EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at your ire could among

-		mornation about 1 orm 350 and its instructions is at W			mapection						
-			ng JUN	1 30, 2017							
В	Check if applicable	C Name of organization	D	Employer identifi	cation number						
2012			- 1								
	Addre	• MEDSHARE INTERNATIONAL, INC.									
	Namo	Doing business as		58-2	433968						
Г	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
F	Final	2240 CLIEMON CDDINGC DOND	IVSUITE E								
	tormin ated			770-323-5858							
	Amen	, and an entire of the state of		Gross receipts \$	25,120,784.						
H	roturn	DECATOR, GA 30034	H(a) Is this a group r							
_	Application pending				? Yes X No						
_	3.00001000	3240 CLIFTON SPRINGS RD, DECATOR, GA 3003	34 H(b) Are all subordinates in							
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)						
_	_	e: > WWW.MEDSHARE.ORG	H(c) Group exemption	n number						
K	orm of	organization: X Corporation	L Year of fo	rmation: 1998	M State of legal domicile: GA						
Pa	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: WE EFFI	CIENT	LY COLLEC	r SURPLUS						
Activities & Governance		MEDICAL SUPPLIES AND BIOMEDICAL EQUIPMENT FR									
nai	2	Check this box if the organization discontinued its operations or disposed of									
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		with the contract of the contr	14						
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14						
∘ŏ	5	Total number of individuals amplement in selectors was 2016 (Det V. lies 10)									
ties	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	52						
2	6	Total number of volunteers (estimate if necessary)		6	20000						
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.						
	b	Net unrelated business taxable income from Form 990·T, line 34		7b	0.						
ō				Prior Year	Current Year						
		Contributions and grants (Part VIII, line 1h)	24	,409,309.	24,766,941.						
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.						
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		29,864.	98,945.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-45,193.	-209,779.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,393,980.	24,656,107.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22	,271,829.	21,621,007.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		,132,312.	3,070,177.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ber	ь	Total fundraising expenses (Part IX, column (D), line 25) 801,112.	E. 80	AND THE RESIDENCE							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,585,666.	2,707,358.						
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27	,989,807.	27,398,542.						
		Revenue less expenses. Subtract line 18 from line 12		,595,827.	-2,742,435.						
or Sec		is removed expenses. Castract into 10 from into 12									
anc.	20 .	Fotal assets (Part X, line 16)		,532,385.	End of Year 16,553,162.						
Ral	20	CALLER THE BOOK OF THE CO.		THE OWNER WHEN PERSON NAMED IN COLUMN TWO							
Net Assets	00			535,072.	257,061.						
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20	1 10	,997,313.	16,296,101.						
trun	oorraal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements,	and to the best of my	knowledge and belief, it is						
ırue,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has a	any knowledge.	6-18-1						
	- 1	Signature of officer		24/	26/2014						
Sign				Date							
Here	9	CHARLES REDDING, PRESIDENT (CEO									
	_	Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN						
Paid	I	SUSAN HILL SUSAN HILL	04/	25/18 self-employe							
Prep		Firm's name WARREN AVERETT, LLC		Firm's EIN ▶	45-4084437						
Use (Only	Firm's address SIX CONCOURSE PARKWAY, SUITE 600									
		ATLANTA, GA 30328		Phone no. 77	0-396-1100						
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

	1990 (2016) MEDSHARE INTERNALI ONAL, INC. 30-2433968 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 IN 100 COUNTRIES.
	AND EQUIPMENT TO COMMONTITES IN MEED IN TOU COUNTRIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 25,995,613. including grants of \$ 21,621,007.) (Revenue \$ 39,761.)
	THIS YEAR, OUR MATERNAL & CHILD HEALTH PROGRAM SERVED 312,500 PATIENTS.
	OUR PRIMARY CARE PROGRAM SERVED 1.4 MILLION PATIENTS, OUR DISASTER
	RELIEF PROGRAM SERVED 112,500 PATIENTS, OUR INFECTIOUS DISEASE CONTROL
	& PREVENTION PROGRAM SERVED 547,000 PATIENTS, AND OUR BIOMEDICAL
	EQUIPMENT TRAINING & REPAIR SERVICE TRAINED MORE THAN 800 ENGINEERS,
	TECHNICIANS, AND END-USERS. THIS YEAR, WE LAUNCHED OUR 2 MILLION
	MOTHERS CAMPAIGN TO PREVENT MATERNAL AND NEONATAL DEATHS BY PROVIDING
	HIGH QUALITY MEDICAL SUPPLIES TO HEALTHCARE PROFESSIONALS SERVING WOMEN
	AND CHILDREN IN LOW-RESOURCE AREAS. WE COMPLETED A THREE-YEAR, \$9.2
	MILLION PROJECT WITH THE ETHIOPIAN MINISTRY OF HEALTH TO STRENGTHEN THE
	HEALTH SYSTEMS OF THE COUNTRY. WE SUPPORTED 38 U.S. FREE & SAFETY NET
	CLINICS AND EQUIPPED 373 MEDICAL MISSION TEAMS AS THEY SERVE THE MOST
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ formalis and in the first of
4c) for a second s
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ▶ 25,995,613.
	Form 990 (2016)

Form 990 (2016) MEDSHARE INTERNATIONAL, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	•		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		3/ \	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If *Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13		13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Ь	35 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	·	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	
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		₹.	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	
16		_		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ۔۔ ا	-	v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا _ ا	v l	
40	1c and 8a? /f "Yes," complete Schedule G, Part // Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes."	18	Х	
19	- · · · · · · · · · · · · · · · · · · ·			v
	complete Schedule G. Part III	<u> 19 </u>	990 (X
		rorm	33U (ZU16}

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Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20ь Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25<u>a</u> X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2016) MEDSHARE INTERNATIONAL, INC. 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	1a	11	Sec. 3	\$1.060	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1	Tarik Zaliva	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming		200	
	(gambling) winnings to prize winners?	.,,,,,,,,,,		1c	X	A 2/2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				10.7	4,50
	filed for the calendar year ending with or within the year covered by this return	2a	52	2.3.8	3.54	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	• •	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				1. (1.5)	9 14 17 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
За	Did the average that have averaged by the same and the same of \$4.000			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18 July 2	1,50
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR),		To sky Mark	
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	_		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		_	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			177 A 6 L 1 E		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7Ь	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			
	to file Form 8282?	. ,		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7ď			$F_{ij}(k)$	10 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	7	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		_7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	And the same		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			e Spell		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				1	
	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:					
а	Gross income from members or shareholders	11a	··-·	30.7		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	· · · · · · · · · · · · · · · · · · ·		6.4	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1)	12a		22 24
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		33.4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			14,54		94,344
а			•••••••	13a	3 - 195	
	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	L				
	organization is licensed to issue qualified health plans	13b			K.A. J.	
	Enter the amount of reserves on hand	13c				T.
			***************************************	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		(00.15)
				Form	990 ((2016)

Part VI Governance, Management, and Disclosure

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI		·· <u>···</u>	X
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14	W. A. S.	12/2/23	
	If there are material differences in voting rights among members of the governing body, or if the governing		33.50 2000	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ny.		
	officer, director, trustee, or key employee?	2	12.04.12.1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			-
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	i jegi		S. 1.
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		_	
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 1 1 1 1 1 1 1 1 1		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		(6)	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	134.127.4
Ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100, 8 188 J	<i>3</i> 01.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	7.44		
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		***	. 7 y 150g
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		No. 1	
	exempt status with respect to such arrangements?	16b	. 2 1.21	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >GA, AL, AR, AZ, CA, CO, CT, DE, FL	,ID,	IL,	IN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
-	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:			
	KIMBERLY LABOONE - 404-537-5072			
	3240 CLIFTON SPRINGS RD, DECATUR, GA 30034			

Form 990 (2016)

Form 990 (2016) 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

632007 11-11-16

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a drector/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кву етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANGELINE FIFE	1.50									
CHAIR	<u> </u>	Х		X		ļ		0.	0.	0.
(2) IBRAHEEM T. BADEJO, PH.D.	0.50	ļ						_		
TRUSTEE		X	ļ			<u> </u>	Ļ.	0.	0.	0.
(3) CHARLIE EVANS	0.50	۱							_	_
PAST CHAIR	0.50	X	H			<u> </u>	<u> </u>	0.	0.	0.
(4) DONNA DRUMMOND TRUSTEE	0.50	٠,					İ		_	_
TRUSTEE (5) CHRIS ISENBERG	1.50	X				H	<u> </u>	0.	0.	0.
VICE CHAIR	1.30	x		x				0.		_
(6) NANCY PARIS	0.50	^		^				0.	0.	0.
TREASURER	0.50	x		х				0.	0.	0.
(7) SELETHA BUTLER	0.50	<u> </u>				-	\vdash		0.	
SECRETARY	0.30	x		X				0.	0.	0.
(8) MICHAEL R. IRWIN	0.50						\vdash	3.		<u> </u>
TRUSTEE		X						0.	0.	0.
(9) MENDAL A. BOUKNIGHT	0.50									
TRUSTEE		х						0.	0.	0.
(10) SETH ZACHARY	0.50									
TRUSTEE		Х						0.	0.	0.
(11) ARIANA ZIBILICH	0.50									-
TRUSTEE		X						0.	0.	0.
(12) PAT ROBINSON	0.50									
TRUSTEE		X						0.	0.	0.
(13) SUE SPRUNK	0.50									
TRUSTEE		X		_		Ш		0.	0.	0.
(14) SANDY TYTEL	0.50							_		
TRUSTEE	10.00	X	_	_				0.	0.	0.
(15) CHARLES REDDING	40.00			_				000 505		40
PRESIDENT /CEO	40.00	\vdash		X				209,595.	0.	10,666.
(16) SUSAN BRANDT	40.00			İ		ا پ		120 002	_	0 460
CHIEF DEVELOPMENT OFFICER (17) NELL DIALLO	40.00	H	\dashv	\dashv		Х		130,903.	0.	8,469.
ITIL MERR DIWRING	40.00	1				x		113,342.	0.	6,523.

Part VII Section A. Officers, Directors,		<u>ploy</u>	ees,			ghes	st C	1			
(A)	(B)		(C)					(D)	(E)		(F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both an				than o		Reportable compensation	Reportable		Estimated
	week			ss per ıdad				from	compensati from relate		amount of other
	(list any	þ						the	organizatio		compensation
	hours for	Individual trustee or director	Ì			- -		organization	(W-2/1099-MI		from the
•	related	lee or	stee			nsate		(W-2/1099-MISC)	,	,	organization
	organizations	<u> </u>	Institutional trustee		оуве	Highest compensated employee					and related
•	below	widua	itutio	cer	Key employee	pest c	Former	1			organizations
	line)	<u>=</u>	Inst	Отпе	Key	E E	For				
(18) CRAIG WILLIAMS	40.00	1									
NE REGIONAL DIRECTOR		_		Щ		X	ļ	101,580.		0.	7,570.
(19) EDWARD T. RYAN	40.00	1				-	ĺ				
CHIEF FINANCIAL OFFICER						X		120,014.		0.	8,692
"											
]									
	-	1									İ
		T		-			-				
		1									
·	· · · · · · · · · · · · · · · · · · ·	\vdash		Н		\vdash					 -
		1									
		-	\vdash	H	\vdash	\vdash		· -			
		1									
		1				;					
						لـــا		675 424			44 000
1b Sub-total	·-····			• • • • • • •	••••			675,434.		0.	41,920
c Total from continuation sheets to Pa								0.		0.	0,
d Total (add lines 1b and 1c)							<u> </u>	675,434.		0.	41,920.
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportabl	e	•
compensation from the organization	<u> </u>									_	
											Yes No
3 Did the organization list any former off	licer, director, or tr	ustee	, ke	y em	plo	yee,	or h	nighest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J	for such individual										3 X
4 For any individual listed on line 1a, is the	ne sum of reportab	le co	mpe	nsat	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than	\$150,000? <i>If</i> *Yes,	" CO	mple	ete S	che	dule	Jf	or such individual			4 X
5 Did any person listed on line 1a receive											
rendered to the organization? If "Yes."	complete Schedul	e J fo	or su	ich d	erso	on .					5 X
Section B. Independent Contractors	•			·							
1 Complete this table for your five highes	st compensated inc	lepe	nder	nt co	ntra	ctor	s th	at received more than \$	100,000 of com	pensa	tion from
the organization. Report compensation										,	
(A)							Ì	(B)			(C)
Name and busir		NC	NE	3				Description of s	ervices	C	ompensation
				-			寸				
							-				
					-		\dashv				<u> </u>
							+				<u> </u>
							\dashv				
							Į				
			-				_	<u> </u>			
							- 1				
2 Total number of independent contractor	ors (including but n	ot lin	nited	l to t	hose	e list	ted	above) who received mo	ore than	Partie pro-	
\$100,000 of compensation from the org	ganization 🕨				0	+					
	· · · · · · · · · · · · · · · · · · ·										Form 990 (2016)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	<u></u>	***************************************	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
হ হ	1 a	Federated campaigns	1a					DAMES AND AND
, Grants Amounts	b	Membership dues						
2 8	c	Fundraising events		736,912.				
Gifts, ilar Ar		I Related organizations		· · · · · · · · · · · · · · · · · · ·				
S, E		Government grants (contribut		-				
Sign	f	All other contributions, gifts, gran						
bert		similar amounts not included abo	ve 1f	24,030,029.				
of i	g	Noncash contributions included in lines		20,245,312.				
Contributions, (and Other Simi	h	Total. Add lines 1a-1f			24,766,941.			
				Business Code				
ø	2 a	ı <u></u>						
Program Service Revenue	b	•						
8	C							
a a	d							
9	е	·						
Ţ.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	<u> </u>		2000年2000年7月1日	
ı	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			48,677.			48,677.
	4	Income from investment of tax	x-exempt bond p	proceeds >				
	5	Royalties	·	>		-		
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses		.				
		Rental income or (loss)		1		FILTER BROWN	kalilanda.	sanisi kasali
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,)				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	145,871.	44,675.				
	b	Less: cost or other basis						
		and sales expenses	107,603.					
ļ		Gain or (loss)						
		Net gain or (loss)			50,268.	The state of the s		50,268.
<u>o</u>	8 a	Gross income from fundraising	- '					
evenue		including \$ 736						
		contributions reported on line	•					
F.		Part IV, line 18						
Other		Less: direct expenses		324,399.				
_		Net income or (loss) from fund	_		-249,540.		The second of the second	-249,540.
	9 a	Gross income from gaming ac						
ĺ		Part IV, line 19						
i		Less: direct expenses	b	`				
		Net income or (loss) from gam	_	·· <u>······</u>	l Digital Pilatura da La Maraga	Table State (1985)	S CONTROL OF A START	Electric period and
	10 a	Gross sales of inventory, less		20 250			f fil Rylandssahlan satu Libitata	
		and allowances	a	39 260				
		Less: cost of goods sold		· L	20.260	20 260		
	с	Net income or (loss) from sales			39,260.	39,260.		
ŀ		Miscellaneous Revenue MISCELLANEOUS REVENUE	.	Business Code 900099	501.	501.		
		TIDESTINATED CONTRACTOR		300033	341*	301.		
	ь			<u> </u>				<u> </u>
	ب د	All other revenue		<u> </u>				<u></u>
	d				501.	整位设置 <i>强性</i> 不足		
	12	Total revenue. See instructions.		····· [24,656,107.	39,761.	0.	-150,595.
			***************		,,	,		,,

Sec	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,801,309.	1,801,309.		
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	10 010 600	10 010 600		20 多名的 数据文字
	individuals. See Part IV, lines 15 and 16	19,819,698.	19,819,698.		
4	Benefits paid to or for members				DOMESTICAL STREET
5	Compensation of current officers, directors,	714 760	CE 710	1.00 551	400 400
_	trustees, and key employees	714,762.	65,712.	160,551.	488,499.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 000 761	1 720 466	106 650	2 645
7	Other salaries and wages	1,928,761.	1,738,466.	186,650.	3,645.
8	Pension plan accruals and contributions (include	20,639.	14,241.	2 602	3 E4E
_	section 401(k) and 403(b) employer contributions)		157,888.	2,683.	3,715. 19,699.
9	Other employee benefits	200,050. 205,965.	142,116.	22,463. 26,775.	19,699.
10	Payroll taxes	205,965.	142,110.	20,773.	37,074.
11	Fees for services (non-employees):				
	Management	28,286.	10,183.	16 406	1 607
	Legal	43,526.	15,669.	16,406. 25,245.	1,697.
	Accounting	43,320.	13,009.	25,245,	2,612.
ď	Lobbying Professional fundraising services. See Part IV, line 17			电线电话记录要单记件	
e 4	Investment management fees	11,373.	e e e in Territorio de la CAMILITA III del Californio	11,373.	
f	Other. (If line 11g amount exceeds 10% of line 25,	11,010.		11,313.	
9	column (A) amount, list line 11g expenses on Sch 0.)	254,608.	158,132.	70,523.	25,953.
12		33,545.	130,132.	10,525.	33,545.
13	Office expenses	101,108.	48,721.	11,859.	40,528.
14	Information technology	151,570.	71,853.	24,079.	55,638.
15	Royalties	202/0100	7270331	22/0,30	33,030.
16	Occupancy	827,048.	780,140.	17,848.	29,060.
17	Travel	92,347.	66,205.	242.	25,900.
18	Payments of travel or entertainment expenses	72/01/1	00/2031	8320	23,2001
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		··		·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,464.	91,641.	1,929.	2,894.
23	Insurance	129,892.	101,227.	14,177.	14,488.
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	SHIPPING COSTS	871,428.	871,428.		
b	HIRING EXPENSES	49,312.	34,025.	6,411.	8,876.
c	EQUIPMENT EXPENSES	13,233.	6,484.	1,323.	5,426.
d	MISCELLANEOUS	3,467.	371.	1,260.	1,836.
е	All other expenses	151.	104.	20.	27.
25	Total functional expenses. Add lines 1 through 24e	27,398,542.	25,995,613.	601,817.	801,112.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		 		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	-,	<u></u>		

Form 990 (2016)
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
	1	Cash - non-interest-bearing	1,535,772.	1	672,885.
	2	Savings and temporary cash investments	1,318,887.		67,133.
	3	Pledges and grants receivable, net	643,327.	3	1,077,848.
	4	Accounts receivable, net	17,370.	4	13,646.
	5	Loans and other receivables from current and former officers, directors,			企業的是對於自由的
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	432,558.	5	524,055.
	6	Loans and other receivables from other disqualified persons (as defined under		(V. V.	
ţ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		200	
		employers and sponsoring organizations of section 501(c)(9) voluntary		- 87	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	12,461,959.	8	10,953,790.
	9	Prepaid expenses and deferred charges	190,389.	9	178,849.
	10a	Land, buildings, and equipment: cost or other		Var.	
		basis. Complete Part VI of Schedule D 10a 2,826,198.	and the second s		
	b	Less: accumulated depreciation 106 1,006,229.	1,744,433.	10c	
	11	Investments - publicly traded securities	1,130,923.	11	1,193,220.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	56,767.	15	<u>51,767.</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,532,385.	16	16,553,162.
	17	Accounts payable and accrued expenses	383,359.	17	229,561.
	18	Grants payable		18	
	19	Deferred revenue	151,713.	19	27,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab i		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	535,072.	25	257 064
	26	Total liabilities. Add lines 17 through 25	333,074.	26	257,061.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	low of Alberta		
8		complete lines 27 through 29, and lines 33 and 34.	14,831,725.	12.7cm	12 252 206
au	27	Unrestricted net assets	3,165,588.	27	13,352,386.
Ba	28	Temporarily restricted net assets	1,000,000.	28	1,943,715.
힏	29	Permanently restricted net assets	1,000,000.	29	1,000,000.
₫		Organizations that do not follow SFAS 117 (ASC 958), check here			
3 01	20	and complete lines 30 through 34.		14.4.4.	h Akrasii ili eere ee ee
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	18,997,313.	32	16 206 101
_		Total net assets or fund balances	19,532,385.	33	16,296,101.
	34	Total liabilities and net assets/fund balances	10,002,000.	34	16,553,162.

Forn	1990 (2016) MEDSHARE INTERNATIONAL, INC.	58-	-2433968	Pi	age 12
Pa	rt XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·	<u></u>	
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,39		
3	Revenue less expenses, Subtract line 2 from line 1	3	-2,74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,99	7,3	313.
5	Net unrealized gains (losses) on investments	5	4	1,2	223.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				,
	column (B))	_10	16,29	6,1	<u> 101.</u>
Pа	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1.6-3 2005	1 72
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (),		Zaka Maria	
2a	incommunity and a second secon		2a		X
	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				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1944	41.78 1576	
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud	lit i		
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MEDSHARE INTERNATIONAL, INC. 58-2433968 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), 7 [X] 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. _____ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ 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), (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see Instructions) Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 MEDSHARE INTERNATIONAL, INC. 58-2433968 Page 2

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.)

Se	ction A. Public Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	27848379.	28517046.	- 22452545.	24409309.	 24713272.	127940551
2	Tax revenues levied for the organ-						12/540331
_	ization's benefit and either paid to					İ	
	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	27848379.	28517046.	22452545.	24409309.	24713272.	127940551
5	The portion of total contributions		大きた 進済装装				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			Sylvania S			
	amount shown on line 11,		14.497000多数	Carrier Public			
	column (f)			表示意见。 文			33242462.
	Public support. Subtract line 5 from line 4.						94698089.
	tion B. Total Support	, 		<u> </u>	,	·	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	27848379.	28517046.	22452545.	24409309.	24713272.	127940551
8	Gross income from interest,					!	
	dividends, payments received on						
	securities loans, rents, royalties	26 205	E E11	20 702	45 313	40 655	160 400
^	and income from similar sources Net income from unrelated business	26,205.	5,511.	32,703.	47,313.	48,677.	160,409.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain	-				,	
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	293,114.	351.255.	597,390.	106,767.	501.	1349027.
11	Total support. Add lines 7 through 10						129449987
	Gross receipts from related activities,	etc. (see instructio	ns)			12	92,328.
	First five years. If the Form 990 is for						32,320.
	organization, check this box and stor	here			-		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (i	ine 6, column (f) div	rided by line 11, co	olumn (f))	***************************************	14	73.15 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	78.25 %
16a	33 1/3% support test - 2016. If the o	organization did not	check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		_				
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	<u>, 16b, 17a, or 17b</u>			> L
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MEDSHARE INTERNATIONAL, INC. 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.)

Se	ction A. Public Support					,, -	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any *unusual grants.")						
2	Gross receipts from admissions,			•			
	merchandise sold or services per-					i I	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
,	Gross receipts from activities that					 	
3	are not an unrelated trade or bus-						
	iness under section 513		!				
				-			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities]	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	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]					
	Add lines 7a and 7b					 	
	Public support. (Subtract line 7c from line 6.)		Tagriyitka sa		41 11 11 11 11 11		
	etion B. Total Support	1803 T. B. School J.	to the factor of the factor of		In the second state	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(=) 2014	(4) 2015	(a) 2016	/6 Takel
	Amounts from line 6	(a) 2012	(0) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gross income from interest,						· · · · · · · · · · · · · · · · · · ·
104	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
b	Unrelated business taxable income				ļ		
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975				ļ		
	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.)	1					
13	Total support. (Add lines 9, 10c, 11, and 12.)						1
	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section	501(c)(3) organizat	ion.
	check this box and stop here	_			•		·
Sec	tion C. Computation of Publi						
	Public support percentage for 2016 (li		T	lumn (fl)		15	%
	Public support percentage from 2015		N P. 45			16	%
	tion D. Computation of Inves						. 76
	Investment income percentage for 20			13 column (6)		17	
							%
	Investment income percentage from 2			a Barata and Bar		18	%
192	33 1/3% support tests - 2016. If the						is not
	more than 33 1/3%, check this box an						>
	33 1/3% support tests - 2015. If the	7				,	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	or 19b, check th	is box and see inst	tructions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. Ali Subborting Organization	Supporting Organizations	:	All	Α.	Section
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f *Yes, * answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line ??

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	edule A (Form 990 or 990-EZ) 2016 MEDSHARE INTERNATIONAL, INC. IT IV Supporting Organizations (continued)	8-243396	8 P	age 5
	CONTINUED		V	т
11	Has the organization accepted a gift or contribution from any of the following persons?	17.80	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		1, 6, 1
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	\vdash	\vdash
Sec	tion B. Type I Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		3 0	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		139,53 134,55	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		200	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	falada.	11.27.2.14
2	Did the organization operate for the benefit of any supported organization other than the supported	1434.5 (A	\$50 Y.	***
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	5.w(.//_		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2	9 5 5 5 Text	01.127.3
Sec	tion C. Type II Supporting Organizations			Ь
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	34,946	103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		26-24 (Cal. 5a)	100
	or management of the supporting organization was vested in the same persons that controlled or managed		7.	
	the supported organization(s).		153.7	1753.1
Sec	tion 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		163	
-	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?	W.A.C.C.	1,850	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		125	1462.4
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		11.1
3	By reason of the relationship described in (2), did the organization's supported organizations have a		124.41	
٥	significant voice in the organization's investment policies and in directing the use of the organization's			1000
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3 3	1.57/34.	2.54
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instru	otional		
a	The organization satisfied the Activities Test. Complete line 2 below.	cauraj.		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.	see instructions).		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.583.58	Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	· · · · · · · · · · · · · · · · · · ·		
	,			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1999	27 12
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	juhan idi	\$25 kg	1411.4
_	activities but for the organization's involvement.	<u>2b</u>	1288 F	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[N: 44]	1.77	1 4 4

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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. 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)		edule A (Form 990 or 990-EZ) 2016 MEDSHARE INTERNATIONAL,			8-2433968 Page 6
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 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (Optional)	2012	ypo in troit various and introgration occupyor and			
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 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional)	1				art VI.) See instructions. Al
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (optional)		other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 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)	Sect	tion A - Adjusted Net Income		(A) Prior Year	
3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (SB) Current Year (optional)	_1_	Net short-term capital gain	1		
4 Add lines 1 through 3 5 Depreciation and depletion 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (Sectional)	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 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 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)	_3_	Other gross income (see instructions)	3		
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) 7 Other expenses (see instructions) 7 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (potional)	_4_	Add lines 1 through 3	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)	_5_	Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)	6	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)		collection of gross income or for management, conservation, or	ŀ		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (optional)		maintenance of property held for production of income (see instructions)	6		
Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)	7_	Other expenses (see instructions)	7	"	
Section B - Minimum Asset Amount (A) Prior Year (optional)	8	Adjusted Net income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
1 Aggregate fair market value of all non-exempt-use assets (see	Sect	tion B - Minimum Asset Amount		(A) Prior Year	. ,
	1	Aggregate fair market value of all non-exempt-use assets (see	3/3		
instructions for short tax year or assets held for part of year);		instructions for short tax year or assets held for part of year):	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
a Average monthly value of securities 1a	a	Average monthly value of securities	1a		
b Average monthly cash balances 1b	ь	Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets		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					See A Comment
factors (explain in detail in Part VI):		factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets 2	2		2		
3 Subtract line 2 from line 1d 3	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount.			
see instructions)			۵ ا		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	5				
6 Multiply line 5 by .035	6		6		
7 Recoveries of prior-year distributions 7	7				
8 Minimum Asset Amount (add line 7 to line 6) B	-8				· · · · · · · · · · · · · · · · · · ·
Section C - Distributable Amount Current Year	Sect				Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	1	Adjusted net income for prior year (from Section A. line 8. Column A)	1	Varan de voltar e	
2 Enter 85% of line 1 2	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3				Programme Agency and Control of	
4 Enter greater of line 2 or line 3					
5 Income tax imposed in prior year 5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			T •		
emergency temporary reduction (see instructions)	~	•			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				ted Type III supporting organ	tization /coo
instructions).	•		., anogra	Typo iii supporting organ	incurrent lace

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Part VI. See instructions

Breakdown of line 7:

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

and 4c

Excess distributions carryover to 2017. Add lines 3

Schedule A	(Form 990 or 990-EZ) 2016 MEDSHARE	INTERNATIONAL,	INC.	58-2433968 Page 8
Part VI	Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1; Part IV, Section D, lines 2 and 3; Par Section D, lines 5, 6, and 8; and Part V, Sec (See instructions.)	e the explanations required by , 5a, 6, 9a, 9b, 9c, 11a, 11b, a t IV, Section E, lines 1c, 2a, 2t	/ Part II, line 10; Part II, line 17a and 11c; Part IV, Section B, line b, 3a, and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e: Part V.
	•			
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				· · · · · · · · · · · · · · · · · · ·

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

OMB No. 1545-0047

Name of the organization Employer identification number MEDSHARE INTERNATIONAL, INC. 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) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

MEDSHARE	INTERNA	TIONAL.	INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
1	Name, address, and ZIP + 4	\$ 4,301,021.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,550,479.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$801,493.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$541,140.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,122,762.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,194,002.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

MEDSHARE	INTERNATIONAL,	INC.

TILD DIL	MILE INTERMITEDITY THE		-4433300
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 453,680.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$\$	Person Payroli Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

MEDSHARE	INTERNATIONAL	L, INC
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Part I	Contributors (See instructions), Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$ 409,752.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 367,526.	Person Payroll Oncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 352,904.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Oncash Complete Part II for noncash contributions.)

Employer identification number

MEDSHARE INTERNATIONAL, INC.

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part i	(b) Description of noncash prop er ty given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MEDICAL EQUIPMENT AND SUPPLIES	\$\$\$\$\$\$	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	MEDICAL EQUIPMENT AND SUPPLIES		
		\$ <u>2,550,479.</u>	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	MEDICAL EQUIPMENT AND SUPPLIES		10/01/16
(a) No.	(b)	\$ 801,493.	12/31/16 (d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
4	MEDICAL EQUIPMENT AND SUPPLIES		
		\$\$	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>5</u>	MEDICAL EQUIPMENT AND SUPPLIES	_	
		\$ 1,122,762.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	MEDICAL EQUIPMENT AND SUPPLIES		-
	.16	<u> </u>	12/31/16

Employer identification number

MEDSHARE INTERNATIONAL, INC.

Part II	Noncash Property (See instructions). Use duplicate copies of F	art 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		
		<u> </u>	_12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	MEDICAL EQUIPMENT AND SUPPLIES		
		\$ <u>1,141,501.</u>	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	MEDICAL EQUIPMENT AND SUPPLIES		
		sss	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	MEDICAL EQUIPMENT AND SUPPLIES		
		\$\$	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	MEDICAL EQUIPMENT AND SUPPLIES		
		\$ 453,600.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	MEDICAL EQUIPMENT AND SUPPLIES		
<u> 14</u>			10/01/16
3453 10-18	40	\$ 438,421.	12/31/16 90, 990-EZ, or 990-PF) (201

Employer identification number

MEDSHARE INTERNATIONAL, INC.

Part II	Noncash Property (See instructions). Use duplicate copies of F	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
	MEDICAL EQUIPMENT AND SUPPLIES		
13			
		\$ 409,752.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	MEDICAL EQUIPMENT AND SUPPLIES		
14			
		\$ 367,526.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	MEDICAL EQUIPMENT AND SUPPLIES		
<u>15</u>			
		\$ 352,904.	12/31/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			··
Ì		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions)	
-			•
		\$	

SCHEDULE D

(Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number 58-2433968

Pa	rt I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor o		<u> </u>
ΠDa	impermissible private benefit? rt II Conservation Easements. Complete if the ord	12/ 11 5 222 5	Yes No
	40. 3 3 3 3 3		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	· 🗖	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	1 No. 1 No.
_	day of the tax year.		
a	Total number of conservation easements Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic stru	rations in a bod and to fall	
c بہ	Number of conservation easements included in (c) acquired a		
·	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
•	year >	odood, oxungalonod, or terrimated by the or	ganzation during the tax
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	19171941144/4944444444444444444444444444	111111111111111111111111111111111111111
	>	-	,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	> \$	·	• •
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(-	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	***************************************	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	•	ain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2016 MEDSHAR	E INTERNATI	ONAL, INC	•	į	58-2 4	33968	Page 2
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	following that are a	significant u	se of its o	ollection i	tems
	(check all that apply):				,			
а	Public exhibition	d		hange programs				
þ	Scholarly research	e	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co					se in Part	XIII.	
5	During the year, did the organization solicit of						_	
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?	,		Yes	No.
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		<u> </u>					
1a	Is the organization an agent, trustee, custod		•				-	-
	on Form 990, Part X?				**************		Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
C	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
f	Ending balance				<u> 1f </u>			
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII. † V Endowment Funds. Complete in	Check here if the exp	olanation has been	provided on Part XII	<u> </u>			
Fai	TV Endowment Funds. Complete	I I			1			
4	Designation of constants	(a) Current year	(b) Prior year	(c) Two years back				years back
1a	Beginning of year balance	1,130,923.	1,128,012.	1,171,710.	1,0	99,641.	1,0	048,221.
D	Contributions	111,670.	12 912	7.59	1	21 016		76 100
	Net investment earnings, gains, and losses	111,070.	13,813.	-768.	1	31,816.		76,420.
	Grants or scholarships				 			
е	Other expenditures for facilities	38,000.		21 400		49 600		05 000
	and programs Administrative expenses	11,373.	10,902.	31,400. 11,440.	1	48,600. 11,147.	-	25,000.
	_ , , , ,	1,193,220.	1,130,923.	1,128,102.		71,710.	1 (200 641
g 2	Provide the estimated percentage of the curr				1,1	11,110.	1,0	099,641.
_	Board designated or quasi-endowment	• 00) neid as:				
a	Permanent endowment 83.81	%	_%					
	Temporarily restricted endowment							
C	The percentages on lines 2a, 2b, and 2c sho							
34	Are there endowment funds not in the posse	•	ion that are hald an	d odminiotare d for	L	Al		
Ja	by:	ssion of the organizat	ion that are new an	id administered for t	ne organiza	ILION	[·	<u> </u>
	•							res No
	•		*************************************	***************************************		**********	3a(i)	X
h	(ii) related organizations	tione lieted se romiro	d on Schadula D2	***************************************			3a(ii)	
4	Describe in Part XIII the intended uses of the			***************************************		• • • • • • • • • • • • • • • • • • • •	_30	
	t VI Land, Buildings, and Equipm		ment lunus.	 .				
1,200	Complete if the organization answered		Part IV. line 11a. S	ee Form 990 Part X	line 10			
	Description of property	(a) Cost or ot			Accumulate	<u>. </u>	(d) Book	
	bescription of property	basis (investm			epreciation	۱ ۱	(a) book	value
12	Land		7	·	spreciation	7	310	,552.
	Buildings			2,048.	615,83	12	$\frac{340}{1,316}$	
	Leasehold improvements			3,100.	3,10		<u> </u>	0.
	Equipment			9,964.	260,55		50	,413.
	Other			0,534.	$\frac{200,35}{126,74}$, 413. ,788.
	. Add lines 1a through 1e. <i>(Column (d) must e</i>						$\frac{103}{1,819}$	
	- Countil of Hast et	ever viii 33V. Fdil A	. 55151111 (6), 11(6) (1	A41			<u>-,</u> ~-,	,

Schedule D (Form 990) 2016

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

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

MEDSHARE INTERNATIONAL, INC.

Employer identification number

Part I General Info			side the United States. Compl	ete if the organization answered "Y	
Form 990, Part IV	/, line 14b.		·	· · · · · · · · · · · · · · · · · · ·	·
			ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers, Description	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outsi	ide the
3 Activities per Region. (Ti	he following Part	l, line 3 table ca	an be duplicated if additional space is r	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, pro- gram 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
				MEDICAL SUPPLIES &	
NORTH AMERICA			PROGRAM SERVICES	EQUIPMENT	3,876.
CENTRAL AMERICA AND	1			İ	
THE CARIBBEAN -					
ANTIGUA & BARBUDA,			L	MEDICAL SUPPLIES &	
ARUBA, BAHAMAS, EAST ASIA AND THE			PROGRAM SERVICES	EQUIPMENT	6,131,637.
PACIFIC - AUSTRALIA					
BRUNEI, BURMA,				MEDICAL SUPPLIES &	1
CAMBODIA.			PROGRAM SERVICES	EQUIPMENT	616,429.
EUROPE (INCLUDING			TAGGER BERTEER	DQ 011 MEM 1	010,423.
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,				MEDICAL SUPPLIES &	
AUSTRIA, BELGIUM			PROGRAM SERVICES	EQUIPMENT	198,008,
MIDDLE EAST AND					===,===.
NORTH AFRICA -					
ALGERIA, BAHRAIN,				MEDICAL SUPPLIES &	İ
DJIBOUTI, EGYPT,			PROGRAM SERVICES	EQUIPMENT	5,038.
SOUTH AMERICA -			***		
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,				MEDICAL SUPPLIES &	
COLUMBIA, ECUADOR,			PROGRAM SERVICES	EQUIPMENT	250,490.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,				MEDICAL SUPPLIES &	
INDIA, MALDIVES,			PROGRAM SERVICES	EQUIPMENT	7,074.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,	ļ				
BOTSWANA, BURKINA				MEDICAL SUPPLIES &	
FASO,			PROGRAM SERVICES	EQUIPMENT	12,603,507.
3 a Sub-total	0	0			19,816,059.
b Total from continuation sheets to Part I	0	0			3,639.
c Totals (add lines 3a and 3b)	٥	0			19,819,698.
and obj				<u>territorio de la compansa de Augusta de Co</u>	~2,022,030,

			(Schedule F (Form 990), Part I, line 3		T
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
USSIA AND				MEDICAL SUPPLIES &	
EIGHBORING STATES			PROGRAM SERVICES	EQUIPMENT	3,639
- -					
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Schedule F (Form 990) 2016 MEDSHARE INTERNAT

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 Part II

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Cantolal Merico Province Medical Province Medical	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)
December			CENTRAL AMERICA						
SUPPLIES AND O. 150,749, AND EQUIPMENT				TENTING THE TENTING					
SQUIPMENT 0. 150,749, AND EQUIPMENT				TO ENOVIDE MEDICAL					
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COURTMENT COUR			CENTRAL AMERICA						
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TO PROVIDE MEDICAL MEDICAL SUPPLIES				EQUIPMENT	0			AND EQUIPMENT	VALUE
O PROVIDE MEDICAL SUPPLIES			CENTRAL AMERICA						
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TO PROVIDE MEDICAL MEDICAL SUPPLIES			ARUBA,	EQUIPMENT	0.		718,719.	AND EQUIPMENT	VALUE
The provide medical supplies and beguing medical supplies supplies and beguing medical supplies supplies and beguing medical supplies and beguing medical supplies and beguing medical supplies and beguing medical supplies supplies and beguing medical supplies supplies and beguing medical supplies supplies and beguing medical supplies supplies and beguing medical supplies supplies and beguing medical supplies supplies supplies and beguing medical supplies supplies supplies supplies and beguing medical supplies			CENTRAL AMERICA						
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TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT SUPPLIES EQUIPMENT 0. 135,250. AND EQUIPMENT			CENTRAL AMERICA						
SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 135,250. AND EQUIPMENT TO PROVIDE MEDICAL 0. 297,878. AND EQUIPMENT TO PROVIDE MEDICAL 0. 297,878. AND EQUIPMENT TO PROVIDE MEDICAL 0. 132,061. AND EQUIPMENT TO PROVIDE MEDICAL 0. 132,061. AND EQUIPMENT TO PROVIDE MEDICAL MEDICAL SUPPLIES SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 544,895. AND EQUIPMENT				TO PROVIDE MEDICAL					
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TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES EQUIPMENT TO PROVIDE MEDICAL SUPPLIES EQUIPMENT TO PROVIDE MEDICAL SUPPLIES EQUIPMENT TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL SUPPLIES EQUIPMENT TO STATEMENT TO			ARUBA,	EQUIPMENT	0.,		135,250.	AND EQUIPMENT	VALUE
TO PROVIDE MEDICAL MEDICAL SUPPLIES SUPPLIES AND 0. 297,878, AND EQUIPMENT TO PROVIDE MEDICAL MEDICAL SUPPLIES SUPPLIES AND 0. 132,061, AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES MEDICAL SUPPLIES SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 544,895, AND EQUIPMENT			CENTRAL AMERICA						
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EQUIPMENT 0. 297,878, AND EQUIPMENT TO PROVIDE MEDICAL MEDICAL SUPPLIES SQUIPMENT 0. 132,061, AND EQUIPMENT TO PROVIDE MEDICAL MEDICAL SUPPLIES SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 544,895, AND EQUIPMENT				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES OF 132,061, AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES EQUIPMENT 0, 544,895, AND EQUIPMENT			ARUBA,	EQUIPMENT	.0			AND EQUIPMENT	VALUE
TO PROVIDE MEDICAL MEDICAL SUPPLIES SUPPLIES AND 0. 132,061. AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES MEDICAL SUPPLIES SUPPLIES AND 0. 544,895. AND EQUIPMENT			CENTRAL AMERICA						
SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 132,061. AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 544,895. AND EQUIPMENT			AND THE CARIBBEAN	TO PROVIDE MEDICAL					
EQUIPMENT 0. 132,061. AND EQUIPMENT TO PROVIDE MEDICAL SUPPLIES AND MEDICAL SUPPLIES EQUIPMENT 0. 544,895. AND EQUIPMENT				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT 0. 544,895,AND EQUIPMENT			BARBUDA, ARUBA,	EQUIPMENT	0.			AND EQUIPMENT	VALUE
TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT 0. 544,895,AND EQUIPMENT			CENTRAL AMERICA						
SUPPLIES AND 6. 544,895, AND EQUIPMENT 0.			AND THE CARIBBEAN	TO PROVIDE MEDICAL					
EQUIPMENT 0. 544,895, AND EQUIPMENT				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
			,	EQUIPMENT	0		544,895.	AND EQUIPMENT	VALUE

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

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Enter total number of other organizations or entities

Partil Continuation of G					00000#7 00			Page 2
_	irants and Other A	Assistance to Organizal	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	ſ	(Schedule F (Form 990), Part II, line 1)	90), Part II, line	1)	
(a) Name of organization an	(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	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUI PMENT	0		131,019.	AND EQUIPMENT	VALUE
		AND THE CARIBBEAN - ANTIGUA &	TO PROVIDE MEDICAL				WEDICAL SHEBELIES	mandem of so
		RUBA,	EQUIPMENT	0.		305,626.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0		137,801.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		110,629.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		345,291.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
のでは、 のでは、		BARBUDA, ARUBA,	EQUIPMENT	0		114,482.	114,482, AND EQUIPMENT	VALUE
		IBBEAN	TO PROVIDE MEDICAL					
		us Æ	SUPPLIES AND		_		MEDICAL SUPPLIES	FAIR MARKET
			EQUIPMENT	0.		181,908.	AND EQUIPMENT	VALUE
		AMERICA						
		IBBEAN	TO PROVIDE MEDICAL					
		3 5	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
			EQUIPMENT	0.		145,685.	AND EQUIPMENT	VALUE
		AMERICA						
		ARIBBEAN	TO PROVIDE MEDICAL					
			SUPPLIES AND			t	MEDICAL SUPPLIES	FAIR MARKET
		AKUBA,	COLPARINT	1.0		77,341.	// 341. AND EQUIPMENT	VALUE

Schedule F (Form 990)	MEDSHARE	HARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation o	f Grants and Other	Continuation of Grants and Other Assistance to Organizal	tions or Entities Outside the United States.	lſ	(Schedule F (Form 990), Part II, line 1)	90), 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						
		IBBEAN	TO PROVIDE MEDICAL		٠			
			SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		205,128.	205,128. AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		72,942.	72,942. AND EQUIPMENT	VALUE
· 通過人不過一個		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
			EQUIPMENT	0.		177,989.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				KEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUI PMENT	0.		111,246.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
			EQUIPMENT	0		137,968.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL		• •			
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		314,725.	314,725. AND EQUIPMENT	VALUE
		IBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		315,170.	315,170. AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		IBBEAN	TO PROVIDE MEDICAL					
		45: 45:	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUIPMENT	0.		39,927.	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		AND THE CARIBBEAN	TO PROVIDE MEDICAL					
		- ANTIGUA &	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BARBUDA, ARUBA,	EQUI PMENT	0		43,069.	43,069. AND EQUIPMENT	VALUE

Part Continuation of Garnifa and Other Assistance to Organization of Entities Other Assistance Colorocate Coloro	Schedule F (Form 990)	MEDSHARE	ARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
(a) High code section (b) High code section (c) High code section (d) High code section (d) High code section (d) High code section (d) High code section (d) High code section (d) High code	_	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	- (Schedule F (Form 9	90), Part II, line	1)	
11	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
141,635.			EAST ASIA AND THE						
Harman			PACIFIC -	TO PROVIDE MEDICAL					
BURMA, EQUIPMENT 0 141,635. EAND THE COPROVIDE MEDICAL 1.2,292. STA AND THE COPROVIDE MEDICAL 1.2,292. STA AND THE COPROVIDE MEDICAL 1.2,292. STA AND THE COPROVIDE MEDICAL 0 1.2,292. STA AND THE COPROVIDE MEDICAL 0 0 187,189. SURMA, EQUIPMENT 0 187,189. SURMA, EQUIPMENT 0 187,189. ANDORRA, EQUIPMENT 0 120,947. ANDORRA, EQUIPMENT 0 120,947. ANDORRA EQUIPMENT 0 120,947. ANDORRA EQUIPMENT 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 0 245,479. ANDORRA 2012PLES AND 2012PLES AND 20129. ANDORRA 2012PLES AN			AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
SIA AND THE			BRUNEI, BURMA,	EQUIPMENT	0.		141,635.	AND EQUIPMENT	VALUE
112,292			EAST ASIA AND THE						
SUPPLIES AND 0			PACIFIC -	TO PROVIDE MEDICAL					
BURMA, EQUIPMENT 0			AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
SITA AND THE				equi pment	0.		112,292.	AND EQUIPMENT	VALUE
BURMA, SUPPLIES AND O. 220,221.			EAST ASIA AND THE						
BURKA, EQUIPMENT			PACIFIC -	TO PROVIDE MEDICAL					
BURMA, EQUIPMENT			AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
(INCLUDING 10				EQUIPMENT	0.		220,221.	AND EQUIPMENT	VALUE
NAME CO PROVIDE MEDICAL NAME			EUROPE (INCLUDING						
NUED - SUPPLIES AND -			ICELAND &	TO PROVIDE MEDICAL					
WERLICA -			GREENLAND) -	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
NMERICA - INA, INA, INA, INA, INA, INA, COLUMBIA, SUPPLIES AND COLUMBIA, INA, I				EQUIPMENT	0.		187,189.	AND EQUIPMENT	VALUE
NA			SOUTH AMERICA -						
COLUMBIA, SUPPLIES AND COLUMBIA, EQUIPMENT MERICA - INA,			ARGENTINA,	TO PROVIDE MEDICAL					
COLUMBIA, EQUIPMENT 0. 120,947. NAERICA - NAERICA - 120,947. INA, TO PROVIDE MEDICAL 99,974. A, BRAZIL, SUPPLIES AND 0. 99,974. COLUMBIA, EQUIPMENT 0. 99,974. ARAN COLIPMENT 0. 245,479. ARAN ANGOLA, TO PROVIDE MEDICAL 560,804. BOTSWANA, SUPPLIES AND 0. 560,804. ARAN ANGOLA, TO PROVIDE MEDICAL 560,804. BOTSWANA, SUPPLIES AND 0. 560,804. BOTSWANA, SUPPLIES AND 0. 560,804. ARAN TO PROVIDE MEDICAL 95,129.			BOLIVIA, BRAZIL,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
INA, FO PROVIDE MEDICAL INA, FO PROVIDE MEDICAL A, BRAZIL, SUPPLIES AND COLUMBIA, EQUIPMENT - ANGOLA, FO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, FO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT CASOLA FOROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, FOROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, FOROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, FOROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT			CHILE, COLUMBIA,	EQUI PMENT	0.		120,947.	AND EQUIPMENT	VALUE
NA			SOUTH AMERICA -						
A, BRAZIL, SUPPLIES AND 0. 99,974.			ARGENTINA,	TO PROVIDE MEDICAL					
COLUMBIA, EQUIPMENT			a`	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
- ANGOLA, TO PROVIDE MEDICAL - BOTSWANA, SUPPLIES AND - ANGOLA, TO PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND - ANGOLA, TO PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL - ANGOLA, GUIPMENT - ANGOLA, GUIPMENT 0. 560,804.				equi pment	0.		99,974.	AND EQUIPMENT	VALUE
- ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND O PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND O PROVIDE MEDICAL ANGOLA, TO PROVIDE MEDICAL ANGOLA, TO PROVIDE MEDICAL ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND O 95,129,	では、日本のでは、100mmのでは、1		SUB-SAHARAN						
PASO, EQUIPMENT 0. 245,479.			AFRICA - ANGOLA,	TO PROVIDE MEDICAL] ; ;
ANGOLA, DOLITMENT - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT O TARAN - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT O 560,804.			DENTALN, BOIDWANA,	SOFFLIES AND	c		246 470	MEDICAL SUPPLIES	FAIR MARKET
- ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT O PROVIDE MEDICAL - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT O PROVIDE MEDICAL O PROVIDE AND O O O O O O O O O O O O O O O O O O O			SUB-SAHABAN		;		· / / / / / / / / / / / / / / / / / / /		
BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT 1ARAN - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND A FASO, EQUIPMENT 0. 560,804.			AFRICA - ANGOLA	TO PROVIDE MEDICAL					
IARAN 0. 560,804. IARAN - ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND 95,129. IABO, EQUIPMENT 95,129.				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
- ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND N PASO, EQUIPMENT 0. 95,129.			BURKINA FASO,	EQUIPMENT	0		560,804.	AND EQUIPMENT	VALUE
- ANGOLA, TO PROVIDE MEDICAL BOTSWANA, SUPPLIES AND 1 PASO, EQUIPMENT 0.			SUB-SAHARAN						
BOTSWANA, SUPPLIES AND 6. 6QUIPMENT 0. 95,129.			AFRICA - ANGOLA,	TO PROVIDE MEDICAL				_	
EQUIPMENT 0.			BENIN, BOTSWANA,	SUPPLIES AND	ı		,	MEDICAL SUPPLIES	FAIR MARKET
			BURKINA FASO,	EQUIPMENT	0		95,129	AND EQUIPMENT	VALUE

╙	MEDSHARE	ARE INTERNAT	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation of	f Grants and Other,	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	Ī	(Schedule F (Form 990), Part II, line 1)	30), 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						
		BENICA - ANGULA,	CONTRACTOR MEDICAL					
			OFFILES AND				MEDICAL SUPPLIES	FAIR MAKKET
		BURKINA FASO,	EQUIPMENT	0		473,343.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0.		163,488.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		114,157.	114,157. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
· · · · · · · · · · · · · · · · · · ·		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		60,075,	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		198,241.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		140,557.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOLSWAM, BURKINA FASO	ROTT DWENT	c		418	MEDICAL SUPPLIES	FALK MAKKET
		SUB-SAHARAN						TOTAL
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		115,997.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
			TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND	,		1	MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	- i		97,085.	97,085. AND EQUIPMENT	VALUE

<u>u</u>	MEDSHARE	ARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), 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,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		252,225.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		156,890.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOISWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0.		288,058.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		154,648.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL	Ì				
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		143,300.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0.		144,797.	AND EQUIPMENT	VALUE
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		54,713.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL		•			
		BENTN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0.		183,057.	AND EQUIPMENT	VALUE
はない。 のでは、		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		407,350.	407,350. AND EQUIPMENT	VALUE

Schedule F (Form 990)	MEDSHARE	ARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation of	Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	[(Schedule F (Form 990), Part II, line 1)	90), 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	TO THE CONTRACT OF					
			TO FROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		174,561.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		177,308.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND		•		MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		129,796.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		121,417.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0.		150,228.	150,228. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		171,122.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		323,968.	323,968. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL	·				
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		132,220.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		201,101.	201,101. AND EQUIPMENT	VALUE

Part II Continuation of Gr		MEDSHAKE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
	ants and Other As	sistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.		(Schedule F (Form 990), Part II, line 1)	30), Part II, line	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)
	15	SUB-SAHARAN AFRICA - ANGOLA	TO PROVIDE MEDICAL					
			SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		FASO,	EQUIPMENT	0.		119,314.	AND EQUIPMENT	VALUE
	15	IARAN						
			TO PROVIDE MEDICAL				1	
		BURKINA FASO,	SOFFLES AND EQUIPMENT	0		277,728.	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALUE
を表現のである。 のでは、	15	SUB-SAHARAN						
		- ANGOLA,	TO PROVIDE MEDICAL					
		ANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		٥,	equi patent	0.		122,521.	AND EQUIPMENT	VALUE
	<u>15</u>	IARAN						
		- ANGOLA,	TO PROVIDE MEDICAL					
		ANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
	B I	o,	equi pment	0		1994710.	1994710, AND EQUIPMENT	VALUE
	18							
	7		TO PROVIDE MEDICAL					
		ANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
	Ħ	BURKINA FASO,	EQUIPMENT	0.		151,907.	AND EQUIPMENT	VALUE
	<u>5</u>							
			TO PROVIDE MEDICAL	•••				
		MA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
	B t	SURKINA FASO,	EQUI PMENT	0		162,795.	162,795. AND EQUIPMENT	VALUE
		IARAN						
		- ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND	c		0	MEDICAL SUPPLIES	FAIR MARKET
	á 15		COT LIBERT			317,210.	UND POOLEMENT	МАТОБ
		GOLA,	TO PROVIDE MEDICAL					•
	II	BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
	e Pt	SURKINA FASO,	EQUIPMENT	0		46,500	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
	*	- ANGOLA,	TO PROVIDE MEDICAL					
		SOTSWANA,	SUPPLIES AND	,		1	MEDICAL SUPPLIES	FAIR MARKET
		BUKKINA FASO,	EQUI PMENT			115,377.	115,377, AND EQUIPMENT	VALUE

Schedule F (Form 990)	MEDSHARE	ARE INTERNAT	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation of	Grants and Other A	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	30), Part II, line	0	
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	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		122,993.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA, BURKINA FASO,	SUPPLIES AND EQUIPMENT	0		794 005	MEDICAL SUPPLIES AND EQUIPMENT	FAIR MARKET VALIDE
		SUB-SAHARAN				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
	V (2)	BURKINA FASO,	EQUIPMENT	0.		198,650.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		99,737.	99,737. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					•
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		154,586.	154,586, AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND	,			MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		176,666.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		SURKINA FASO,	EQUIPMENT	0		209,486.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						•
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		380 056	AND EQUIPMENT	VALUE
		AFRICA - ANGOLA, BENIN ROTSWANA	TO PROVIDE MEDICAL				SELECTION STRUCTURE	HANGEN GIR
		BURKINA FASO	EOUIPMENT	0		41 250.	41 250 AND EQUIPMENT	VALUE

Schedule F (Form 990)	MEDSHARE	ARE INTERNATI	IONAL, INC.		58-2433968	33968		Page 2
Part II Continuation of	Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	_ [(Schedule F (Form 990), Part II, line 1)	90), Part II, line	()	
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	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	equi pment	·		112,425.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA, BURKINA FASO	SUPPLIES AND SOUIPMENT	c		115 185	MEDICAL SUPPLIES AND ROTTEMENT	FAIR MARKET VALITE
の記載を持ち、多いのである。 いったっ		SUB-SAHARAN				• • • • • • • • • • • • • • • • • • • •		
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					_
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	0		139,604.	139,604. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0		76,861.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND		_		MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		139,375.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					٠
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		166,735.	166,735. AND EQUIPMENT	VALUE
		₹ .	:					
			TO PROVIDE MEDICAL				•	
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		136,206.	AND EQUIPMENT	VALUE
日本 地名 かんかん いんかん かんり		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	0.		166,417.	AND EQUIPMENT	VALUE
					•			

Page 3

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.

on of (h) Method of valuation of (book, FMV, appraisal, other)					
of (g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients				;	
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2016

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2016

Yes X No

6

Schedule F (Form 990) 2016 MEDSHARE INTERNATIONAL, INC.	<u>58-2433</u> 968	Page 5
Part V Supplemental Information	···	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accou	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	rmation. See Instructions.	
DADE T. LINE 2.		
PART I, LINE 2:		
THERE ARE NO CASH GRANTS AWARDED OUTSIDE THE UNITED STATE	S. ALL FOREIGN	
ASSISTANCE IS IN THE FORM OF DONATED MEDICAL SUPPLIES AND	EQUIPMENT.	
· · · · · · · · · · · · · · · · · · ·		
	•	
		
	<u> </u>	
	<u> </u>	
	<u></u>	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

➤ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 of 990-EZ) and its instructions is at www.lrs.gov/form990 Inspection

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

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization						Employer ide	ntification number
	E INTERNATIONAL, I					58-2433	
Part I Fundraising Activities required to complete this par	Complete if the organization answe t.	red "Y	'es* or	n Form 990, Part IV, I	ine 1	7, Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ rofessi	non-g gover aising ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
				,			
				,			
						-	
Tabel		<u> </u>					
List all states in which the organizatio or licensing.		ontribu	utions	or has been notified	it is e	exempt from req	gistration
<u> </u>				<u> </u>			

Pa		le G (Form 990 or 990 EZ) 2016 MEDSHAI Fundraising Events. Complete if the	RE INTERNATION	NAL, INC.	W line 18 or reported	2433968 Page :
		of fundraising event contributions and g				
		or tartatalong of our contributions and g	(a) Event #1	(b) Event #2 SHARE THE	(c) Other events	(d) Total events (add col. (a) through
æ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	314,369.	240,618.	256,784.	811,771
	2	Less: Contributions	290,570.	229,193.	217,149.	736,912
	3	Gross income (line 1 minus line 2)	23,799.	11,425.	39,635.	74,859
	4	Cash prizes			<u> </u>	
	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
pense	6	Rent/facility costs	3,000.		39,157.	42,157
Direct Expenses	7	Food and beverages		7,003.	1,050.	8,053
ă	8	Entertainment			1,200.	5,600
	9	Other direct expenses	163,286.	13,843.	91,460.	268,589
	10			***************************************		324,399
	11	Net income summary. Subtract line 10 from	line 3, column (d)		<u>.,,</u>	-249,540
Pa	rt l		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a,	1	(b) Pull tabs/instant	***	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
> 1						
æ	1	Gross revenue				
	2	Gross revenue				
	2					
	3	Cash prizes				
Direct Expenses Re	3	Cash prizes Noncash prizes				
	3	Cash prizes Noncash prizes Rent/facility costs		Yes%No	Yes % No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%		No No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	No	No No	
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d)	No	No No	
b C Direct Expenses	3 4 5 6 7 8 Entist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming a	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ▶	Yes No
b C Direct Expenses	3 4 5 6 7 8 Entist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No ▶	Yes No
g to Direct Expenses	3 4 5 6 7 8 Entist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming a	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No tates?	No D	Yes No

b If "Yes," explain: _

		-2433	968	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	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
12	Indicate the percentage of gaming activity conducted in:		103	
		احمدا	I	0/
	The organization's facility		-	%
	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 > \$			
	If "Yes," enter name and address of the third party:			
	, 100, 0110, 1110,			
	Name			
	Address >			
	Address			
16	Gaming manager information:			
	Name			<u>.</u>
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	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 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	lines 9. 9	b. 10Ł	. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		-,	,,
	· · · · · · · · · · · · · · · · · · ·		-	
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Schedule G (Form 990 or 990-EZ) MEDSHARE INTERNATIONAL, INC.	58-2433968 Page 4
Schedule G (Form 990 or 990-EZ) MBDSHARE INTERNATIONAL, INC. [Part IV Supplemental Information (continued)	
	<u></u>
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

OMB No. 1545-0047

Employer identification number

Inspection

58-2433968

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

INC

MEDSHARE INTERNATIONAL,

Name of the organization

Department of the Treasury

internal Revenue Service

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ž . ထ (h) Purpose of grant or assistance HOSPITAL/CLINICAL HOSPITAL/CLINICAL CEDICAL SUPPLIES HOSPITAL/CLINICAL HOSPITAL/CLINICAL HOSPITAL/CLINICAL MEDICAL SUPPLIES HOSPITAL/CLINICAL XYes 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 O PROVIDE TO PROVIDE TO PROVIDE TO PROVIDE O PROVIDE TO PROVIDE SOUIPMENT EQUIPMENT EQUIPMENT QUIPMENT EQUIPMENT EQUIPMENT 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 MEDICAL SUPPLIES MEDICAL SUPPLIES MEDICAL SUPPLIES MEDICAL SUPPLIES (g) Descríption of noncash assistance AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT (f) Method of valuation (book, FMV, appraisal, other) FMV È 5,159. FMV 10,305, FIMT Ā 903. FMV ,663, 9,610. 1,668,509. (e) Amount of non-cash assistance 9 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 0 0 . . 0 ö (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) ត្ត 54-1930105 PC 90-0332259 PC 94-2186268 61-1591265 26-2583954 94-1697002 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? BAYVIEW HUNTERS POINT MULTIPURPOSE SF CITY IMPACT HEALTH AND WELLNESS 1 (a) Name and address of organization BERKELEY COMMUNITY HEALTH PROJECT - SAN FRANCISCO, CA 94124 SENIOR SERVICES - 1250 LASALLE or government 9925 INTERNATIONAL BLVD GLEANING FOR THE WORLD CENTER - 140 TURK ST. SACRAMENTO, CA 95816 FRANCISCO, CA 94102 2339 DURANT AVENUE BERKELEY, CA 94704 CONCORD, VA 24538 OAKLAND, CA 94603 7539 STAGE ROAD CLARA'S HOUSE 3319 J STREET OAKLAND STOMP Part Part II AVENUE

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

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Schedule I (Form 990) MEDSHARE INTERNATIONAL, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	INTERNATIONAL, Assistance to Governments	ONAL, INC.	izations in the Uni		(Schedule I (Form 990), Part II.)		58-2433968 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMEONE CARES, INC. OF ATLANTA 1950 SPECTRUM CIRCLE SUITE A140 MARIETTA, GA 30067	41-2025888	D.G.	•0	9,730	FMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
VISITING HOMEMAKER HOME HEALTH AIDE SERVICE OF BERGEN COUNTY 298 UNION STREET - HACKENSACK, NJ 07601	22-1610844	PC	0	5,731.	ΔИД	MEDICAL SUPPLIES AND EQUIPMENT	
						1	
							Schedule I (Form 990)

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

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.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MEDSHARE INTERNATIONAL, INC.

Questions Regarding Compensation

Employer identification number 58-2433968

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	SVE		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel		400	
	Travel for companions Payments for business use of personal residence		200	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	4.00		
	Discretionary spending account 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	1b		-21. E 25
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		学课	1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	() V	5 ° 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1
		VANT W	M. Paris	3
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	12.63		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			3.0
	establish compensation of the CEO/Executive Director, but explain in Part III.		4277	
	Compensation committee X Written employment contract	47 9 844 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	独拟	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		for by	
	To the source of datase of ganzations	1000		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			200
7	organization or a related organization:			
_	Parallel and the second and the seco	1.00		v
_	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	F 7.51	<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		18.7	
	Out			
_	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		94	1
	contingent on the revenues of:		ized.	<u> </u>
	The organization?	5a		<u>X</u>
b	Any related organization?	5b	Strong and g	X
	If "Yes" on line 5a or 5b, describe in Part III.		30.90	
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:		. N.	
а	The organization?	6a		_X
b	Any related organization?	6b		X
	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		N.	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1000
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3.5		
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2016

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.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	_	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	<u>-</u>
EDDING	E	198,780.	10,815.	0	4,143.	6,523.	220,261.	0
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Schedule J (Form 990) 2016

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2016

Name of the organization							Emp	loyer	identi	fication	on nu	mber
MEDS	HARE	INTERNAT	ION	ΆĹ,	INC.		58	-24	3396	58		
Part I Excess Benefit Ti												
Complete if the organiz						, or Form 990-EZ, Pa	art V, lii	ne 40	b	_		
(a) Name of disqualified person	(b)	Relationship bety person and or			lified () Description of tran	saction	า				cted?
		poroon and or	garnze							Y	es	No
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2 Enter the amount of tax incurre			•		-	- ,						
section 4958					ranization			> \$				
b Litter the amount of tax, if any,	On mie z,	above, remindrs	eu by	u ie oig	ganization	***************************************		4				
Part II Loans to and/or F	rom Int	terested Pers	ons.									
Complete if the organiz	ation ans	wered "Yes" on f	orm 9	90-EZ	, Part V, line 38a or F	form 990, Part IV, line	e 26; o	r if th	e orgar	nizatio	n	
reported an amount on		1							L I			
	elationship organization			oan to or nithe	(e) Original principal amount	(f) Balance due	(g) defai		(h) App by boa	ard or	(i) V	Vritten
witterested person with	n yanızanını	O IOan		zation?	principal aniount		$\overline{}$		commi	ittoo:		ment?
A.B. SHORT SEE	PT V	SEE PT V	_	From	159,128.	524,055.	Yes	No X	Yes	No	Yes X	<u>No</u>
21.2. 51101(1 522		DEE II V		27	133,120.	324,033.	l				Α.	
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Total					> \$	524,055.		2. V. y		. 1	- 1	<u>. </u>
Part III Grants or Assista	nce Ber	nefiting Interd	estec	Per	sons.	-						
Complete if the organiz	ation ansv	wered "Yes" on F	orm 9	90, Pa	rt IV, line 27.						_	
(a) Name of interested person		(b) Relationship			(c) Amount of assistance	(d) Type assistand				Purpo Issista		f
		interested pers the organiza		a	assistance	assistant	J .	- 1	а	,551512	rice	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 L.	(Form	990 or	990-EZ1	2010

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public

Name of the organization

MEDSHARE INTERNATIONAL, INC.

58-2433968

Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII,	d on	l non	(d) Method of de cash contribu			s
1	Art - Works of art	Х	5		590.	FAIR	MARKET	VAI	JUE	
2	Art - Historical treasures		"							
3	Art - Fractional interests							_		
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes			-						
8	Intellectual property			······································		†				
9	Securities - Publicly traded									_
10	Securities - Closely held stock			 -:						
11	Securities - Partnership, LLC, or									
••	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential		_							
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles	х	3	1	700.	FATR	MARKET	T/AT	JIR	
19	Food inventory			- /	7000		THE THE T	V 2 11	.011	
20	Drugs and medical supplies	X	22,438	20,006,	183.	FATR	MARKET	37 2 T	TIE.	
21	Taxidermy		22,100	20,000,		*****	IZZICICIJI	V 111	1013	
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (SHIPPING)	X	1	183	590.	FATR	MARKET	7727	TTP	
26	Other (TRAVEL)	X	11				MARKET			
27	Other (WINE AND OTHE)	X	40				MARKET			
28	Other (TICKETS AND P)	X	15	12	<u> </u>	CYID	MARKET	VAL	TTP	
29	Number of Forms 8283 received by the organiz				700.	PAIN	IMAKKIST	VAL	206	
29	for which the organization completed Form 828				<u>~</u>					
	for which the organization completed (only oze	DO, FARTY, L	wiee Ackilowiedg	emem	29					
20-	During the year did the experiention receive by	. oontributio		undered the Deced I. Heren	4	L 00 4L-		Y5.47	Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date				_		tn		47	
									· ·	v
	exempt purposes for the entire holding period?	***************************************	***********************	••••		••••••		30a		X
	If "Yes," describe the arrangement in Part II.	allau that	auton the	famirmanets-decite	ا عالىلىسى	:0	-		ું	
31	Does the organization have a gift acceptance p		·	-		ions?		31	Х	
32a	Does the organization hire or use third parties of		-	•					1	77
	contributions?					••••••		32a		X
	If "Yes," describe in Part II.									-
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	tor which column (a) is chec	ked,				
	describe in Part II.			-				. 4 . 4 .	13.00	

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

Schedule M	(Form 990) (2016)	MEDSHARE	INTERNATIONAL,	INC.	58-2433968	Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information. t I, column (b), the dditional informati	Provide the information requinumber of contributions, the on,	ired by Part I, lines 30b number of items recei	o, 32b, and 33, and whether the organiza ved, or a combination of both. Also comp	tion olete
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 58-2433968

MEDSHARE INTERNATIONAL INC

MEDSHARB INTERNATIONAL, INC.	58-2433968
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
COMPANIES AND DISTRIBUTE THOSE ITEMS TO HEALTHCARE PARTNER	S AROUND THE
WORLD. OUR FOUR PROGRAMS AND ONE SERVICE REFLECT OUR FOCUS	AREAS:
MATERNAL & CHILD HEALTH, INFECTIOUS DISEASE CONTROL & PREV	ENTION,
DISASTER RELIEF, PRIMARY CARE, AND BIOMEDICAL EQUIPMENT TR	AINING &
REPAIR SERVICE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
VULNERABLE PATIENTS AROUND THE WORLD. IN 2017, MEDSHARE DO	NATED MORE
THAN \$20 MILLION IN AID TO SUPPORT THE HEALTH OF COMMUNITI	ES AROUND THE
WORLD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
EACH TRUSTEE RECEIVES AN ELECTRONIC COPY OF THE FORM 990 W	ITH A REQUEST
THAT THEY REVIEW AND SUBMIT ANY QUESTIONS TO THE CHIEF FIN	ANCIAL OFFICER.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY AND COMPLIANCE FORM ARE SE	NT ANNUALLY TO
EACH TRUSTEE AND THE CEO. COMPLIANCE IS MONITORED BY THE C	FO.
FORM 990, PART VI, SECTION B, LINE 15A:	· · · · · · · · · · · · · · · · · · ·
THE SALARY FOR THE CEO WAS AGREED UPON BY THE BOARD OF TRU	STEES AFTER A
THOROUGH REVIEW OF SALARY DATA COMPARISONS. AN ANNUAL REVI	EW IS COMPLETED
BY THE EXECUTIVE COMMITTEE, WHO REQUEST INPUT FROM ALL TRU	STEES, AND IS
REVIEW WITH THE BOARD.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MEDSHARE INTERNATIONAL, INC.	Employer identification number 58-2433968
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
GA, AL, AR, AZ, CA, CO, CT, DE, FL, ID, IL, IN, IA, KY, LA, MA, MD, ME, MI, M	IN, MO, MT, NC, NE, NH
NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WY, DC	,
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AV	AILABLE ON THE
ORGANIZATION'S WEBSITE AND UPON REQUEST.	
	
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International about 5 cm 500 T and 1s instructions is a valiable at view view growth of the control of the co							mr 20 001	_	0040
De cet enter SSI numbers on this form as it may be made pable if your organization is a 50 (cg)		Forca						_	2016
A Check box 4 address changed B Exempt under section S 591(c) (12 de) S 901(c) (12 de) S 901(c) (12 de) S 901(c) (12 de) S 901(c) (12 de) S 901(c) (12 d								ŀ	Open to Public Inspection for
Bompet under scale color Print MEDSHARE INTERNATIONAL, INC. Se-243396 Section Print MEDSHARE INTERNATIONAL, INC. Section Print Pri							auon is a bullego).	D Empk	oyer identification number
Section Comparison Compar						and do mod dollonor,			
August Sabora S		Print	MEDSHARE IN	5	8-2433968				
Quarter Qua						tructions.			
DECATUR, GA 30034 C Board all lasests E Group repertipion number (See instructions.)	= $=$ $=$.,,,,						1	
C Books are fall accessed. I Group exemption number (See instructions.) Name Na	$=$ $ \cdot$				r foreign	postal code			
H Describe the organization by primary unrelated business activity. ▶ The Describe the organization is primary unrelated business activity. ▶ The primary was the corporation as substidity in a related group or a parent-subsideary controlled group? ▶ Yes X No If Yes, other the name and identifying number of the parent corporation. ▶ The books are race of ▶ K THUBRITY L ABOONE Telephone number ▶ 404-537-5072 The Books are race of ▶ THUBRITY L ABOONE Telephone number ▶ 404-537-5072 Part II Unrelated Trade or Business Income (A) Iscome (B) Expenses (C) Not 14 Closs recolds of Schiedule A, line 7) 2 Cost of poods sold (Schiedule A, line 7) 2 Cost of poods sold (Schiedule A, line 7) 3 Cross profit. Subtract fine 2 from line 1 3 Cost pools (Schiedule A, line 7) 4 Copital spain not income (attach Schedule D) 4 At Copital spain not income (attach Schedule D) 4 At Copital spain not income (attach Schedule D) 4 At Copital spain not income (attach Schedule D) 5 Iscome (Ross) from partnerships and S corporations (attach statement) 5 Iscome (Ross) from partnerships and S corporations (attach statement) 5 Interest, annualis, crystilles, and into stom controlled organizations (Sch. 1) 8 Interest, annualis, crystilles, and into stom controlled organizations (Sch. 1) 9 Investment income of a section 501(e)(7), (9), of (17) organizations (Sch. 1) 10 Compensation of offices, directors, and trustees (Schedule S) 11 Advertising income (Schedule S) 12 Compensation of offices, directors, and trustees (Schedule K) 13 Total. Combine lines 3 through 12 14 Constructions Not Taken Elsewhere (See instructions for institutions on deductions) 15 Spaines and maintenance 16 Constructions (Schedule S) 17 Interest (attach schedule) 18 Total. Combine lines 3 through 12 19 Copital controlled organization organization plans 20 Contributions (See instructions for institution rules) 21 Coppensation of affices, directors, and trustees (Schedule K) 22 Less depreciation claimed on Schedule A and delewhere on return 2	n Book value of all assets	E Grou	•		<u> </u>			.1	
H Describe the organization's primary americals business activity. ▶ 1 Uniting the but year, was the corporation a subidiary in antifiliated group or a parent-subsidiary controlled group? ▶ Yes X No 1 The books are in case of ▶ KIMBERLY LABOONE Telephone number ◆ 40.4 − 5.37 − 5.07.2 PERTI Unrelated Trace of ▶ KIMBERLY LABOONE (A) Income (B) Expenses (C) Net 1 a Gross realipts or sales 1 Less refures and althowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit, Subtract line 2 from line 1c 4 a Capital gale and tincome (attach Schedule D) 4 to Expense (A) Income 4 to Expense (A) Income 4 to Expense (A) Income 5 Gross profit, Subtract line 2 from line 1c 4 to Capital gale and concern (attach Schedule D) 4 to Expense (A) Income (attach Schedule D) 5 to Read (Schedule C) 6 to Capital loss deduction for trusts 6 c 6 c 6 c 7 Unrelated ded-financed income (Schedule E) 7 Unrelated ded-financed income (Schedule E) 8 Interest, annulties, reyalties, and erms from controlled organizations (Sch.F) 8 Interest, annulties, reyalties, and erms from controlled organizations (Sch.F) 9 Interest (attach Schedule D) 10 Exploited exempt activity income (Schedule B) 11 Other Income (Schedule B) 12 Other Income (Schedule B) 13 Total, Combine lines bitwough 12 14 Compensation of officers, gild exerters, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 17 Income (Schedule C) 18 Compensation of officers, gild exerters, and trustees (Schedule K) 19 Exploited exempt activity income (Schedule A) 19 Increased (Income C) 10 Expense (Income C) 10 Expense (Income C) 11 Expense (Income C) 12 Increased (Income C) 12 Increased (Income C) 14 Compensation of officers, gild exerters, and trustees (Schedule K) 19 Expense (Income C) 10 Expense (Income C) 10 Expense (Income C) 10 Expense (Income C) 11 Expense (Income C) 12 Increased (Income C) 12 Increased (Income C) 13 Total (Income C) 14 Increased (Income C) 15 Salaries and wages 15	atend of vear				n [501(c) trust	401(a) trust		Other trust
Durising the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No							40 I(a) (103)		Other a use
The books are in care of					nt-subsid	iary controlled group?	▶ [Ye	s X No
Part Unrelated Trade or Business Income	If "Yes," enter the name a	ınd ideni	tifying number of the paren	t corporation.					
1 a Gross receipts or sales								_	537-5072
b Less returns and allowances 1e 2 3 3 3 3 3 3 3 3 3			de or Business Inc	ome		(A) Income	(B) Expense:	S	(C) Net
2	•			D. L.	١. ١				
3 Gross profit. Subtract fine 2 from line 1c					-		I Standard State Transfer and Average State		
4a Capital gain net income (attach Schedule D) Aa									<u>ार्या स्थापिता स्थाप समित्रा स्थापिता स्थाप</u>
Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b					 			* 17.573 * 17.573	
c Capital loss deduction for trusts 5 Income (foss) from partnerships and S corporations (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annutiles, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 601(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule I) 12 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 13 15 Compensation of officers, directors, and trustees (Schedule K) 14 16 Repairs and maintenance 15 17 Read debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 10 Charitable contributions (See instructions for limitation rules) 20 11 Depreciation (attach Form 4582) 21 12 Depreciation (attach Form 4582) 21 13 Depetion 23 14 Compines and incomes 24 15 Contributions (See instructions for limitation rules) 22 16 Depreciation (attach Form 4582) 21 17 Depreciation (attach Form 4582) 21 18 Depetion 23 19 Depetion 23 10 Depetion 24 10 Contributions to deferred compensation plans 24 11 Contributions to deferred compensation plans 25 12 Excess exempt expenses (Schedule I) 27 13 Contributions to deferred compensation plans 25 15 Excess exempt expenses (Schedule I) 27 16 Excess exempt expenses (Schedule I) 27 17 Catal deductions, Add lines 14 through 28 18 Other deductions, Add lines 14 through 28 19 Total deductions, Add lines 14 through 28 10 Unrelated business taxable income before perioperaling loss deduction. Subtract line 39 from line 30 10 Unrelated business taxable income before specific deductions for exemptions 31 1,000 10 Unrelated business taxable income before specific deductions for exemptions 31 1,000 10 Unrelated business taxable income before specific deductions for exemptions 31 1,000					-				
Rent income (Schedule C)					4c			William.	
7 Unrelated debt-financed income (Schedule E) 8 Interest, annutities, royalties, and rents from controlled organizations (Sch. F). 8 Interest, annutities, royalties, and rents from controlled organizations (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Sce instructions; attach schedule) 13 Totals. Combine lines 3 through 12. 13 Totals. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Salaries and wages 15 Salaries and wages 15 Interest (attach schedule) 17 Bad debts 17 Bad debts 17 Total interest (attach schedule) 18 Interest (attach schedule) 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Excess exempt expenses	5 Income (loss) from pa	artnersh	ips and S corporations (att	ach statement)	5	_			
Interest, annulies, royalties, and rents from controlled organizations (Sch. F) 8 8	•								
Investment income of a section 501(o)(7), (9), or (17) organization (Schedule B) 9					\vdash				
10 Exploited exempt activity income (Schedule I)				- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
11 Advertising income (Schedule J) 11 1 1 1 1 1 1 1 1									
12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 18 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 10 Charitable contributions (See instructions for limitation rules) 20 Upercelation (attach Form 4562) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Contributions to deferred schedule I) 27 Excess readership costs (Schedule I) 28 Contributions Add lines 14 through 28 29 Total deductions, Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 O. Net operating loss deduction (limited to the amount on line 30) 31 Net operating loss deduction (limited to the amount on line 30 in Intelated business taxable income before specific deductions for exceptions) 31 Net related business taxable income before specific deduction. Subtract line 31 from line 32, enter the smaller of zero or					-			-	
Total Combine lines 3 through 12					_				
Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)	13 Total. Combine lines	3 throu-	gh 12	***************************************					
14	Part II Deductio	ns No	ot Taken Elsewher	(See instructions for					<u> </u>
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 27 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 29 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 O. 31 Net operating loss deduction (limited to the amount on line 30) 31 1 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 O.					with th	e unrelated business	income.)	· ·	
16 Repairs and maintenance 16 17 17 18 Interest (attach schedule) 18 19 19 20 Charitable contributions (See Instructions for Ilmitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 O.* 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0 31 Net operating loss deduction (limited to the amount on line 30) 31 1 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 0.* 33 Specific deduction (Generally \$1,000, but see	•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************			
17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 24 24 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 29 0 • 29 Total deductions. Add lines 14 through 28 29 0 • 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0 • 31 Net operating loss deduction (limited to the amount on line 30) 31 31 32 Unrelated business taxabl	15 Salaries and wages			>		••••••••	•••••		
18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 24 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 0 • 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0 • 31 Net operating loss deduction (limited to the amount on line 30) 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 0 • 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000 • 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or									
Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Deplet	18 Interest (attach sche	dule)	•••••••••••	***************************************		***************************************			· · · · · · · · · · · · · · · · · · ·
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Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 0. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or	21 Depreciation (attach	Form 45	662)	******************************		21			
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or								22b	
Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income. Subtract line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or								$\overline{}$	
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27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 O. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or	26 Excess exempt exper	iyranis 1989 (Sc	hadula IV	***************************************	•••••	••••••••••••			
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Total deductions. Add lines 14 through 28 29 0. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 0. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	28 Other deductions (att	tach sch	edule)	*******************************	**********		******************		
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	29 Total deductions. A	d lines	14 through 28						0.
Net operating loss deduction (limited to the amount on line 30) 132 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 133 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 134 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	30 Unrelated business to	axable ir	come before net operating	loss deduction. Subtrac	t line 29 f	rom line 13		$\overline{}$	
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	31 Net operating loss de	duction	(limited to the amount on I	ine 30)		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	32 Unrelated business to	axable in	come before specific dedu	ction. Subtract line 31 fr	om line 3	0	*************************		
								33	1,000.
					-	•		,,	Λ

Form 990-1	THE STATE OF THE S	58-24	33968	Page
Part I	Tax Computation	and the second		
35	Organizations Taxable as Corporations. See instructions for lax computation.		4	
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
c	Income tax on the amount on line 34		O.S.	0
36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from:		35c	0.
•	Tay rate schedule or Schedule D. Corm 1041)		ASPACE.	
37	Tax rate schedule or Schedule D (Form 1041)		36	
38	Proxy tax. See instructions		37	
. 30	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions			
Dort IV	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies // Tax and Payments		40	0.
_				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	Other credits (see instructions) 41b			
C	General business credit, Attach Form 3800 41c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att.	ach schedule)	43	
44	Total tax. Add lines 42 and 43		44	0.
45 a	Payments: A 2015 overpayment credited to 2016 45a	• • • • • • • • • • • • • • • • • • • •	MARKET TO SERVICE STATE OF THE PARTY OF THE	<u> </u>
b	2016 estimated tax payments 45b			
c	Tax deposited with Form 8868 45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Death of the Control			
ĭ	021 (11 1 1 1 1 1 1 1			
	Other credits and payments: Form 2439			
g	Other credits and payments: Form 2439 Form 4136 Other Total ► 45g			
40				
46	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	0.
Part V	Enter the amount of line 49 you want: Credited to 2017 estimated tax	ded 🕨	50	
PARLONA SECO	Statements Regarding Certain Activities and Other Information (see instruction	ons)		
	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
ı	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	nere		Marin 10	X
52 [During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		X
l	f YES, see instructions for other forms the organization may have to file.	1000		
53 E	nter the amount of lax-exempt interest-received or accrued during the tax year			
	Under penatives of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bas correct, and gemplete. Declaration of preparer (other than taxparer) is based on all information of which preparer has any knowledge.	t of my knowle	adge and belief, it is	true,
Sign	correct, and complete. Declaration of proparer tother than taxpayery is based on all information of which proparer has any knowledge.			
Here	PRESIDENT/CEO		May the IRS discuss he preparer shown i	
	Signature of officer Date Title		nstructions)?	
	Print/Type preparer's name Preparer's signature Date Chi		if PTIN	162 140
Paid			AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
	CTTCTATT TOTAL TOT	f- employed	P0084	16200
Prepar	01	mla CIII N		
Use Or	SIX CONCOURSE/PARKWAY, SUITE 600	rm's EIN	45-40	84437
	Firm's address & AMT ANTMA CA 20200		770 200	1100
	Pi	ione no.	770-396-	
			Form	990-T (2016)

Schedule A - Cost of Good	s Sold. Enter	r method of inve	entory va	luation N/A	<u> </u>				
1 Inventory at beginning of year		-		Inventory at end of ye			6		
2 Purchases 2			7	Cost of goods sold. S					
3 Cost of labor 3				from line 5. Enter here	e and in I	Part I,			
4a Additional section 263A costs				line 2	******		7		
(attach schedule)	8	Do the rules of section	n 263A (with respect to		Yes	No		
b Other costs (attach schedule)	4b		_	property produced or	acquired	l for resale) apply to		10.00	
5 Total, Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property an	d Pers	onal Property I	Lease	d With Real Prop	erty)		
(see instructions)									
1, Description of property									
(1)									
(2)									
(3)				···					
(4)									
		red or accrued				3(a) Deductions directly	/ oonbeel		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	(b) From real of rent for the re	land perso rpersonal; ent is base	nal property (if the percents property exceeds 50% or if d on profit or income)	age			ttach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		<u> </u>	0.]		_	
(c) Total income. Add totals of columns		nter				(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column	ı (A)	▶		 	0.	Part I, line 6, column (B)	. 🕨		0.
Schedule E - Unrelated Deb	t-rinanced	income (see	e instruc	tions)					
			2.	Gross income from		Deductions directly con to debt-finance	nected w ced prop	vith or allocable erty	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deduction	s
						(attach schedule)	1	` (attach schedule)	
(1)			<u> </u>		†		+	-	
(2)			<u> </u>		1	,	_		
(3)									
(4)							1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to noed property h schedule)	6.	Column 4 divîded by column 5		7, Gross income reportable (column 2 x column 6)	(6	8, Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%			+-		
(2)				%			1		
(3)				%					
(4)				%			$oldsymbol{ol}}}}}}}}}}}}}}$		
						nter here and on page 1, Part I, line 7, column (A).		nter here and on pag Part I, line 7, column (
Totals				.	.]	0			0.
Total dividends-received deductions in								-	0.

0

0.

Totals (carry to Part II, line (5))

(4)

Form 990-T (2016) MEDSHARE INTERNATIONAL, INC. 58-24339 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Oroulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)	_					
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, fine 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27,
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2016)

Form **8868** (Rev. January 2017)

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

OMB No. 1545-1709

File a separate application for each return. Department of the Treasury ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 . Internal Revenue Service 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/efile, click on Charities & Non-Profits, and click on 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. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print MEDSHARE INTERNATIONAL, INC. 58-2433968 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3240 CLIFTON SPRINGS ROAD return. See instructions 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 Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 03 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 KIMBERLY LABOONE 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 EINs of all members the extension is for. MAY 15, 2018 , to file the exempt organization return 1 I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ___ calendar year ► X tax year beginning JUL 1, 2016 _, and ending $\,$ JUN $\,$ 30 , $\,$ $\,$ 20 $\,$ 17 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions, 3a 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 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

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

Form **8868**

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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.

·			Enter fik	er's identifyin	g number	
Type or Name of exempt organization or other filer, see ins	e or Name of exempt organization or other filer, see instructions.					
print		İ				
File by the MEDSHARE INTERNATIONAL, I	NC.			<u>58-243</u>	3968	
due date for filling your return. See 3240 CLIFTON SPRINGS ROAD	k, see instruct	ions.	Social se	curity number	(SSN)	
instructions. City, town or post office, state, and ZIP code. For DECATUR, GA 30034	a foreign addi	ress, see instructions.				
Enter the Return Code for the return that this application is for	(file a separat	e application for each return)			0 7	
Application	Return	Application			Return	
Is For	Code	Is For			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	
KIMBERLY LABO	ONE		•		<u>, </u>	
• The books are in the care of ▶ 3240 CLIFTON	SPRINGS	RD - DECATUR, GA	30034	L		
Telephone No. ► 404-537-5072						
If the organization does not have an office or place of business.	- ess in the Uni					
• If this is for a Group Return, enter the organization's four dig					oup, check this	
box ▶ . If it is for part of the group, check this box ▶						
1 I request an automatic 6-month extension of time until		45 0044		npt organizatio		
for the organization named above. The extension is for the						
	•					
calendar year or						
X tax year beginning JUL 1, 2016	. an	d ending JUN 30, 2017				
2 If the tax year entered in line 1 is for less than 12 months			inal retur	·		
Change in accounting period	,			.,		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 47:	20. or 6069. e	nter the tentative tax, less any				
nonrefundable credits. See instructions.	,, ,	and the territario tary root arry	3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 60	69. enter anv	refundable credits and	 			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					
c Balance due, Subtract line 3b from line 3a. Include your			1 -	··· •	0.	
by using EFTPS (Electronic Federal Tax Payment System	, ,	. , .	3c	Ś	0.	
Caution: If you are going to make an electronic funds withdraw				d Form 8879-l		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045