

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MEDSHARE INTERNATIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3240 CLIFTON SPRINGS ROAD City or town, state or province, country, and ZIP or foreign postal code DECATUR, GA 30034 F Name and address of principal officer: CHARLES REDDING 3240 CLIFTON SPRINGS RD, DECATUR, GA 30034 | D Employer identification number 58-2433968 E Telephone number 770-323-5858 G Gross receipts \$ 23,201,365. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.MEDSHARE.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1998 M State of legal domicile: GA |

Part I Summary

| | | | |
|-------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: WE EFFICIENTLY COLLECT SURPLUS MEDICAL SUPPLIES AND BIOMEDICAL EQUIPMENT FROM U.S. HOSPITALS AND | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 48 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 16636 |
| 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 27,220,504. | 23,092,450. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 31,205. | 35,342. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -307,248. | -136,046. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 26,944,461. | 22,991,746. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 17,120,674. | 16,560,519. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | 3,061,735. | 3,094,652. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,068,613. | 11,875. | 39,625. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,894,069. | 2,864,053. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 23,088,353. | 22,558,849. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,856,108. | 432,897. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 22,797,911. | 23,656,815. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 462,551. | 904,141. |
| | | 22,335,360. | 22,752,674. |

Part II Signature Block

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

| | | |
|------------------|---|---------------------|
| Sign Here | Signature of officer CHARLES REDDING, PRESIDENT/CEO Type or print name and title | Date 3/15/21 |
|------------------|---|---------------------|

| | | | | | |
|-------------------------------|--|--|-------------------------|---|--------------------------------|
| Paid Preparer Use Only | Print/Type preparer's name M. SUSAN HILL | Preparer's signature M. SUSAN HILL | Date 03/15/21 | Check if self-employed <input type="checkbox"/> | PTIN P00846200 |
| | Firm's name ▶ WARREN AVERETT, LLC | | | | Firm's EIN ▶ 45-4084437 |
| | Firm's address ▶ SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328 | | | | Phone no. 770-396-1100 |

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 20,766,629. including grants of \$ 16,560,519.) (Revenue \$ 23,173.) DURING THE FISCAL YEAR 2020, THE MEDSHARE MISSION SERVED 4.8 MILLION PATIENTS IN 61 COUNTRIES THROUGH OUR MATERNAL & CHILD HEALTH, PRIMARY CARE, DISASTER RELIEF, AND INFECTIOUS DISEASE CONTROL & PREVENTION PROGRAMS. OUR BIOMEDICAL EQUIPMENT TRAINING & REPAIR SERVICE HAS SUPPORTED MORE THAN 1,000 ENGINEERS, TECHNICIANS, AND END-USERS THROUGHOUT THE WORLD.

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

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses 20,766,629.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | X |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | X | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, charitable contributions, and organizational status.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a | | 18 |
| b | Enter the number of voting members included on line 1a, above, who are independent | | 18 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA, AL, AZ, CA, CO, CT, DE, FL, HI, ID, IL, IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ERIKA MITCHELL - 404-537-5072**
3240 CLIFTON SPRINGS RD, DECATUR, GA 30034

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANGELINE FIFE PAST CHAIR | 1.50 | X | | | | | | 0. | 0. | 0. |
| (2) IBRAHEEM T. BADEJO, PH.D. TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (3) JOSH COVETT TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (4) DONNA DRUMMOND TREASURER | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (5) EVAN GLOVER TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (6) DAVID KOCHMAN VICE CHAIR/SECRETARY | 1.50 | X | | X | | | | 0. | 0. | 0. |
| (7) MIKE TUCK TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) MENDAL A. BOUKNIGHT TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (9) THOMAS ASHER TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) KATHLEEN BARKSDALE TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) DANA H. HALBERG, CFA TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) SANDY TYTEL TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) IRA HOROWITZ, M.D. TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) KASSY KEBEDE TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) KEITH WINN CHAIR | 1.50 | X | | X | | | | 0. | 0. | 0. |
| (16) SAM ASHKNAZ TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) TOM HAWK TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) PAT SALBER TRUSTEE | 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) CHARLES REDDING PRESIDENT /CEO | 40.00 | | | X | | | | 210,688. | 0. | 12,435. |
| (20) CRISTINA WELLS SOUTHEAST REGIONAL DIRECTOR | 40.00 | | | | | X | | 101,281. | 0. | 7,756. |
| (21) NELL DIALLO FORMER VP OF INTERNATIONAL DEVELOP | 40.00 | | | | | | X | 121,793. | 0. | 7,756. |
| (22) ERIC TALBERT FORMER WESTERN REGIONAL DIRECTOR | 40.00 | | | | | | X | 127,632. | 0. | 11,113. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 561,394. | 0. | 39,060. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 561,394. | 0. | 39,060. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|--|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 553,726. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 22,538,724. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 15,415,675. | | | | |
| | h Total. Add lines 1a-1f | | | 23,092,450. | | | |
| Program Service Revenue | 2 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 35,342. | | | 35,342. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost or other basis and sales expenses | 7b | | | | | | |
| c Gain or (loss) | 7c | | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 553,726. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 50,400. | | | | |
| | | | 209,619. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -159,219. | | -159,219. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 16,827. | | | | |
| | | | 0. | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 16,827. | 16,827. | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS REVENUE | Business Code | | | | | |
| | b | 900099 | 6,346. | 6,346. | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 6,346. | | | |
| 12 Total revenue. See instructions | | | 22,991,746. | 23,173. | 0. | -123,877. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,174,368. | 3,174,368. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 13,386,151. | 13,386,151. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 643,371. | 386,022. | 96,506. | 160,843. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,962,965. | 1,137,910. | 326,524. | 498,531. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 16,800. | 10,080. | 2,520. | 4,200. |
| 9 Other employee benefits | 287,744. | 215,578. | 34,804. | 37,362. |
| 10 Payroll taxes | 183,772. | 116,635. | 21,021. | 46,116. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 1,883. | | 1,883. | |
| b Legal | 59,920. | | 59,920. | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 39,625. | | | 39,625. |
| f Investment management fees | 11,703. | | 11,703. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 337,091. | 201,651. | 30,017. | 105,423. |
| 12 Advertising and promotion | 25,389. | 1,598. | | 23,791. |
| 13 Office expenses | 130,166. | 33,415. | 41,486. | 55,265. |
| 14 Information technology | 116,989. | 30,032. | 37,287. | 49,670. |
| 15 Royalties | | | | |
| 16 Occupancy | 854,555. | 803,281. | 25,637. | 25,637. |
| 17 Travel | 108,054. | 67,819. | 22,740. | 17,495. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,816. | 1,140. | 382. | 294. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 113,919. | 113,919. | | |
| 23 Insurance | 78,741. | 71,517. | 5,676. | 1,548. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SHIPPING COSTS | 784,280. | 784,280. | | |
| b EQUIPMENT EXPENSES | 222,332. | 222,332. | | |
| c MISCELLANEOUS | 10,143. | 4,629. | 4,467. | 1,047. |
| d HIRING EXPENSES | 6,892. | 4,135. | 1,034. | 1,723. |
| e All other expenses | 180. | 137. | | 43. |
| 25 Total functional expenses. Add lines 1 through 24e | 22,558,849. | 20,766,629. | 723,607. | 1,068,613. |
| 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)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 981,116. | 1 | 3,333,898. |
| | 2 Savings and temporary cash investments | 507,968. | 2 | 509,784. |
| | 3 Pledges and grants receivable, net | 239,719. | 3 | 212,812. |
| | 4 Accounts receivable, net | 2,025. | 4 | 8,663. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 699,193. | 5 | 700,156. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 17,124,354. | 8 | 15,865,888. |
| | 9 Prepaid expenses and deferred charges | 127,354. | 9 | 116,031. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,970,372. | | |
| | b Less: accumulated depreciation | 10b 1,329,706. | | |
| | 11 Investments - publicly traded securities | 1,694,351. | 10c | 1,640,666. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,234,954. | 11 | 1,183,346. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 186,877. | 14 | 85,571. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 22,797,911. | 15 | 23,656,815. | |
| Liabilities | 17 Accounts payable and accrued expenses | 409,001. | 16 | 350,291. |
| | 18 Grants payable | | 17 | |
| | 19 Deferred revenue | 53,550. | 18 | 553,850. |
| | 20 Tax-exempt bond liabilities | | 19 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24 | |
| | 26 Total liabilities. Add lines 17 through 25 | 462,551. | 25 | 904,141. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | 26 | |
| | 27 Net assets without donor restrictions | 19,316,800. | 27 | 19,169,506. |
| | 28 Net assets with donor restrictions | 3,018,560. | 28 | 3,583,168. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 22,335,360. | 32 | 22,752,674. |
| 33 Total liabilities and net assets/fund balances | 22,797,911. | 33 | 23,656,815. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,991,746. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 22,558,849. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 432,897. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 22,335,360. |
| 5 | Net unrealized gains (losses) on investments | 5 | -15,583. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 22,752,674. |

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 24409309. | 24713272. | 20912881. | 27297154. | 23082450. | 120415066 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 24409309. | 24713272. | 20912881. | 27297154. | 23082450. | 120415066 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 37543241. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 82871825. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 24409309. | 24713272. | 20912881. | 27297154. | 23082450. | 120415066 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 47,313. | 48,677. | 49,220. | 31,205. | 35,342. | 211,757. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 106,767. | 501. | 68,162. | | 6,346. | 181,776. |
| 11 Total support. Add lines 7 through 10 | | | | | | 120808599 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 124,870. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|--|-------------------------------------|-------|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 68.60 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 68.16 | % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10a, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | | % |

Section D. Computation of Investment Income Percentage

| | | | |
|--|-----------|--|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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. All Supporting Organizations

- 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.
- 3b 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.
- 3c 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.
- 4b 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.
- 4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 5b **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?
- 5c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 9b 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**.
- 9c 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.
- 10b 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 |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

MEDSHARE INTERNATIONAL, INC.

58-2433968

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 2,152,278. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 2,577,210. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 1,437,945. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 1,010,001. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 850,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MEDSHARE INTERNATIONAL, INC.

58-2433968

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 756,246. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 484,426. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MEDSHARE INTERNATIONAL, INC.

58-2433968

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| <u>1</u> | MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____ | \$ <u>2,152,278.</u> | _____ |
| <u>2</u> | MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____ | \$ <u>2,577,210.</u> | _____ |
| <u>3</u> | MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____ | \$ <u>1,437,945.</u> | _____ |
| <u>4</u> | MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____ | \$ <u>1,010,001.</u> | _____ |
| <u>7</u> | MEDICAL SUPPLIES AND EQUIPMENT _____ _____ _____ | \$ <u>756,246.</u> | _____ |
| <u>8</u> | MEDICAL SUPPLIES AND EQUIPMENT _____ _____ _____ | \$ <u>484,426.</u> | _____ |

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number 58-2433968

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,234,955. | 1,183,020. | 1,193,220. | 1,130,923. | 1,128,012. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 16,782. | 63,596. | 1,758. | 111,670. | 13,813. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 56,688. | | | 38,000. | |
| f Administrative expenses | 11,703. | 11,661. | 11,958. | 11,373. | 10,902. |
| g End of year balance | 1,183,346. | 1,234,955. | 1,183,020. | 1,193,220. | 1,130,923. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 84.51 %
 - c Term endowment 15.49 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 340,552. | | 340,552. |
| b Buildings | | 1,932,048. | 822,771. | 1,109,277. |
| c Leasehold improvements | | 3,100. | 3,100. | 0. |
| d Equipment | | 383,042. | 318,375. | 64,667. |
| e Other | | 311,630. | 185,460. | 126,170. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,640,666. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

| | | | | |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 22,968,039. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -15,583. | |
| b | Donated services and use of facilities | 2b | 3,579. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | -12,004. | |
| 3 | Subtract line 2e from line 1 | 3 | 22,980,043. | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11,703. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | 11,703. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 22,991,746. | |

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

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

| | | | | |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 22,550,725. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 3,579. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 3,579. | |
| 3 | Subtract line 2e from line 1 | 3 | 22,547,146. | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 11,703. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | 11,703. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 22,558,849. | |

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

MEDSHARE INTERNATIONAL, INC.

58-2433968

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 2,055,610. |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 202,157. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 118,579. |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 3,768. |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 46,022. |
| RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 284. |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 1,224,684. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 814,849. |
| 3 a Subtotal | 0 | 0 | | | 4,465,953. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 8,893,197. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 13,359,150. |

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

Schedule F (Form 990) 2019

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (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 |
|---|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | MEDICAL SUPPLIES & EQUIPMENT | 8,893,197. |
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| | | | | | |
| Totals | | | | | 8,893,197. |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 151,612. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 125,715. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 125,012. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 126,868. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 144,667. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 149,786. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 146,576. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 166,804. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **58**

3 Enter total number of other organizations or entities **0**

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 98,816. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 161,020. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 201,309. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 100,036. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 149,035. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 207,491. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 141,355. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 140,723. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 156,517. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE | |

| Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | |
|---|--|---|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant |
| (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance |
| (i) Method of valuation (book, FMV, appraisal, other) | | | |
| 1 | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 200,874. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 132,775. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 296,741. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 150,340. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 155,022. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 164,878. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 118,318. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 166,691. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT |
| 125,351. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT |
| FAIR MARKET VALUE | | | |

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 174,295. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 138,368. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 113,528. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 201,275. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 192,179. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 124,359. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 171,058. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 125,601. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 165,852. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

| Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | |
|--------------------------|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| 1 | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 142,310. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 162,524. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 146,807. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 134,368. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 123,850. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 118,692. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 115,818. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 237,490. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 114,574. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| 1 | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 141,408. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 141,019. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 125,118. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 106,425. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 46,750. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 210,239. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 50,000. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 110,430. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 133,144. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

MEDSHARE INTERNATIONAL, INC.

58-2433968

| Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990) Part II, line 1) | | | | | | |
|---------|---|--|----------|--|----|--------------------------------|-------------------|
| 1 | (a) Name of organization | (b) IFS code section and EIN (if applicable) | | | | | |
| | (c) Region | (d) Purpose of grant | | | | | |
| | (e) Amount of cash grant | (f) Manner of cash disbursement | | | | | |
| | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | | | | | |
| | (i) Method of valuation (book, FMV, appraisal, other) | | | | | | |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 115,017. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 109,431. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 160,424. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 138,562. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 13,516. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 8,203. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 15,076. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 12,903. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 6,664. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, SUB-SAHARAN | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 133,725. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 12,482. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 219,736. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 144,376. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 215,651. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 58,970. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 23,000. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 116,496. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 117,809. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

| Part II | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. | Schedule F (Form 990), Part II, line 1) | | | | | | |
|--------------------------|---|---|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| 1 | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 130,139. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 85,887. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 146,708. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 111,795. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 121,820. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 80,486. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 62,250. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 137,634. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 128,827. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

| Part II | | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | |
|--------------------------|--|--|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 138,546. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 184,884. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 20,354. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 155,046. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 40,000. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 127,224. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 84,869. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 142,213. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT | 118,579. | | 0. | MEDICAL SUPPLIES AND EQUIPMENT | FAIR MARKET VALUE |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
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.

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number
58-2433968

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| WELLSPRING NONPROFIT RESOURCE, INC - 2870 | GRANTWRITING | | X | 0. | 20,625. | -20,625. |
| THE MENDALGROUP LLC - 220 PONCE DE LEON PL #524, | DEVELOPMENT CONSULTANT | | X | 0. | 19,000. | -19,000. |
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| Total | | | | | 39,625. | -39,625. |

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

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|--|---------------------|------------------|---------------------------------|
| | | KALEIDOSCOPE | SHARE THE GOOD GALA | 1 | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 | 283,580. | 218,027. | 102,519. | 604,126. |
| | 2 | 257,180. | 194,027. | 102,519. | 553,726. |
| | 3 | 26,400. | 24,000. | | 50,400. |
| Direct Expenses | 4 | | | | |
| | 5 | | | | |
| | 6 | 12,200. | 3,000. | | 15,200. |
| | 7 | 20,035. | 43,349. | 3,315. | 66,699. |
| | 8 | 9,250. | 2,500. | | 11,750. |
| | 9 | 91,825. | 8,175. | 15,970. | 115,970. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 209,619. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -159,219. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
| | | 1 | | | |
| Direct Expenses | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

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

(I) NAME OF FUNDRAISER: THE MENDALGROUP LLC

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2019
Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| GLEANING FOR THE WORLD 7539 STAGE ROAD CONCORD, VA 24538 | 54-1930105 | 501 (C) (3) | 0. | 1,014,984. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD., SUITE 12 OAKLAND, CA 94603 | 26-2583954 | 501 (C) (3) | 0. | 49,989. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ORDER OF MALTA CLINIC 2121 HARRISON ST., SUITE 1 OAKLAND, CA 94612 | 20-5969389 | 501 (C) (3) | 0. | 6,439. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| CONTRA COSTA COMMUNITY OUTREACH CLINIC AND LABORATORY - 4041 LONETREE WAY, SUITE 101 - ANTIOCH, CA 94531 | 82-5065577 | 501 (C) (3) | 0. | 12,060. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ALPHA CLINICS 138 S. ORCHARD AVE. VACAVILLE, CA 95688 | 68-0114145 | 501 (C) (3) | 0. | 22,566. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| PLACE OF HOPE CLINIC 5404 JONESBORO RD. LAKE CITY, GA 30260 | 58-2656313 | 501 (C) (3) | 0. | 18,978. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **17.**

3 Enter total number of other organizations listed in the line 1 table: **23.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2019)**

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | | | | | |
|--|--|---|----|--------------|--------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | | | | |
| | | | | | | |
| (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | | | |
| (g) Description of non-cash assistance | | (h) Purpose of grant or assistance | | | | |
| FTX OUR FERRALS 12226 SAN PABLO AVE. RICHMOND, CA 94805 | 94-3297241 | 501 (C) (3) | 0. | 6,810. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| KAISER PERMANENTE ONE KAISER PLAZA OAKLAND, CA 94612 | 94-6365467 | | 0. | 521,352. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| THE BROOKDALE HOSPITAL MEDICAL CENTER - 1 BROOKDALE PLAZA - BROOKLYN, NY 11212 | 11-1631746 | | 0. | 200,520. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| NEW YORK CITY MAYOR'S OFFICE 253 BRADWAY #10 NEW YORK, NY 10007 | | | 0. | 139,161. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| NYC HEALTH + HOSPITALS/ELMHURST 79-01 BROADWAY ELMHURST, NY 11373 | 36-2167784 | | 0. | 86,724. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| SAN FRANCISCO PUBLIC HEALTH 101 GROVE ST. SAN FRANCISCO, CA 94102 | 94-6000417 | | 0. | 84,165. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| KINGSBROOK JEWISH MEDICAL CENTER C/O RUTLAND NURSING HOME - 585 SCHEMECTADY AVE. - BROOKLYN, NY 11203 | 11-1631759 | | 0. | 66,795. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| SETON MEDICAL CENTER 1201 WEST 38TH ST. AUSTIN, TX 78705 | 74-1103643 | | 0. | 65,237. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| GRADY MEMORIAL HOSPITAL 80 JESSE HILL JR. DRIVE SE ATLANTA, GA 30303 | 26-2037695 | | 0. | 54,849. FMV | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II), Part II.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ALAMEDA HEALTH CONSORTIUM 101 CALLAN AVE. STE. 300 SAN LEANDRO, CA 94577 | 51-0189590 | | 0. | 44,789. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| MONTEFIORE MEDICAL CENTER 111 E. 210TH ST. BRONX, NY 10467 | 13-1740114 | | 0. | 42,796. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| JEWISH HOME & HOSPITAL FOR AGED 3150 HOWELL MILL RD. NW ATLANTA, GA 30327 | 13-1624033 | | 0. | 40,505. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| BRONX CARE HEALTH SYSTEM 1650 GRAND CONCOURSE BRONX, NY 10457 | 13-1974191 | | 0. | 39,500. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| PROVIDENCE HOSPITAL 2121 SANTA MONICA BLVD. SANTA MONICA, CA 90404 | 95-1684082 | | 0. | 39,500. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| SF CITY IMPACT HEALTH AND WELLNESS CENTER - 140 TURK ST. - SAN FRANCISCO, CA 94102 | 90-0332259 | | 0. | 31,664. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL - 1680 E. 120TH ST. - LOS ANGELES, CA 90059 | 27-4658935 | | 0. | 27,385. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ANAHEIM GLOBAL MEDICAL CENTER 1025 S. ANAHEIM BLVD. ANAHEIM, CA 92805 | 55-0833859 | | 0. | 22,458. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ATLANTIC HEALTH SYSTEM 100 MADISON AVE. MORRISTOWN, NJ 07960 | 22-3380375 | | 0. | 19,750. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CAPITAL HEALTH SYSTEM 750 BRUNSWICK AVE. TRENTON, NJ 08638 | 22-3548695 | | 0. | 19,750. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| HACKENSACK MERIDIAN HEALTH 30 PROSPECT AVE. HACKENSACK, NJ 07601 | 22-1487278 | | 0. | 19,750. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| KAISER RICHMOND 901 NEVIN AVE. RICHMOND, CA 94801 | 94-6365467 | | 0. | 18,905. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| PARTNERS FOR HOME 275 PRYOR ST. SW ATLANTA, GA 30303 | 47-3476724 | 501 (C) (3) | 0. | 16,529. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| BUILDING FUTURES 1840 FAIRMWAY DR. SAN LEANDRO, CA 94577 | 94-3100741 | 501 (C) (3) | 0. | 13,949. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ETIENNE HEALTH 4122 E. PONCH DE LEON AVE. CLARKSTON, GA 30021 | 82-3920554 | 501 (C) (3) | 0. | 11,406. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| PHOEBE PUTNEY 417 W. 3RD AVE. ALBANY, GA 31701 | 58-1928247 | | 0. | 9,552. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| ANTIOCH URBAN MINISTRIES 466 NORTHSIDE DR. NW ATLANTA, GA 30318 | 58-1972467 | 501 (C) (3) | 0. | 7,546. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| COHEN CHILDREN'S MEDICAL CENTER 269-01 76TH AVE. NEW HYDE PARK, NY 11040 | 11-2241326 | | 0. | 6,818. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY ADVANCED PRACTICES NURSES - 173 BOULEVARD NE - ATLANTA, GA 30312 | 58-2435328 | 501 (C) (3) | 0. | 6,123. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| JUSTICE FOR ALL 221 UPPER RIVERDALE RD JONESBORO, GA 30236 | | 501 (C) (3) | 0. | 5,625. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| LAVA MAE 1701 MONARCH ST. SUITE 200 ALAMEDA, CA 94501 | 81-0832318 | 501 (C) (3) | 0. | 5,549. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| RAPHA CLINIC OF WEST GEORGIA 253 E. HIGHWAY 78 TEMPLE, GA 30179 | 27-1188932 | 501 (C) (3) | 0. | 5,530. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| LIFELONG MEDICAL CARE - TRUST CLINIC - 2344 6TH ST. - BERKELEY, CA 94710 | 94-2502308 | 501 (C) (3) | 0. | 5,382. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| MARIN COMMUNITY CLINICS 5 BON AIR RD. SUITE 117, BLDG D. LARKSPUR, CA 94939 | 94-2237120 | | 0. | 5,310. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |
| GOOD SAMARITAN HEALTH CENTER OF COBB, INC. - 1605 ROBERTA DR. SW - MARIETTA, GA 30008 | 32-0045238 | 501 (C) (3) | 0. | 5,048. FMV | | MEDICAL SUPPLIES AND EQUIPMENT | TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2 :

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

SUPPLIES

| |
|--|
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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number
58-2433968

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | | | | | | | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | X | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | | X | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | X | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | X | | | | | | | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | | | | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | | | | | | | | |
| a The organization? | | X | | | | | | | | |
| b Any related organization? | | X | | | | | | | | |
| If "Yes" on line 5a or 5b, describe in Part III. | | | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | | | | | | | | |
| a The organization? | | X | | | | | | | | |
| b Any related organization? | | 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 not described on lines 5 and 6? If "Yes," describe in Part III | | X | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | | | | | | | | |

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------------|-------------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHARLES REDDING PRESIDENT / CEO | (i) 199,549. (ii) 0. (iii) 0. | (i) 11,139. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 210,688. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| (2) NELL DIALLO FORMER VP OF INTERNATIONAL DEVELOP | (i) 121,329. (ii) 0. (iii) 0. | (i) 464. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 121,793. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| (3) ERIC TALBERT FORMER WESTERN REGIONAL DIRECTOR | (i) 127,158. (ii) 0. (iii) 0. | (i) 474. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 127,632. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
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| | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |
| | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. | (i) 0. (ii) 0. (iii) 0. |

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|--------------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| A.B. SHORT | SEE PT V | SEE PT V | | X | 159,128. | 700,156. | | X | X | | | X |
| | | | | | | | | | | | | |
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| Total | | | | | | \$ 700,156. | | | | | | |

Total ▶ \$ 700,156.

Part III Grants or Assistance Benefiting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |
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Part V Supplemental Information.

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

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

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

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

(C) PURPOSE OF LOAN: SEE PART V

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 159,128. (F) BALANCE DUE \$ 700,156.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCHEDULE L PART II, LOANS TO INTERESTED PERSONS

PURPOSE OF LOAN:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | X | 3 | 550. | FAIR MARKET VALUE |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 1,200. | FAIR MARKET VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>EQUIPMENT AND</u>) | X | 0 | 15,120,430. | FAIR MARKET VALUE |
| 26 Other ▶ (<u>SHIPPING</u>) | X | 0 | 280,332. | FAIR MARKET VALUE |
| 27 Other ▶ (<u>TRAVEL</u>) | X | 7 | 7,208. | FAIR MARKET VALUE |
| 28 Other ▶ (<u>EXPERIENCE</u>) | X | 13 | 5,655. | FAIR MARKET VALUE |

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

29 **2**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

DINING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

OTHER

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number
58-2433968

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

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

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

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

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

DURING TWENTY-TWO YEARS OF SERVICE TO MEDICALLY UNDERSERVED
COMMUNITIES, MEDSHARE HAS DONATED \$237 MILLION IN AID TO SERVE MORE
THAN 25 MILLION PATIENTS IN 117 COUNTRIES AND TERRITORIES. IN SERVICE

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number
58-2433968

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

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

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

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

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

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

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

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

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

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

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

FORM XII, LINE 2C

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

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number

58-2433968

INDEPENDENT ACCOUNTANT.

Lined area for additional information.

EXTENDED TO MAY 17, 2021
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

2019

Department of the Treasury
Internal Revenue Service

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

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 23,656,815; D Employer identification number 58-2433968; E Unrelated business activity code; F Group exemption number; G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of ERIKA MITCHELL Telephone number 404-537-5072

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12. Total income 0.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule) (see instructions); 19 Taxes and licenses; 20 Depreciation (attach Form 4562); 21 Less depreciation claimed on Schedule A and elsewhere on return; 22 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 27; 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13; 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions); 31 Unrelated business taxable income. Subtract line 30 from line 29.

Part III Total Unrelated Business Taxable Income

| | | | |
|----|---|----|--------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 0. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0. |

Part IV Tax Computation

| | | | |
|----|--|----|----|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax. See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. |

Part V Tax and Payments

| | | | |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 46a | |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3800 | 46c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | 0. |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | |
| b | 2019 estimated tax payments | 51b | |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | |
| 52 | Total payments. Add lines 51a through 51g | 52 | |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 53 | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 56 | |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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

Sign Here
 Signature of officer: *[Signature]* Date: 13/15/21 Title: **PRESIDENT/CEO**

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

Paid Preparer Use Only

| | | | | |
|---|----------------------|----------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| M. SUSAN HILL | M. SUSAN HILL | 03/15/21 | | P00846200 |
| Firm's name | Firm's EIN | | | |
| WARREN AVERETT, LLC | 45-4084437 | | | |
| Firm's address | Phone no. | | | |
| SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328 | 770-396-1100 | | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | | | | |
|----|---|----|--|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____
 (2) _____
 (3) _____
 (4) _____

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (If the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|--|---|--|--|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |

Totals: Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations | | | | |
|------------------------------------|---|-------------------------------------|--|---|
| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 25. |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

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. Circulation 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. |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 26. 0. |

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

| Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 | | | |
|--|-------------|-----------------------------------|-------------|
| Application Is For | Return Code | Application Is For | Return Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

ERIKA MITCHELL

- The books are in the care of ▶ **3240 CLIFTON SPRINGS RD - DECATUR, GA 30034**
Telephone No. ▶ **404-537-5072** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

ERIKA MITCHELL

- The books are in the care of ▶ **3240 CLIFTON SPRINGS RD - DECATUR, GA 30034**
Telephone No. ▶ **404-537-5072** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

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

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

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

Form 8868 (Rev. 1-2020)

