625.	27,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	937,983.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,864,053.	2,318,122.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,558,849.	23,032,939.	
19 Revenue less expenses. Subtract line 18 from line 12	432,897.	5,786,864.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,656,815.	End of Year 29,183,563.
	21 Total liabilities (Part X, line 26)	904,141.	404,265.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,752,674.	28,779,298.

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		Date		
	CHARLES REDDING, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name M. SUSAN HILL	Preparer's signature M. SUSAN HILL	Date 05/13/22	Check if self-employed <input type="checkbox"/>	PTIN P00846200
	Firm's name WARREN AVERETT, LLC	Firm's EIN 45-4084437	Phone no. 770-396-1100		
Firm's address SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328					

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 \$ 21,225,840. including grants of \$ 17,464,494.) (Revenue \$ 3,042.) DURING THE FISCAL YEAR 2021, THE MEDSHARE MISSION SERVED 4.7 MILLION PATIENTS IN 41 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 32 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 21,225,840.

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> ?	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 Revenue Procedure 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>	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
25b 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 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
35b 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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		46
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	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		
	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	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? 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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH WINN CHAIR	1.50	X		X				0.	0.	0.
(2) ANGELINE FIFE PAST CHAIR	0.50	X						0.	0.	0.
(3) DAVID KOCHMAN VICE CHAIR	1.50	X		X				0.	0.	0.
(4) DANA H. HALBERG, CFA TREASURER	0.50	X		X				0.	0.	0.
(5) TOM HAWK SECRETARY	0.50	X		X				0.	0.	0.
(6) EVAN GLOVER TRUSTEE	0.50	X						0.	0.	0.
(7) IBRAHEEM T. BADEJO, PH.D. TRUSTEE	0.50	X						0.	0.	0.
(8) IRA HOROWITZ, M.D. TRUSTEE	0.50	X						0.	0.	0.
(9) JOSH COVETT TRUSTEE	0.50	X						0.	0.	0.
(10) KATHLEEN BARKSDALE TRUSTEE	0.50	X						0.	0.	0.
(11) KASSY KEBEDE TRUSTEE	0.50	X						0.	0.	0.
(12) MARYJANE STEVENS TRUSTEE	0.50	X						0.	0.	0.
(13) MIKE TUCK TRUSTEE	0.50	X						0.	0.	0.
(14) PAT SALBER, MD, MBA TRUSTEE	0.50	X						0.	0.	0.
(15) SANDY TYTEL TRUSTEE	0.50	X						0.	0.	0.
(16) THOMAS ASHER TRUSTEE	0.50	X						0.	0.	0.
(17) CHARLES REDDING PRESIDENT/CEO	40.00			X				236,359.	0.	12,441.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRISTINA WELLS DIRECTOR OF DEVELOPMENT	40.00					X		115,357.	0.	7,756.
(19) ERIKA MITCHELL IMM PAST CHIEF FINANCIAL OFFICER	40.00					X		141,479.	0.	28.
(20) RANDOLPH STRANG CHIEF OPERATING OFFICER	40.00					X		128,232.	0.	9,065.
(21) JAMES WHITE IMM PAST DIR. OF OPS NE REGION	40.00					X		111,988.	0.	8,908.
(22) STEPHANIE GREENE DIRECTOR OF FINANCE & HR	40.00					X		107,460.	0.	9,661.
1b Subtotal								840,875.	0.	47,859.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								840,875.	0.	47,859.

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 **6**

	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	158,710.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	553,850.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,078,536.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 22,770,466.			
	h	Total. Add lines 1a-1f		28,791,096.			
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)		30,808.		30,808.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(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	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 158,710. of contributions reported on line 1c). See Part IV, line 18						
			0.				
b	Less: direct expenses	8b	5,143.				
c	Net income or (loss) from fundraising events		-5,143.		-5,143.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
			3,042.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory		3,042.	3,042.			
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		28,819,803.	3,042.	0.	25,665.	

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 ...	3,867,214.	3,867,214.		
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	13,597,280.	13,597,280.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	874,257.	312,073.	298,008.	264,176.
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	1,853,165.	1,260,071.	216,099.	376,995.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,086.	-4,344.	20,319.	-2,889.
9 Other employee benefits	292,608.	223,808.	17,397.	51,403.
10 Payroll taxes	190,207.	118,310.	29,090.	42,807.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	60,515.		60,515.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	27,000.			27,000.
f Investment management fees	12,466.		12,466.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	196,006.	147,942.	31,087.	16,977.
12 Advertising and promotion	21,749.	200.	324.	21,225.
13 Office expenses	281,771.	56,047.	138,904.	86,820.
14 Information technology				
15 Royalties				
16 Occupancy	882,557.	827,292.	28,862.	26,403.
17 Travel	2,118.	2,056.		62.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,256.	5,234.	4,787.	235.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,472.	117,472.		
23 Insurance	86,441.	75,872.	10,108.	461.
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	432,312.	432,312.		
b EQUIPMENT EXPENSES	177,557.	177,557.		
c HIRING EXPENSES	32,693.	7,529.	153.	25,011.
d MISCELLANEOUS	3,990.	1,915.	778.	1,297.
e All other expenses	219.		219.	
25 Total functional expenses. Add lines 1 through 24e	23,032,939.	21,225,840.	869,116.	937,983.
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	3,333,898.	1	3,184,494.
	2 Savings and temporary cash investments	509,784.	2	510,602.
	3 Pledges and grants receivable, net	212,812.	3	419,050.
	4 Accounts receivable, net	8,663.	4	152.
	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	700,156.	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	15,865,888.	8	21,318,823.
	9 Prepaid expenses and deferred charges	116,031.	9	89,083.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,970,372.		
	b Less: accumulated depreciation	10b 1,447,178.		
	11 Investments - publicly traded securities	1,640,666.	10c	1,523,194.
	12 Investments - other securities. See Part IV, line 11	1,183,346.	11	1,401,765.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	85,571.	14	35,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,656,815.	15	29,183,563.	
17 Accounts payable and accrued expenses	350,291.	16	404,265.	
18 Grants payable		17		
19 Deferred revenue	553,850.	18	0.	
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	904,141.	25	404,265.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	19,169,506.	27	25,449,404.	
28 Net assets with donor restrictions	3,583,168.	28	3,329,894.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	22,752,674.	32	28,779,298.	
33 Total liabilities and net assets/fund balances	23,656,815.	33	29,183,563.	

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	28,819,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,032,939.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,786,864.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,752,674.
5	Net unrealized gains (losses) on investments	5	239,760.
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	28,779,298.

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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24713272.	20912881.	27297154.	23082450.	28791096.	124796853
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	24713272.	20912881.	27297154.	23082450.	28791096.	124796853
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)						24558369.
6 Public support. Subtract line 5 from line 4.						100238484

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24713272.	20912881.	27297154.	23082450.	28791096.	124796853
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	48,677.	49,220.	31,205.	35,342.	30,808.	195,252.
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.)	501.	68,162.		6,346.		75,009.
11 Total support. Add lines 7 through 10						125067114
12 Gross receipts from related activities, etc. (see instructions)					12	92,169.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	80.15 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.60 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in 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>		
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>	Yes	No
2a		
b Did the activities described in 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>		
2b		
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>		
3a		
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>		
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 (<i>explain in detail in Part VI</i>):		
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	 <hr/> <hr/> <hr/>	\$ <u>1,869,294.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,274,870.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,396,445.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,324,545.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,078,651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>755,725.</u>	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	<hr/> <hr/> <hr/>	\$ 658,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 632,325.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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>1,869,294.</u>	_____
2	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>2,274,870.</u>	_____
3	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>386,445.</u>	_____
4	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,324,545.</u>	_____
5	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,078,651.</u>	_____
6	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>755,725.</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
7	MEDICAL EQUIPMENT AND SUPPLIES <hr/> <hr/> <hr/>	\$ 658,875.	<hr/>
8	MEDICAL EQUIPMENT AND SUPPLIES <hr/> <hr/> <hr/>	\$ 632,325.	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>

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

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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	1,183,346.	1,234,955.	1,183,020.	1,193,220.	1,130,923.
b Contributions					
c Net investment earnings, gains, and losses	268,884.	16,782.	63,596.	1,758.	111,670.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,000.	56,688.			38,000.
f Administrative expenses	12,465.	11,703.	11,661.	11,958.	11,373.
g End of year balance	1,401,765.	1,183,346.	1,234,955.	1,183,020.	1,193,220.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 71.3390 %
 - c Term endowment 28.6610 %
- 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.	891,750.	1,040,298.
c Leasehold improvements		3,100.	3,100.	0.
d Equipment		383,042.	335,498.	47,544.
e Other		311,630.	216,830.	94,800.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,523,194.

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	29,252,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	239,760.
b	Donated services and use of facilities	2b	205,060.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	444,820.
3	Subtract line 2e from line 1	3	28,807,337.
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	12,466.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	12,466.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,819,803.

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	23,225,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	205,060.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	205,060.
3	Subtract line 2e from line 1	3	23,020,473.
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	12,466.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	12,466.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,032,939.

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

2020

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
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	4,133,839.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	473,328.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	118,918.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	297,176.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	74,358.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	437,003.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	2,287,485.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	MEDICAL SUPPLIES & EQUIPMENT	6,989,795.
3 a Subtotal	0	0			14,811,902.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			14,811,902.

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

Schedule F (Form 990) 2020

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.		129,193.	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
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		63,681.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		230,475.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		172,282.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		243,419.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		96,903.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		247,603.	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.		164,318.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		100,121.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		46,750.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		107,298.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		39,062.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		86,190.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		152,588.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		18,488.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		148,401.	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.		365,657.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		381,535.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		144,991.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		425,046.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,291.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,106.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		9,300.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		563,570.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		76,803.	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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		141,184.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		115,441.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,290.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		141,117.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		63,171.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		250,333.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		18,979.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		18,244.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		9,619.	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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		55,771.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,937.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		39,500.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		146,366.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		246,768.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		38,400.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		13,457.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		1623657.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		281,286.	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)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		329,232.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		129,789.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		280,475.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		32,343.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		292,729.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		361,548.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		259,081.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		14,029.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		494,063.	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.		512,400.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		523,714.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		527,195.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		8,661.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		6,847.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		413,559.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		137,460.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		253,492.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		251,200.	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.		139,179.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		126,687.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		126,664.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		126,500.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		158,719.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		160,033.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		48,901.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		100,740.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		167,844.	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.		175,041.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		182,447.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		191,968.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		208,000.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		236,409.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		163,562.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	0.		142,661.	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.

SCHEDULE G
(Form 990 or 990-EZ)

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.

2020

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.	0.	21,000.
THE MENDALGROUP LLC - 220 PONCE DE LEON PL #524,	DEVELOPMENT CONSULTANT		X	0.	0.	6,000.
Total						27,000.

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, 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, 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	104,384.	49,222.	5,104.	158,710.
	2 Less: Contributions	104,384.	49,222.	5,104.	158,710.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,391.	386.	366.	5,143.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,143.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-5,143.

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:

a The organization's facility	13a	%
b An outside facility	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**

(I) NAME OF FUNDRAISER: **THE MENDALGROUP LLC**

(I) ADDRESS OF FUNDRAISER: **220 PONCE DE LEON PL #524, DECATUR, GA 30030**

**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

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION NETWORK OF ATLANTA PO BOX 10919 ATLANTA, GA 30310	85-2889531	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ALAMEDA COUNTY - DUBLIN 6780 SIERRA CT SUITE M DUBLIN, CA 94568	94-6000501	501(C)(3)	0.	58,621.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ALAMEDA COUNTY FOOD BANK - OAKLAND 7500 EDGEWATER DRIVE OAKLAND, CA 94621	94-2960297	501(C)(3)	0.	51,850.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ALPHA CLINICS 138 S. ORCHARD AVE. VACAVILLE, CA 95688	68-0114145	501(C)(3)	0.	8,060.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ANAHEIM COMMUNITY FOUNDATION 200 SOUTH ANAHEIM BLVD SUITE433 ANAHEIM, CA 92805	33-0033023	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ANAHEIM YMCA 240 S EUCLID ST ANAHEIM, CA 92802	95-1709299	501(C)(3)	0.	9,000.	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 **111.**

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) 2020

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS OF GRACE COMMUNITY WELLNESS CENTER - 1030 4TH ST SE - CAIRO, GA 39828	47-3561575	501(C)(3)	0.	5,247.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ASHTABULA COUNTY HEAD START 4510 MAIN AVE ASHTABULA, OH 44004	11-3802674	501(C)(3)	0.	12,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ATLANTA PUBLIC SCHOOLS 210 PRYOR RD. ATLANTA, GA 30335	58-6000134	501(C)(3)	0.	75,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ATLANTA TOOLBANK 410 ENGLEWOOD AVE. SE ATLANTA, GA 30315	58-2363433	501(C)(3)	0.	30,510.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
AXIS COMMUNITY HEALTH 5925 W. LAS POSITAS BLVD. UNIT 100, PLEASANTON, CA 94588	94-2232394	501(C)(3)	0.	5,393.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BEAR SOLDIER FIRE RESCUE/ FREMONT FIR DEPARTMENT - 3300 CAPITOL AVE - FREMONT, CA 94538	83-1476532	501(C)(3)	0.	21,219.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BEREAN CHRISTIAN CHURCH 1737 PANOLA RD STONE MOUNTAIN, GA 30088	32-0349640	501(C)(3)	0.	10,272.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BETHESDA COMMUNITY CLINIC 111 MOUNTAIN BROOK DR. CANTON, GA 30115	27-4923001	501(C)(3)	0.	5,056.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BIG BROTHERS/ BIG SISTERS 1382 PEACHTREE STREET NE ATLANTA, GA 30309	23-1365190	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 94541	94-2221849	501(C)(3)	0.	10,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 94541	94-2221849	501(C)(3)	0.	8,060.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BLUE SHIELD OF CALIFORNIA 601 12TH ST, OAKLAND, CA 94607	94-2822302	501(C)(3)	0.	15,253.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BLUE SHIELD OF CALIFORNIA UNITRANS 601 12TH ST, OAKLAND, CA 94607	84-0360524	501(C)(3)	0.	49,447.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BOYS & GIRLS CLUBS OF LA HARBOR 1444 WEST Q ST WILMINGTON, CA 90744	95-1661682	501(C)(3)	0.	10,250.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BOYS & GIRLS CLUBS OF LANIER 1 POSITIVE PLACE GAINESVILLE, GA 30503	58-0656890	501(C)(3)	0.	8,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BRAID MISSION 312 GEORGIA STREET VALLEJO, CA 94590	94-1156840	501(C)(3)	0.	14,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BROOKDALE MEDICAL CENTER 1275 LINDEN BLVD. BROOKLYN, NY 11212	11-1631746	501(C)(3)	0.	10,406.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
BUCKHEAD CHURCH 3336 PEACHTREE RD. ATLANTA, GA 30326	58-2203569	501(C)(3)	0.	10,507.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAP OC/OC FOOD BANK 11870 MONARCH ST GARDEN GROVE, CA 92841	95-2452787	501(C)(3)	0.	75,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CENTERS FOR ELDER INDEPENDENCE 510 17TH STREET OAKLAND, CA 94612	94-3123446	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CENTRAL MO FOSTER CARE & ADOPTION ASSOCIATION - 400 NORTH MAIN - ROLLA, MO 65401	80-0519145	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	0.	16,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	58-1430183	501(C)(3)	0.	23,150.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CITY YEAR CHICAGO 36 S WABASH AVE STE 1300 CHICAGO, IL 60007	22-2882549	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CLAYTON COUNTY PUBLIC SCHOOLS 1058 FIFTH AVE. JOESBORO, GA 30236	45-4281815	501(C)(3)	0.	63,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
COBB COUNTY COMMUNITY FOUNDATION 514 GLOVES ST. MARIETTA, GA 30061	20-5652970	501(C)(3)	0.	69,299.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION AGENCY OF SIOUXLAND - 2700 LEECH AVENUE - SIOUX CITY, IA 51106	42-0989589	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
COMMUNITY ADVANCED PRACTICES NURSES - 173 BOULEVARD NE - ATLANTA, GA 30312	58-2435328	501(C)(3)	0.	5,244.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CORNERSTONE BAPTIST CHURCH 7167 SOUTH SWEETWATER ROAD LITHIA SPRINGS, GA 30122	20-0388154	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
COWETA COUNTY SCHOOL SYSTEM 170 WERZ INDUSTRIAL BLVD. NEWMAN, GA 30263	58-6000219	501(C)(3)	0.	39,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CUES & FUENTES ELEMENTARY OUSD 6701 INTERNATIONAL BLVD, OAKLAND, CA 94621	94-2737190	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CURE VIOLENCE GLOBAL 227 W MONROE ST STE 1025 CHICAGO, IL 60606-0007	82-3471223	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
CURRY SENIOR CENTER TM 315 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
DC CHILD AND FAMILY SERVICES AGENCY (CFSA) - 200 I STREET, SE - WASHINGTON, DC 20003	APPLIED FOR	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
DECATUR COOPERATIVE MINISTRY 115 CHURCH ST. DECATUR, GA 30030	58-1082247	501(C)(3)	0.	9,467.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEKALB COUNTY SCHOOL DISTRICT 1701 MOUNTAIN INDUSTRIAL BLVD. STONE MOUNTAIN, GA 30083	20-3133041	501(C)(3)	0.	72,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
DELTA SIGMA THETA SORORITY - HENRY COUNTY ALUMNAE CHAPTER - PO BOX 787 - MCDONOUGH, GA 30253	59-3790767	501(C)(3)	0.	7,250.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
DOUGLAS COUNTY SCHOOL SYSTEM 9030 HIGHWAY 5 DOUGLAS, GA 30134	84-6011446	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
DOWNTOWN STREETS TEAM 1671 ALAMEDA, SUITE 306 SAN JOSE, CA 95120	20-5242330	501(C)(3)	0.	33,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
EAST SAN JOSE PEACE PARTNERSHIP 2400 CLOVE DRIVE SAN JOSE, CA 95128	77-0187890	501(C)(3)	0.	31,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ETHNE HEALTH 4122 E. PONCE DE LEON AVE. CLARKSTON, GA 30021	82-3920554	501(C)(3)	0.	7,472.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
FAMILY HOUSE 540 MISSION BAY BLVD. NORTH SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
FAYETTE COUNTY PUBLIC SCHOOLS 939 GOZA ROAD FAYETTEVILLE, GA 30215	61-1295655	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
FODAC 4900 LEWIS ROAD STONE MOUNTAIN, GA 30083	58-1709436	501(C)(3)	0.	74,321.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULTON COUNTY SCHOOLS 786 CLEVELAND AVE. SW ATLANTA, GA 30315	58-6000246	501(C)(3)	0.	70,850.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GAP MINISTRIES 2861 NORTH FLOWING WELLS TUCSON, AZ 85705	86-0999503	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GEORGIA CENTER FOR NONPROFITS 881 MEMORIAL DR. SE, UNIT 1001 ATLANTA, GA 30316	58-2554789	501(C)(3)	0.	99,232.	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.	950,116.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GLOBAL HEALTHCARE AND EDUCATION INITIATIVE - 352 LAFAYETTE AVENUE - BROOKLYN, NY 11238	APPLIED FOR	501(C)(3)	0.	5,461.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GOOD SAMARITAN HEALTH CENTER 3700 CLUB DRIVE LAWRENCEVILLE, GA 30044	58-2373395	501(C)(3)	0.	5,031.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GRASSROOTS HEALTHCARE FOUNDATION 732 PLACER CIRCLE VACAVILLE, CA 95687	32-0600776	501(C)(3)	0.	9,283.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GRIFFIN SPALDING COUNTY SCHOOL SYSTEM - 216 SOUTH SIXTH ST. - GRIFFIN, GA 30224	58-6003006	501(C)(3)	0.	28,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
GWINNETT AREA 1 COUNCIL OF PTA 4311 ROYAL MUSTANG WAY SNELLVILLE, GA 30039	26-2306796	501(C)(3)	0.	24,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE STOCKBRIDGE, GA 30281	69-4357557	501(C)(3)	0.	5,601.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
HARRISON BOARD OF EDUCATION 517 HAMILTON STREET HARRISON, NJ 07029	APPLIED FOR	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
HEARTSHARE 82-12 151ST AVENUE HOWARD BEACH, NY 11214	11-1633549	501(C)(3)	0.	13,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
HOPE ROSWELL 480 W CROSSVILLE RD ROSWELL, GA 30328	45-4367335	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
HOWARD COUNTY GENERAL HOSPITAL 6614 RIDGE ROAD SKYESVILLE, MD 21784	52-2093120	501(C)(3)	0.	18,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ILLUMINATION FOUNDATION 1091 N BATAVIA STREET ORANGE, CA 92867	71-1047686	501(C)(3)	0.	7,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
INSTITUE FOR SOCIAL AND HUMAN DEVELOPMENT - 155 BOVET RD. SUITE 300 - SAN MATEO, CA 94402	94-2920286	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
JEWISH HOME LIFE 3150 HOWELL MILL ROAD, NW ATLANTA, GA 30327	47-4755353	501(C)(3)	0.	12,156.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
KEATON'S CHILD CANCER ALLIANCE (HI RISK) - 2260 DOUGLAS BLVD. - ROSEVILLE, CA 95661	68-0406980	501(C)(3)	0.	9,091.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP WOODSON PARK ACADEMY 20 EVELYN WAY NW ATLANTA, GA 30318	11-3723114	501(C)(3)	0.	27,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LA CLINICA DE LA RAZA PO BOX 17054 OAKLAND, CA 94601	94-1744108	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LA RABIDA CHILDREN'S HOSPITAL 6501 S. PROMONTORY DRIVE CHICAGO, IL 60649	36-2170143	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LAPEER COUNTY OFFICE, MI DEPT. HEALTH AND HUMAN SERVICES - 1505 SUNCREST DRIVE - LAPEER, MI 48446	APPLIED FOR	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LAVA MAE 1701 MONARCH ST. SUITE 200 ALAMEDA, CA 94501	81-0832318	501(C)(3)	0.	19,470.	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.	6,778.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LINCOLN ELEMENTARY SCHOOL 1111 COMMERCIAL DRIVE/225 11TH ST, OAKLAND, CA 94607 - PORT ALLEN, LA 70767	13-4250837	501(C)(3)	0.	62,970.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MARIETTA CITY SCHOOLS 250 HOWARD ST. MARIETTA, CA 30060	58-1524893	501(C)(3)	0.	52,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MARIN CHILDCARE COUNCIL 555 NORTH GATE DRIVE SAN RAFAEL, CA 94903	94-2605281	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN FOOD BANK 2550 KERNER BLVD SAN RAFAEL, CA 94901	94-3041517	501(C)(3)	0.	155,640.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MILWAUKEE RESCUE MISSION NORTH CAMPUS - 1530 W. CENTER STREET - MILWAUKEE, WI 53206	39-0816851	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MONTEREY COUNTY AGRICULTURAL 522 NORTH 2ND STREET KING CITY, CA 93930	94-2495649	501(C)(3)	0.	133,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
NASSAU BOCES (BOARD OF COOPERATIVE EDUCATIONAL SERVICES) - 71 CLINTON ROAD - GARDEN CITY, NY 11530	11-2136917	501(C)(3)	0.	39,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
NATIVE AMERICAN HEALTH CENTER 2950 INTERNATIONAL BLVD OAKLAND, CA 94601	23-7135928	501(C)(3)	0.	13,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
NEW YORK PRESBYTERIAN 1320 YORK AVE. APT# 18H NEW YORK, NY 10021	13-3160356	501(C)(3)	0.	7,091.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL MEDICINE - 3200 S. UNIVERSITY DRIVE - FORT LAUDERDALE, FL 33328	59-1083502	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MEDCURA HEALTH 5563 MEMORIAL DR. STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	0.	6,030.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
OPEN ARMS CLINIC 109 BIG A RD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	5,220.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR HOME 275 PRYOR ST. SW ATLANTA, GA 30303	47-3476724	501(C)(3)	0.	21,274.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
PLACE OF HOPE CLINIC 5404 JONESBORO RD. LAKE CITY, GA 30260	58-2656313	501(C)(3)	0.	36,158.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
PROJECT HOPE 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	53-0242962	501(C)(3)	0.	24,642.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	0.	53,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ROCKDALE COUNTY SCHOOL DISTRICT 954 NORTH MAIN STREET CONYERS, GA 30012	58-6000312	501(C)(3)	0.	45,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD., SUITE 12 OAKLAND, CA 94603	26-2583954	501(C)(3)	0.	173,955.	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.	6,494.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
RUTHERFORD COUNTY SCHOOLS 2240 SOUTHPARK DRIVE MURFREESBORO, TN 37128	27-2771407	501(C)(3)	0.	35,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SACRED HEART COMMUNITY SERVICE 1381 S 1ST ST SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	106,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA CLARA COUNTY JAIL 150 W HEDDING ST, SAN JOSE, CA 95110	94-6000426	501(C)(3)	0.	16,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SAVE THE FRONTLINE C/O MICHAEL MARGO FOUNDATION INC 12 JULIAN ST - HICKVILLE, NY 11801	20-2280077	501(C)(3)	0.	37,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SECOND HARVEST OF SILICON VALLEY 4001 NORTH 1ST STREET SAN JOSE, CA 95134	94-2614101	501(C)(3)	0.	64,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SPREAD ALOHA TO THE WORLD/MINNESOTA - 1820 JAMISON - WINDOM, MN 56101	47-3596170	501(C)(3)	0.	6,919.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
STANDING ROCK FREE CLINIC STANDING ROCK SIOUX RESERVATION FORT YATES, ND 58538	45-0432519	501(C)(3)	0.	55,500.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
THE HEALTH TRUST 3180 NEWBERRY DR. SUITE 200 SAN JOSE, CA 95118	94-6050231	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
THE RESOURCE CENTER 3911 CAIN MILL DRIVE LITHONIA, GA 30038	63-6005396	501(C)(3)	0.	5,907.	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.	8,219.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
UNITED WAY OF SOUTHWEST GEORGIA 112 N WESTOVER BLVD ALBANY, GA 31707	58-0655156	501(C)(3)	0.	5,280.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT

Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES-BARRE, PA 18701	24-0831490	501(C)(3)	0.	9,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
VALLEY CHILDREN'S HOSPITAL 41169 GOODWIN WAY FRESNO, CA 93720	94-1294954	501(C)(3)	0.	6,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
VOLUNTEER FLORIDA FOUNDATION 545 RAYMOND DIEHL RD # 250 TALAHASSEE, FL 32308	01-0973168	501(C)(3)	0.	75,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
WILLING HELPERS MEDICAL, INC. 8207 HWY 278 NW COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	5,492.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
WYOMING INDIAN SCHOOLS 638 BLUE SKY HIGHWAY EYHETE, WY 82520	85-0275393	501(C)(3)	0.	15,000.	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
YOUTH ALLIANCE 1572 HAIGHT ST SAN FRANCISCO, CA 94117	81-3036333	501(C)(3)	0.	63,000.	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

2020

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) 2020

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 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)	202,359.	34,000.	0.	4,685.	7,756.	248,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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

2020

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	X		5,026.	FAIR MARKET VALUE
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 ▶ (EQUIPMENT AND)	X	0	21,331,518.	FAIR MARKET VALUE
26 Other ▶ (SHIPPING)	X	0	121,695.	FAIR MARKET VALUE
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** **3**

	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.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

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-TWO YEARS OF SERVICE TO MEDICALLY UNDERSERVED
COMMUNITIES, MEDSHARE HAS DONATED \$2557 MILLION IN AID TO SERVE MORE
THAN 29.7 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 3.7 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, OH, OK, OR, PA, 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 990 PART XIII LINE 1E

ON 04/13/20, THE ORGANIZATION RECEIVED A GRANT FROM THE PAYCHECK
PROTECTION PROGRAM IN THE AMOUNT OF \$553,850 TO BE USED FOR PAYROLL

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

EXPENSES, MORTGAGE INTEREST, COMMERCIAL RENT OR UTILITIES. UNDER
 GUIDANCE OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS, THE
 GRANT FUNDS ARE TO BE RECOGNIZED AS INCOME ONCE ALL CONDITIONS OF THE
 GRANT ARE SUBSTANTIALLY MET OR EXPLICITLY WAIVED. AT 06/30/21, THE
 ORGANIZATION HAD SUBSTANTIALLY MET ALL CONDITIONS OF THE GRANT AND
 RECORDED THE PROCEEDS AS GRANT INCOME ON THE INCOME STATEMENT.

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
 INDEPENDENT ACCOUNTANT.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MEDSHARE INTERNATIONAL, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 3240 CLIFTON SPRINGS ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code DECATUR, GA 30034</p> <p>C Book value of all assets at end of year ▶ 29,183,563.</p>	<p>D Employer identification number 58-2433968</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **TONYA WARE** Telephone number ▶ **404-537-5072**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$	<input type="checkbox"/>	<input type="checkbox"/>
4a Did the organization change its method of accounting? (see instructions)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		<input type="checkbox"/>	<input type="checkbox"/>

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT/CEO	
			Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	M. SUSAN HILL	M. SUSAN HILL	05/13/22	PTIN P00846200
	Firm's name ▶ WARREN AVERETT, LLC	Firm's EIN ▶ 45-4084437		
Firm's address ▶ SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328	Phone no. 770-396-1100			

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization MEDSHARE INTERNATIONAL, INC.	B Employer identification number 58-2433968
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **N/A**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 0.
17 Deduction for net operating loss (see instructions)				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions (depreciation), average acquisition debt, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals row for Part VI. Includes instructions: 'Add columns 5 and 10. Enter here and on Part I, line 8, column (A)' and 'Add columns 6 and 11. Enter here and on Part I, line 8, column (B)'. Values shown as 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals row for Part VII. Includes instructions: 'Add amounts in column 2. Enter here and on Part I, line 9, column (A)' and 'Add amounts in column 5. Enter here and on Part I, line 9, column (B)'. Values shown as 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses. Subtracts line 5 from line 6.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

	A	B	C	D
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

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 990-T (corporation)	07
Form 990-BL	02	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

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 16, 2022** , 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, 2020** , and ending **JUN 30, 2021** .

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-BL, 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-EO and Form 8879-EO for payment instructions.

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 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

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.

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