#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **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

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

В	Ob1		ending (	JON 30, 2020					
	Check applica	C Name of organization		D Employer identifi	cation number				
	Add	MEDSHARE INTERNATIONAL, INC.							
	Nam char	0		58-2433968					
	Initia		Doom/ouite						
	Fina	2240 CLIEBON CDDINGC BOXD	Room/suite						
	term	City or town, state or province, country, and ZIP or foreign postal code		770-323-	Name and Address of the Owner o				
		nded DECAMITE CA 20024		G Gross receipts \$	23,201,365.				
	Appl			H(a) Is this a group re					
	pend	Ing   2010	0034	for subordinates					
1	Tax-e	xempt status: $\overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) c		H(b) Are all subordinates in					
		ite: WWW.MEDSHARE.ORG	or 527		list. (see instructions)				
		f organization: X Corporation Trust Association Other	I Vans	H(c) Group exemptio					
	art I	Summary	L Year	or formation: 1990 N	M State of legal domicile: GA				
4	1	Briefly describe the organization's mission or most significant activities: WE EI	FICIF	NTLY COLLECT	r giirdi.iig				
Governance		MEDICAL SUPPLIES AND BIOMEDICAL EQUIPMENT	FROM	U.S. HOSPIT	ALS AND				
rna	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	eate				
Š	3	Niconal and the second of the		3	18				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18				
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	*************	5	48				
Ϋ́	6	Total number of volunteers (estimate if necessary)			16636				
Activities &	7 a	Total unrelated business revenue from Dort VIII Lucy (0) II - 10		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
				Prior Year	Current Year				
o	8	Contributions and grants (Part VIII, line 1h)		27,220,504.	23,092,450.				
aun	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	MAX 17A (10A)	31,205.	35,342.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-307,248.	-136,046.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,944,461.	22,991,746.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,120,674.	16,560,519.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,061,735.	3,094,652.				
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		11,875.	39,625.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,068,61	.3.						
Ш	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.				
s or			Be	ginning of Current Year	End of Year				
ssets	20	Total assets (Part X, line 16)		22,797,911.	23,656,815.				
Net Ass Fund Bal	21	Total liabilities (Part X, line 26)		462,551.	904,141.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		22,335,360.	22,752,674.				
	rt II	Signature Block							
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is				
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.					
0:		Signature of officer							
Sign				Date 3/15	121				
Here	9	CHARLES REDDING, PRESIDENT/CEO Type or print name and title		7(3	, –				
		D. LE	1.	Date Check	T DTIN				
Paid			- 1	if L	PTIN				
Prep		M. SUSAN HILL M. SUSAN HILL Firm's name WARREN AVERETT, LLC	10	3/15/21 self-employe					
Use		Firm's address SIX CONCOURSE PARKWAY, SUITE 600		Firm's EIN ▶ 4	45-4084437				
-50	,	ATLANTA, GA 30328			206 4422				
May	the II	RS discuss this return with the preparer shown above? (see instructions)		Phone no. 777	0-396-1100				
02000	1 01 0	LUA For Personal Published A LUA For Personal			X Yes No				

Form	990 (2019) MEDSHARE INTERNATIONAL, INC.	<u> 58-2433968</u>	Page 2
	t III   Statement of Program Service Accomplishments		
1 (1)	Check if Schedule O contains a response or note to any line in this Part III		X
			· · · · · · · · · · · · · · · · · · ·
1	Briefly describe the organization's mission:	መተውሮ አለነጉ ለነነ	TR
	MEDSHARE IMPROVES THE QUALITY OF LIFE OF PEOPLE, COMMUNI	CAT CUDDITEC	
	PLANET THROUGH THE SOURCING AND DELIVERY OF SURPLUS MEDI	CAL SUPPLIES	
	AND EQUIPMENT TO COMMUNITIES IN NEED.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	Did the organization undertake any significant program as more daring the year	Yes	X No
	prior Form 990 or 990-EZ?		<del></del> -
	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	AIND
	If "Yes " describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	nd
	Section 50 (c)(a) and 50 (c)(4) organizations are required to report the uniform of grants and	•	
	revenue, if any, for each program service reported.	. 23	173.)
4a	(Code:) (Expenses \$20 , 766 , 629 . including grants of \$16 , 560 , 519 . ) (Rever	100 \$ A O MATTITON	
	DURING THE FISCAL YEAR 2020, THE MEDSHARE MISSION SERVED	4.6 MILLILION	
	DATTENTS IN 61 COUNTRIES THROUGH OUR MATERNAL & CHILD HE	ALTH, PRIMAR	<u> </u>
	CARE, DISASTER RELIEF, AND INFECTIOUS DISEASE CONTROL &	PREVENTION	
	PROGRAMS. OUR BIOMEDICAL EQUIPMENT TRAINING & REPAIR SER	VICE HAS	
	SUPPORTED MORE THAN 1,000 ENGINEERS, TECHNICIANS, AND EN	D-USERS	
	SUPPORTED MORE THAN 1,000 ENGINEERS, IECHNICIAMS, AND EM	р ордаго	
	THROUGHOUT THE WORLD.		
	AS WE CONTINUE TO BE MISSION FOCUSED, THREE STRATEGIC IM	IPERATIVES GU	TDE
	OUR DAILY WORK - ACHIEVING GREATER RECIPIENT IMPACT; CRE	ATING	
	CAPITAL-EFFICIENT GROWTH AND ENSURING ORGANIZATIONAL EXC	ELLENCE. IN	-
	CAPITAL-EFFICIENT GROWTH AND MODE PRODUCTION COMMINITERING	TN WAVE THE	VT
	OTHER WORDS, WE WANT TO HELP MORE PEOPLE AND COMMUNITIES	TH MATERIAL	
	WILL LEAVE A MORE LASTING IMPACT.		
4b	(Code:) (Expenses \$	nue \$	}}
4-	(Code:) (Expenses \$) (Reve	enue \$	)
4c	(Code: ) (Expenses \$		
			<del></del>
		<u></u>	
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$		
4e	20 766 629		
<del>-1</del> 0	LOWI MIGRICIAN CALIFORNIA CONTROL OF THE CONTROL OF	Form	<b>990</b> (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
_	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? /f "Yes," complete Schedule C, Part I	3		Х
4	section so items) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ì		
=	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
0	and the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
٠	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9	Schedule D, Part III	8		X
J	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
••	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			14 to
		15.5		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
b	Part VI	11a	<u>X</u>	
IJ	3 mile 12. that is 5% or more of its total			
_	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VII	11b		X
C	an amount for investments - program related in Part X, line 13, that is 5% or more of its total	İ		•
ام	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII	11c		X
u	an eoliganization 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 167 If "Yes," complete Schedule D, Part IX	11d		_x
4	the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
<b>L</b>	Schedule D, Parts XI and XII	12a	X	
Q	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
148	bid the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ø	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			l
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
iv	the organization report on Fart IA, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		i	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Vas "	1		
0A -	complete Schedule G, Part III	19		_X_
zua •	bid the digalization operate one or more nospital facilities? If "Yes." complete Schedule H	20a		Х
D	if yes to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
32003	01-20-20	Form	990 (	2019)

Form 9	990 (2019) MEDSHARE INTERNATIONAL, INC. 58-243	3968	Pa	age <b>4</b>
Parl	IV Checklist of Required Schedules (continued)		1	<del></del>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_≏_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		<b></b>	
	Schedule J	23_	_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			707
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	<del></del> -	<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	Ų v
	Schedule L, Part I	25b		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	<u>26</u>	<u> X</u>	<u> </u>
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		1	37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L., Part III	27	1 1.	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):	N. S.	. P. S.	2.37
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			177
	"Yes " complete Schedule L. Part IV	28a	<del> </del>	X X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	┼	-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		1	17.
	"Ves " complete Schedule I 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	. 30	X	37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	┼	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.
	Schedule N, Part II	32	1	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	33	+	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		٠.
	Part V, line 1	. 34	+-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	<del>- </del>	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	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	'		₹.
	If "Ves " complete Schedule R. Part V. line 2	36	+-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	***
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ĺ		
	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pa	rt 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	<u> </u>		6 111 1 111
	1b	UI :	10.30	1.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? ------X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Dld the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand ..... 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see instructions and file Form 4720, Schedule N. is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) MEDSHARE INTERNATIONAL, INC. 58-2433968 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 8b below, and for a "No" response to lines 2 through 7b below 8b bel to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line da, bb, or rob below, describe the discussional property in			X
	Check if Schedule O contains a response or note to any line in this Part VI		.,	<u> </u>
Sect	tion A. Governing Body and Management		Yes	No
	18		Tes	NO 1
1a	Enter the number of voting members of the governing body at the end of the tax year	-	1	
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
	officer, director, trustee, or key employee?			-21
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		· X
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	10	<del></del>	<u></u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		x
	more members of the governing body?	<u>7a</u>		<del>-^</del> -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			X
	persons other than the governing body?	7b	7	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	100
а	The governing body?	8a	_X_	<del>                                     </del>
b	Each committee with authority to act on behalf of the governing body?	8b	_^_	<b></b> -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	١.		<b>₩</b>
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	Т., -
		<u></u>	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X_
b	If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	<del>  -</del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1. 1. 194
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- S
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del> -
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X.	╁──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	\ <del></del>	
	in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14_	X	1
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	100 mg/s	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	'. :	77	V 12
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		. j. 40	7.5
	toyable entity during the year?	16a	1.0	<u>X</u>
ŀ	of "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	11.00		
	exempt status with respect to such arrangements?	16b		
Sec	ction 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, H.	[,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	) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.			
	X Another's website X Upon request Uther (explain on Schedule O)			
40	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	rcial	
19	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ERIKA MITCHELL - 404-537-5072			
	3240 CLIFTON SPRINGS RD, DECATUR, GA 30034			
	JAHO CHILLON OLIVINOS IST,		00	0.0040

Form 990 (2019)	MEDSHARE	INTERNATIONAL,	INC.	58-2433968
Part VII Compensation	on of Officers, D	irectors, Trustees, Ke	v Employees.	Highest Compensated
Employees,	and Independen	nt Contractors	,, 000,	. ngnoot compensated

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.

Page 7

- 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 (A)	(B)	i		(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				than -	one	Reportable	Reportable	Estimated
	hours per week	off	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	(list any	į	Π					from the	from related organizations	other compensation
	hours for	l die		ı		g		organization	(W-2/1099-MISC)	from the
	related	stee	iruste			Bensa		(W-2/1099-MISC)	,	organization
	organizations below	ndividual trustee or director	tional	ĺ	ploye	t com				and related
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	отты			organizations
(1) ANGELINE FIFE	1.50	1		<u> </u>	-					
PAST CHAIR		X	İ,					0.	0.	0
(2) IBRAHEEM T. BADEJO, PH.D.	0.50						-			
TRUSTEE		X						0.1	0.	0
(3) JOSH COVETT	0.50									
TRUSTEE		X				L		0.	0.	0
(4) DONNA DRUMMOND	0.50									
TREASURER (5) EVAN GLOVER		X	Ш	Х				0.	0.	0
(5) EVAN GLOVER TRUSTEE	0.50									
(6) DAVID KOCHMAN	1 50	X	_	_			_	0.	0.	0
VICE CHAIR/SECRETARY	1.50	Į "		τ,				_	_	
(7) MIKE TUCK	0.50	X		X				0.	0.	0
TRUSTEE	0.50	x		ŀ				_		_
(8) MENDAL A. BOUKNIGHT	0.50	<u>~</u>	-			$\dashv$	┰	0.	0.	0
TRUSTEE	3730	x						0.	_	0
(9) THOMAS ASHER	0.50				$\dashv$	_	-		0.	0
TRUSTEE		х			[			0.	0.	0
(10) KATHLEEN BARKSDALE	0.50									
TRUSTEE		Х						0.	0.	0
(11) DANA H. HALBERG, CFA	0.50									
TRUSTEE		Х						0.	0.	0
(12) SANDY TYTEL	0.50		İ	- 1						
TRUSTEE		X	_		[	_		0.	0.	0
(13) IRA HOROWITZ, M.D. TRUSTEE	0.50									
(14) KASSY KEBEDE	0.50	Х	_	_		_	-1	0.	0.	0.
TRUSTEE	0.50		ı						_	
(15) KEITH WINN	1.50	X	$\dashv$	-	$\dashv$		-+	0.	0.	0
CHAIR	<del>  </del>	$_{\rm x}$		x				0	ا ۾	_
(16) SAM ASHKNAZ	0.50	<del>-^-</del>	-	<del>^</del>	$\dashv$	$\dashv$	$\dashv$	0.	0.	0
TRUSTEE		x					-	0.	۱ م	•
(17) TOM HAWK	0.50		$\dashv$	$\dashv$	寸	十	$\dashv$	U.	0.	0
PRUSTEE		$\mathbf{x}$	- 1		1			0.		0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	es,	and	Hig	ghes	t Co	mpensated Employee	s (continued)	(177)
(A) (B) (C)					(D)	(E)	(F)			
Name and title	Average Position (do not check more than one					than o	ne	Reportable	Reportable	Estimated
	hours per	box.	unles	s per	son i	s both r/trus	an	compensation	compensation from related	amount of other
	week		J 61 A11	di	- 5510			from the	organizations	compensation
	(list any hours for	individual trustee or director				_		ιne organization	(W-2/1099-MISC)	from the
	related	50 8	tee			sated		(W-2/1099-MISC)	(** 2) 100000)	organization
	organizations	naster.	Institutional trustee		8	uad w		(		and related
	below	duait	utions	<u></u>	age (	est co	<u>ā</u>	!		organizations
	line)	indiy.	Instit	Officer	Key e	Highest compensated employee	Former			
(18) PAT SALBER	0.50									
TRUSTEE		x						0.	0.	0.
(19) CHARLES REDDING	40.00								_	
PRESIDENT /CEO		1		X		<u>l</u>		210,688.	0.	12,435.
(20) CRISTINA WELLS	40.00								_	
SOUTHEAST REGIONAL DIRECTOR		1		l	ļ	X		101,281.	0.	7,756.
(21) NELL DIALLO	40.00		Γ		Г				_	
FORMER VP OF INTERNATIONAL DEVELOP		1	]				X	121,793.	0.	7,756.
(22) ERIC TALBERT	40.00						_		_	44 440
FORMER WESTERN REGIONAL DIRECTOR		1_			L.		X	127,632.	0.	11,113.
		<b>1</b>				┸	<u> </u>			
			T			1	1			
		1_					<u>L</u> .			
			T							
		<u> </u>		_	上		_			
			T			l				
					Ш.		<u> </u>			+ 20 050
1b Subtotal	******************	,		,			$\blacktriangleright$	561,394.	0	
c Total from continuation sheets to Part \	II, Section A						ightharpoons	0.	0	
d. Total (add lines th and 1c)							$\triangleright$	561,394.	0	. 39,060.
Total number of individuals (including but	not limited to t	hose	liste	ed a	bov	e) w	ho re	eceived more than \$100	,000 of reportable	4
compensation from the organization					_			<u> </u>		Ly a Lya
										Yes No
3 Did the organization list any former office	r, director, trus	tee,	key	emp	oloy	ee, c	r hiç	ghest compensated emp	oloyee on	
line 1a7 If "Voc." complete Schedule I for	such Individual	١								3 X
4 For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens	atio	n an	d otl	her compensation from	the organization	
and related organizations greater than \$1	50.000? If "Yes	s. " C	amo	lete	Sch	nedu	le J .	for such individual		4 X
5 Did any person listed on line 1a receive or	r accrue compe	nsa	tion '	from	an	y un	relat	ed organization or indivi	idual for services	5 X
rendered to the organization? /f "Yes." co	mplete Schedu	ile J	for s	uch	pei	rson				5 X
Section R. Independent Contractors										
Complete this table for your five highest of	compensated in	dep	ende	ent o	cont	ract	ors t	hat received more than	\$100,000 of compen	sation from
the organization. Report compensation for	r the calendar	year	<u>end</u>	ing '	with	or v	vithi	n the organization's tax	year.	
(A)								(B) Description of		(C) Compensation
Name and busine	ss address	N	ОИ	E				Description of	SEI VICES	Compondation
									1	
									1	
									7.0	en en en en en en en en en en en en en e
2 Total number of independent contractors	(including but	not	limit	ed t	o th	ose	iste	d above) who received r	nore than	
\$100,000 of compensation from the orga	nization 🕨 _					0		<del></del>		Form <b>990</b> (2019
										Form <b>かかい</b> (2019

			Check if Schedule O contains a respo	nse or note to any l	ine in this Part VIII			<u> </u>
_	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	왬		Federated campaigns1a			· · · · · · · · · · · · · · · · · · ·		N. S. C. C. S.
ž,	3		Membership dues1b					
ທົ	₽	C	Fundraising events1c	553,726	.]			
焉	뼚	d	Related organizations 1d		1			
ś	8	e Government grants (contributions) 1e						
ٔ جَاِ	3		All other contributions, gifts, grants, and		┪			
₹.	9		similar amounts not included above 11	22,538,724				
Ę.	2	g		15,415,675.	<b>-1</b>			
ठ	뛽	h	Total. Add lines 1a-1f		🕇 til state og til State og til			
	T-			Business Code	23,092,450.	<u> </u>	THE COURT IN AGE.	<u> </u>
•	۱,	2 a		Busiless Code				
Program Service	-	b			<del> </del>	<u> </u>		
ğ	9	c		_				
E	ğ	4		-				
65.	2	û				<u> </u>		
ည	1	4	All alla	_				· · · · · · · · · · · · · · · · · · ·
_			All other program service revenue					
	+-	<u>g</u>		<u></u>				San Territoria
	3	•	Investment income (including dividends, int	erest, and				
	١.		other similar amounts)		35,342.			35,342.
	4		Income from investment of tax-exempt bon	d proceeds				· · · · · · · · · · · · · · · · · · ·
	5	'	Royalties	<u> </u>				
	١.		(i) Real	(ii) Personal				. (584), 646° Å. (1
	6		Gross rents6a					
	ł		Less: rental expenses 6b				ank, was ki	
	ŀ	C	Rental income or (loss) 6c					
	İ							<u> </u>
	7	а	Gross amount from sales of (i) Securitie	s (ii) Other			NO 50 188 NO 2015 150 8	1012 1012
	ļ		assets other than inventory 7a					
	l	b	Less: cost or other basis					
≗			and sales expenses 7b					
Ver		¢	Gain or (loss)7c					ng mgasakaya sa malaka manasaka matawa matana matana
Other Revenue			Net gain or (loss)			<u>e en l'alle de l'Alle de l'Alle de l'alle de </u>	<u> 8 1 50 - 8 1 6 6 6 6 6</u>	
Ē	8	а	Gross income from fundraising events (not			\$ <sup>56</sup> 7) - La - Simon Samu	Jag States to Live	Min. kuwimbinin 18 umi 1
₹			including \$ 553,726 of					
			contributions reported on line 1c). See					
			PR	3a 50,400.				对文学的发行。
				3b 209,619.				
			Net income or (loss) from fundraising events		-159,219.		<u>s voldesferter († 1911)</u>	
			Gross income from gaming activities. See		7,00,00 (10, 10) (7		accessors for the second of	-159,219.
			Doub IV Bu = 40	,				
		b		Da Do				
			Net income or (loss) from gaming activities	70				
		a	Gross sales of inventory, less returns		ta dati iliyo waka tuki na kabajia waka	1994 (A) + 935, 1 28 (A) + 1	and the second of	
			and all and	16 927				
		h		0a 16,827. 0b 0.				
			Net income or (loss) from sales of inventory	<u> </u>	16.000			
		-	The state of those mont sales of inventory	Rueinons On di	16,827.	16,827.	<u> </u>	
SI	11	a l	MISCELLANEOUS REVENUE	Business Code 900099				
Je j		น: b	THE TAXABLE PARTY	200033	6,346.	6,346.		
scellaneo Revenue		r.		· <del>  </del>				
Miscellaneous Revenue			All other revenue	<del>   </del>				
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<u></u>	6,346.			
	14		retain revenue. See instructions	<b></b>	22,991,746.	23,173.	0.	-123,877.

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	organizations must com his Part IX	рівсь соімінні (гу.	
	Check if Schedule O contains a respon-	(A) I	IDI I	(C)	( <b>D)</b> Fundraising
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	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				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	13,386,151.	13.386.151		
	individuals. See Part IV, lines 15 and 16	13,500,12521			
	Benefits paid to or for members				
	Compensation of current officers, directors,	643,371.	386,022.	96,506.	<u>160,843.</u>
	trustees, and key employees				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1	<u> </u>		
7	Other salaries and wages	1,962,965.	1,137,910.	326,524.	498,531.
7 8	Pension plan accruals and contributions (include				4 000
O	section 401(k) and 403(b) employer contributions)	16,800.	10,080.	2,520.	4,200. 37,362.
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):			!	
··	Management				
b	Legal	1,883.		1,883.	
	Accounting	59,920.		59,920.	
	Lobbying		- The state of the	Tantas (fr. 203, 239)	39,625.
e	Professional fundraising services. See Part IV, line 17	39,625.		11,703.	39,023.
f	Investment management fees	11,703.		11,703.	
g	Other. (If line 11g amount exceeds 10% of line 25,		001 651	30,017.	105,423.
Ū	column (A) amount, list line 11g expenses on Sch 0.)	337,091.	201,651.		23,791.
12	Advertising and promotion	25,389.	1,598. 33,415.		55,265.
13	Office expenses	130,166.	30,032.		49,670.
14	Information technology	116,989.	30,032.	37,2070	
15	Royalties	054 555	803,281.	25,637.	25,637.
16	Occupancy	854,555.	67,819.		17,495.
17	Travel	108,054.	07,013	227.201	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,816.	1,140.	382.	294.
19	Conferences, conventions, and meetings	1,010.	1,140		
20	Interest				
21	Payments to affiliates	113,919.	113,919		
22	Depreciation, depletion, and amortization	78,741.	71,517		1,548
23	Insurance				
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	ling 24e amount exceeds 10% of line 25, column (A)				pare by it specifies
	amount, list line 24e expenses on Schedule 0.) SHIPPING COSTS	784,280.	784,280		
	HOTITOMENIO EVDENCES	222,332.			
k .	ME CORT E AMPONG	10,143.	4,629	4,467	1,047
(	TENTAL DEPONDED	6,892.	4,135	1,034	
	All other expenses	180.	137		43
	Total functional expenses. Add lines 1 through 24e	22,558,849		723,607	1,068,613
<u>25</u>	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here if following SCP 98-2 (ASC 958-720)	1	1		<u> </u>

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 981,116. 3,333,898. 1 Savings and temporary cash investments ..... 2 507,968. 509,784. 2 Pledges and grants receivable, net 239,719. 212,812. 3 Accounts receivable, net 2.025. 4 8,663. 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. 700,156. 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 Notes and loans receivable, net 7 Inventories for sale or use 17,124,354. 15,865,888. 8 Prepaid expenses and deferred charges 127,354. 116,031. 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D ....... [ 2,970,372. 10a Less: accumulated depreciation \_\_\_\_\_\_ 10b 1,329,706.1,694,351. 1,640,666. 10c Investments - publicly traded securities 11 1,234,954.1,183,346. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 186,877. 15 85,571. Total assets. Add lines 1 through 15 (must equal line 33) 16 22,797,911. 16 23,656,815 Accounts payable and accrued expenses 17 409,001. 17 350,291. Grants payable \_\_\_\_\_ 18 18 Deferred revenue 19 53,550. 553.850. 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 462,551. 26 904,141 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 19,316,800. 27 19,169,506. Net assets with donor restrictions 3,018,560.28 3,583,168. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33, Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 22,335,360. 22,752,674. 32 33 Total liabilities and net assets/fund balances  $\overline{22}, \overline{7}97, 911.$ 33 23,656,815.

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open to Public

Inspection
Employer identification number

#### MEDSHARE INTERNATIONAL, INC. 58-2433968 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. \_\_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (II) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see Instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2019 MEDSHARE INTERNATIONAL, INC. 58-2433 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.)

Sec	tion A. Public Support		,				
Caler	ıdar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
					l <b></b> .	00000450	100415066
	include any "unusual grants.")	24409309.	<u> 24713272.</u>	20912881.	27297154.	23082450.	120415066
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to			<u> </u>	ļ		
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to		1				
	the organization without charge						1 2 2 4 5 2 5 5
4	Total. Add lines 1 through 3	24409309.	24713272.	20912881.	27297154.	<u>23082450.</u>	120415066
	The portion of total contributions					医复生性 美国	•
Ų	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,						
							37543241.
_	***************************************			13. 447 14. 784, 3		Displaying the	82871825.
<del>- 6</del>	Public support. Subtract line 5 from line 4.	<u>]                                    </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	24409309	24713272	20912881.	27297154.	23082450.	120415066
	Amounts from line 4	<u> </u>	B 1 1 2 0 2 1 2 1				
8	Gross income from interest,						
	dividends, payments received on		1	•			1
	securities loans, rents, royalties,	47,313.	48,677.	49,220.	31,205.	35,342	211,757.
	and income from similar sources	47,313.	20,0,,,	1 22 / 2 2 2			
9	Net income from unrelated business						
	activities, whether or not the			ì			
	business is regularly carried on			<del></del>	<del>                                     </del>		
10	Other income. Do not include gain					İ	
	or loss from the sale of capital	106,767.	501.	68,162.		6.346	181,776.
	assets (Explain in Part VI.)	100,707	301.	00,102			120808599
11	Total support. Add lines 7 through 10		Tarangan sebian Titangan Tarangan	1 1 2 1 2 1 2 1 2 1 2 2 1 2 2 2 2 2 2 2		12	124,870.
12	Gross receipts from related activities	, etc. (see instruct	ions)				
13	First five years. If the Form 990 is for		's first, second, thi	ra, tourin, or illuit	ax year as a secur	n 50 (0)(0)	▶□
_	organization, check this box and stoction C. Computation of Pub	p here	rcentage				
<u>5e</u>	ction C. Computation of Fub	ile Support re	n that has formed			14	68.60 %
14	Public support percentage for 2019	(line 6, column (f) (	divided by line 11,	column (i))			68.16 %
15	Public support percentage from 201	8 Schedule A, Par	t II, line 14		14 io 22 1/20% or 1	more check this h	
16	a 33 1/3% support test - 2019. If the	organization did r	ot check the box	on line 13, and line	14 18 33 1/378 01 1	nore, check and b	►X
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	n	d line 15 in 22 1/20	K or more check t	
- 1	b 33 1/3% support test - 2018. If the	organization did r	not check a box on	illne 13 or 16a, an	a line 15 is 35 1/3.	a Or more, or ook	▶□
	and stop here. The organization qui	alifies as a publicly	supported organi	zation		and line 14 is 100	4 or more
17	and stop here. The organization qui a 10% -facts-and-circumstances tes	st - 2019. If the o	rganization did not	cneck a box on lif	ie is, iba, or ibb,	and into 14 to 107	anization
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check 1	this box and <b>stop</b>	nere. Explain in P	art villow the org	arrization r—
	meets the "facts-and-circumstances	" test. The organiz	ation qualifies as a	publicly supporte	d organization	47	
	b 10% -facts-and-circumstances tes	st - 2018. If the o	rganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 151	S 10% OF
	more, and if the organization meets	the "facts-and-circ	umstances" test, o	check this box and	i stop here. Expla	ain in Part VI now t	ne
	organization meets the "facts-and-ci	rcumstances" test	. The organization	qualifies as a publ	licly supported org	anization	
_18	Private foundation. If the organizat	ion did not check	<u>a box on line 13, 1</u>	<u>6a, 16b, 17a, or 17</u>	7b, check this box	and see instruction	ns
					Sci	nedule A lForm 9!	90 or 990-EZ) 2019

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

Se	ction A. Public Support					<del></del>	
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 0040	1 110010	
	Gifts, grants, contributions, and	127 - 2 - 2	10) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
	membership fees received. (Do not			1	1		
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				<u> </u>		
	are not an unrelated trade or bus-	ľ					
	iness under section 513						
4	Tax revenues levied for the organ-				<u> </u>	- <u></u>	
	ization's benefit and either paid to						
	or expended on its behalf	]	1			1	
5	The value of services or facilities						
	furnished by a governmental unit to		i				
	the organization without obargo						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,,	3 received from disqualified persons				l		
Ŀ	Amounts included on lines 2 and 3 received			· .			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b				<del></del> -		
8	Public support. (Subtract line 7c from line 6.)		N. A. Lewis Physics	e lavi viste util		gradient de la constant	
Sec	tion B. Total Support		The second secon	<u> </u>	<u> </u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(-N 0040	(10040	
9	Amounts from line 6		(5) 2010	(0) 2017	(d) 2018	(e) 2019	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income					<del></del> -	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b			<del>-</del>		<u> </u>	
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				<u> </u>	<del>  </del>	
	or loss from the sale of capital	l	j				
	assets (Explain in Part VI.)						
		the ergenization?	<i>C</i>			<u> </u>	
•	First five years. If the Form 990 is for check this box and stop here	trie organization's	first, second, third	, fourth, or fifth tax	x year as a sectior	n 501(c)(3) organizat	ion,
Sec	tion C. Computation of Public	Support Por	2004000		·		<b>&gt;</b>
15	Public support percentage for 2019 (lin	Oupport Fert	-entage		<del></del>		
16	Public support percentage from 2018 s	ie o, column (1), all				15	%
Sec.	tion D. Computation of Invest	ment Incomo	I, line 15	************************		16	%
17	Investment income percentage for 204	Interit income	Percentage			<del></del>	
11	Investment income percentage for 201	9 (line 10c, colum	n (f), divided by line	∍ 13, column (f))		17	%
10~	Investment income percentage from 2	יי ארט Schedule A, F	art III, line 17			18	0/
ાઝલ	33 1/3% support tests - 2019. If the c	rganization did no	ot check the box or	line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more man 33 1/3%, check this box and	stop here. The o	organization qualific	es as a publicly su	pported organizat	tion	▶ □ □
IJ.	33 1/3% support tests - 2018. If the o	organization did no	it check a box on li	ne 14 or line 19a.	and line 16 is mo	re than 33 1/3% on	d
	ine To is not more than 33 1/3%, check	K this box and <b>sto</b>	<b>p here.</b> The organi	zation qualifies as	a publicky suppo	rted organization	
20	Private foundation. If the organization	did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see inst	ructions	<b></b>
32023	09-25-19						

#### 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

- 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** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	givi.	\$ 5
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3c		
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4c	1 1744 F	
5a_		
5b		
5c	<u> </u>	<del> </del>
6	3 44	¥ 1.3.1
7		
8		
9a		
9b_		
9c		
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10a		
10b	. 1	1

Sch	edule A (Form 990 or 990-EZ) 2019 MEDSHARE INTERNATIONAL, INC.	58-243396	8 =	ane 5
150	art IV Supporting Organizations (continued)		<u> </u>	uge o
4.4	The the country of th		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			
•	and the same of the same and th		١.	
ŀ	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		<u>.                                    </u>
	A 35% controlled entity of a person described in (a) above?	11b		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
	yr a special game actions			,
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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			F.,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			A 3 -
2	Did the organization operate for the benefit of any supported organization other than the supported	1		<del>                                     </del>
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	<b>李科</b>		Ag.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	(3.97)	Arriva Maria	
	<u>Supervised, or controlled the supporting organization</u>	2	117	`-
Sec	tion C. Type II Supporting Organizations			L
		· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		eretiki Napar	1.5
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>C</u>	<u>the supported organization(s).</u>	1	1	ä., .
360	tion D. All Type III Supporting Organizations			
-	Did the amount of		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	123	1	1.5
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			10.0
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	17.7.98	S.F.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (s), this the	2		
-	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? If "Yes," describe in Part VI the role the organization's		E.	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the arganization used to artist the latest 10 to 7	<u> </u>		
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrumnts). The organization satisfied the Activities Test. Complete line 2 below.	ıctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	_		
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	331.4.	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	e e e e e e e e e e e e e e e e e e e		
	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			3
	that these activities constituted substantially all of its activities.		3.2	- ()
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	1 m (g. 745)	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.		5 -	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	+	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			w.j
	trustees of each of the supported organizations? Provide details in Part VI.	3a	- 1	. 1 . 1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J. Ja		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	*1.1 F
32025	09-25-19			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2019

4

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sch Pa	edule A (Form 990 or 990 EZ) 2019 MEDSHARE INTE	SRNATIONAL, INC		58-2433968 Page 7
<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)(a)(3) Supporting Orga	anizations (continued)	
	Amounto poid to supported			Current Year
_1_2	Amounts paid to supported organizations to accomplish exe	empt purposes		
4	Amounts paid to perform activity that directly furthers exemply	pt purposes of supported		T
3	organizations, in excess of income from activity			
_ <u>3</u> _	Administrative expenses paid to accomplish exempt purpos  Amounts paid to acquire exempt-use assets	es of supported organization	18	
5	Qualified set-aside amounts (prior IRS approval required)			
_ <u>5</u>	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 to (provide details in Part VI). See instructions.	he organization is responsive	•	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Ento o amount arridou by into o amount	157	T	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	management (and mornance)	Excess Distributions	Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			4
a	From 2014	to see a significant		
b	From 2015			
<u>c</u>	From 2016			
d	From 2017			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	From 2018		<u> </u>	
f	Total of lines 3a through e			
	Applied to underdistributions of prior years		The Control of the Co	La of hearth and the state of t
	Applied to 2019 distributable amount	Carlo Control Agree	weeking on the sufficient for a page	
	Carryover from 2014 not applied (see instructions)	<u> </u>		i on walking a series in the series of the s
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D,			Parkete and the second of the
	line 7:			<b>国籍的人民共和国</b>
	Applied to underdistributions of prior years		The state of the s	
_ b_	Applied to 2019 distributable amount		Sept. March Street, St. Co.	<u> </u>
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if		AND THE RESERVE OF THE PARTY OF	
	any. Subtract lines 3g and 4a from line 2. For result greater		1	
	than zero, explain in Part VI. See instructions.		1	
	Remaining underdistributions for 2019. Subtract lines 3h			A CONTRACTOR CONTRACTO
	and 4b from line 1. For result greater than zero, explain in			ĺ
	Part VI. See instructions.			1
	Excess distributions carryover to 2020. Add lines 3j			MANERY WEST TO BE
	and 4c.	l [		
-	Breakdown of line 7:			
	Excess from 2015		Barrier Branch Barrier	
	Excess from 2016			
	Excess from 2017			
	Excess from 2018		A STATE OF S	
Α.	Excess from 2019	a comingration with the contract of the		

Schedule A (Form 990 or 990-EZ) 2019

Schedule / Form 980 very 2019 in the registerior requires required by Pert II, lies 10; Pert II, lies 10; Pert II, lies 10; Pert II, Section B, Ind. 20 very 2011 v. Section C, Pert IV, Section B, Ind. 20 very 2011 v. Section C, Pert IV, Section B, Ind. 20 very 2011 v. Section C, Pert IV, Section B, Ind. 20 very 2011 v. Section C, Pert IV, Section B, Ind. 20 very 2011 v. Section C, Ind. 2012 v. Section D, Ind. 2		(Form 990 or 990-EZ) 2019 MEDSHARE INTERNATIONAL, INC.	58-2433 <u>968 Page 8</u>
	Schedule A Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any 3	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V.

#### 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 Employer identification number MEDSHARE INTERNATIONAL, INC. 58-2433968 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

## MEDSHARE INTERNATIONAL, INC.

58-2433968

Part I C	ontributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and 211 1 4	\$ <u>2,577,210.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and an	\$1,437,945.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,010,001.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 -		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

2

lame of or	rganization		Pa Employer identification number
EDSHA	ARE INTERNATIONAL, INC.		F0 0400000
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional appear in peached	58-2433968
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$756,2	Person Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
8		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MEDSHARE INTERNATIONAL, INC.

58-2433968

### MEDICAL EQUIPMENT AND SUPPLIES  (a) No. (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
\$ 2,152,278.    (a)   (b)   (c)   (d		EDICAL EQUIPMENT AND SUPPLIES		
(a) No. Order of the property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.)  (A) No. (B) No. (B) Description of noncash property given (C) FMV (or estimate) (See instructions.)  (A) Date received	1   -			
No.   Column			\$ 2,152,278.	
Description of noncash property given    MEDICAL EQUIPMENT AND SUPPLIES	(a)		(c)	(4)
MEDICAL EQUIPMENT AND SUPPLIES  [a) No. No. Toron Description of noncash property given  [b) Description of noncash property given  [c) FMV (or estimate) (see instructions.)  [c) FMV (or estimate) (see instructions.)  [d) Date received  [d) Date received  [d) Date received  [d) Date received  [d) Date received  [e] FMV (or estimate) (see instructions.)  [d) Date received  [e] FMV (or estimate) (see instructions.)  [d) Date received  [e] FMV (or estimate) (see instructions.)  [d) Date received  [e] FMV (or estimate) (see instructions.)  [f] FMV (or estimate) (see instructions.)  [f] Date received  [e] FMV (or estimate) (see instructions.)  [f] Date received  [g] Date received  [f] Date received  [g] Date received	No.			
MEDICAL EQUIPMENT AND SUPPLIES  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (d) Date received  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (a) No. Toron Description of noncash property given  (b) Tetro (C) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)	rom	Description of noncash property given	(See instructions.)	Dato 15001.04.
S   2,577,210.		TOYAL TOYALWENE AND CURDY TEC		
(a) No. (b) Description of noncash property given  (a) No. (c) FMV (or estimate) (See instructions.)  (b) Date received  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) Date received  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) Date received  (g) FMV (or estimate) (See instructions.)  (g) Date received  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) Date received  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)		EDICAL EQUIPMENT AND SOFTHIES		
(a) No. Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)				
No. or one of the property given (a) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions.)  (a) MEDICAL EQUIPMENT AND SUPPLIES  (b) Description of noncash property given (c) FMV (or estimate) (see instructions.)  (a) No. or or or or or or or or or or or or or	-		\$ <u>2,577,210.</u>	
Description of noncash property given    A	(a)		(c)	(d)
MEDICAL EQUIPMENT AND SUPPLIES  (a) No. Description of noncash property given  (b) PMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Date received  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)	No.	(b)		
# MEDICAL EQUIPMENT AND SUPPLIES  (a)	from Dort I	Description of noncash property given	(See instructions.)	
\$ 1,437,945.  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. rom Description of noncash property given  (b) See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)		TEDICAL EDITIPMENT AND SUPPLIES		
\$ 1,437,945.  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (from Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Date received  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (h) Description of noncash property given  (h) Description of noncash property given  (h) Date received				
(a) No. Tom Description of noncash property given (See instructions.)  MEDICAL EQUIPMENT AND SUPPLIES  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (C) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)  (from Description of noncash property given (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)	<del></del>   -			
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)	-		\$1,437,945.	
Description of noncash property given    MEDICAL EQUIPMENT AND SUPPLIES   Sand Equipment	(a)			(d)
Part I  A MEDICAL EQUIPMENT AND SUPPLIES  (a) No. (b) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT  (a) No. (b) PMV (or estimate) (See instructions.)  (b) C FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (c) FMV (or estimate) (See instructions.)  (d) Date received	Ł	(0)		
MEDICAL EQUIPMENT AND SUPPLIES  \$ 1,010,001.  (a) No. (b) (c) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT  (a) No. (b) PTV (or estimate) (See instructions.)  (b) PTV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)		Description of noncast property given	(See instructions.)	
4		WEDICAL EQUIPMENT AND SUPPLIES		
(a) No. In the part I (b) (c) FMV (or estimate) (See instructions.)  (b) See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (a) No. In the part I (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)				
(a) No. from Description of noncash property given  Part I  MEDICAL SUPPLIES AND EQUIPMENT  (a) No. from Part I  MEDICAL SUPPLIES AND EQUIPMENT  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (FMV (or estimate) (See instructions.)  (d) Date received  FMV (or estimate) (See instructions.)				
No. from Description of noncash property given (See instructions.)    MEDICAL SUPPLIES AND EQUIPMENT   See instructions.   Column	-		\$1,010,001.	
No. from Description of noncash property given (See instructions.)    MEDICAL SUPPLIES AND EQUIPMENT   See instructions.   Column				
The part I Description of noncash property given (See instructions.)    MEDICAL SUPPLIES AND EQUIPMENT		<b>"</b> 1		(d)
Part I  MEDICAL SUPPLIES AND EQUIPMENT  (a) No. (b) Port I  MEDICAL SUPPLIES AND EQUIPMENT  (b) FMV (or estimate) (See instructions.)  (d) Date received  MEDICAL SUPPLIES AND EQUIPMENT	No.			
MEDICAL SUPPLIES AND EQUIPMENT  (a) No. (b) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT		Description of noticasti property given	(See instructions.)	
(a) Solution (b) (c) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT  B MEDICAL SUPPLIES AND EQUIPMENT		MEDICAL SUPPLIES AND EQUIPMENT		
(a) No. (b) (c) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT  (b) FMV (or estimate) (See instructions.)  MEDICAL SUPPLIES AND EQUIPMENT				
(a) No. (b) (c) (d) FMV (or estimate) (See instructions.)  8 MEDICAL SUPPLIES AND EQUIPMENT	<u>-</u>			
No. (b) from Description of noncash property given Part I  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  (C)  (See instructions.)  FMV (or estimate) (See instructions.)	-		\$756,246.	
No. (b) from Description of noncash property given Part I  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  (C)  (See instructions.)  FMV (or estimate) (See instructions.)				
No. (b) from Description of noncash property given Part I  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  (C)  (See instructions.)  FMV (or estimate) (See instructions.)	(a)	<del></del>	(c)	1_n
Part I  MEDICAL SUPPLIES AND EQUIPMENT  8			FMV (or estimate)	
8 MEDICAL SUPPLIES AND EQUIPMENT	from	Description of noncash property given	(See instructions.)	Pare I ecologi
8		CANDOT THE PART DATE OF		
		MEDICAL SUPPLIES AND EQUIPMENT		
s 484,426.	<u> </u>		<del></del>	
			s 484.426.	

Schedule B	(Form 990	990.E7 au	000 DE	/2010
Concade D	ų viili aau,	990-EZ, O	990-PF)	(2019

age 4

Name of o	organization		Employer identification number
MEDSH.	ARE INTERNATIONAL, INC.		
Part III	from any one contributor. Complete columns (a	charitable, etc., contributions of \$1,000 pr	58-2433968 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. {Enter this info. ence.} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(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, a	nd 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, ar	nd 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, an	d 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
	Tunnelin	(e) Transfer of gift	
-	Transferee's name, address, an	a ziP + 4	Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number 58-2433968

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	<del>)</del> 6.	# 15 - I and all an accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ad	vised funds
-	are the organization's property, subject to the organization's e	exclusive legal control?	Yes INO
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant funds can l	be used only
-	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpor	se contenting
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreated	tion or education}	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		a de la de
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	m of a conservation easement on the last
	day of the tax year.		Held at the chu of the Tax Tox
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic stru	icture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organization during the tax
	vear		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of Yes No
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing of	onservation easements during the year
	<b></b>		at a sector display the sector
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(n)(4)(B)(l) Yes No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expe	nse statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stat	ements that describes the
	organization's accounting for conservation easements.	4 Art Historical Transuras or	Other Similar Assets
Pa	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections o	TART, HISTORICAL Treasures, Or	Office Chillian Moodes.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	at and balance about works
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue stateme	It and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research	In furtherance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these	nems.
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement a	nd parance of public portion
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in	jurtherance or public service,
	provide the following amounts relating to these items:		<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
	(ii) Assets included in Form 990, Part X	A 1 1 1 1 1 P P	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fina	nciai gain, provid <del>e</del>
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	<b>▶</b> ¢
ŧ	Revenue included on Form 990, Part VIII, line 1		
ŀ	Assets included in Form 990, Part X		<u></u> \$

	edule D (Form 990) 2019 MEDSHAR	E INTERNAT	IONAL, INC	•		Ţ	8-24	3396	8 F	2 age
_	organizations maintaining	Collections of Ar	t, Historical Tre	easures, or Ot	her S	imilar	Asset	Q ,	nuedi	<u> </u>
3	osing the organization's acquisition, access	ion, and other record	ls, check any of the	following that mal	ke sign	ificant u	se of its		<u>iucuj</u>	
	collection items (check all that apply):			J						
a	Public exhibition	(	Loan or exc	change program						
b	Scholarly research	(								
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization's	evemnt	nurnoe	a in Dart	VIII		
5	During the year, did the organization solicit of	r receive donations	of art. historical trea	sures or other sin	ailar ac	. puipos este	e III Cait	AIII.		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization'e co	alloction?			_	٦,,,,	_	٦
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Vee"	on Fo	rm 000	Dort IV	_ Yes		No_
	reported an amount on Form 990, Pa	rt X, line 21.	oro ii aro organizado	JI alisweled 165	UITE	mn 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets	oot in al	udod				
	on Form 990, Part X?		y .or continuation	o or other assets i	IOT IS IG	uueu	г	٦.,	<del></del>	٦
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:	•••••••	•••••	•••••	∟	_ Yes	L.	_ l No
			iowing (apie,							
c	Beginning balance					-		Amoun	<u></u>	
d	Additions during the year		***************************************	***************************************		1c				
е	Distributions during the year				•	1d				
f	Ending balance	******************************	***************************************	,		1e				
2a	Ending balance	orm 990 Dart V line	01 for an area.			1f		<del></del>		<del></del> -
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ev	21, 101 escruw or cu	ustodiai account ii	ability?		L_	_ Yes	<u> </u>	_  No
Pai	rt V Endowment Funds. Complete	f the organization an	ewered "Voe" on Ec	provided on Part	XIII	***********				
		(a) Current year	(b) Prior year					T		
1a	Beginning of year balance	1,234,955.	1,183,020.	(c) Two years bac			ars back			
b	Contributions		1,100,020.	1,193,22	0.	1,13	0,923.	1,	128,	012.
c	Net investment earnings, gains, and losses	16,782.	63,596.	1 75			1 (70	<u> </u>		
d	Grants or scholarships	24/1004	03,330.	1,75	°-	7.1	1,670.		13,	813.
е	Other expenditures for facilities			ļ	-			<u> </u>		
	and programs	56,688.								
f	Administrative expenses	11,703.	11,661,	11.05	_		8,000.			
g	End of year balance	1,183,346.	1,234,955.	11,95			1,373.			902.
2	Provide the estimated percentage of the curr				J •	1,19	3,220.	1,	130,	923.
a	Board designated or quasi-endowment	ent year end balance		) held as:						
b	Permanent endowment  84.51	%	_%							
	Term endowment 15.49									
·	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the page.	iid equal 100%.								
	Are there endowment funds not in the posses by:	ssion of the organizar	tion that are held an	id administered fo	r the or	ganizati	on	-		
									Yes	No
	***************************************	***************************************	***************************************					3a(i)		<u>X</u>
h	(ii) Holated Organizations							3a(ii)		<u> </u>
N	in 169 on line bally, are the related organizat	iions listed as require	d on Schedule R?					3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme	organization's endov	ment funds.				~			
			D . B							
	Complete if the organization answered Description of property	Tes on rorm 990,								
	beautiful of property	(a) Cost or ot basis (investm	1-7			mulated		(d) Book	value	<del>}</del>
	Land				deprec					
b	Buildings			0,552.	000				,55	
c	Leasehold improvements	·		2,048.		2,77		1,109	, 27	
d	Fauinment			3,100.		3,10				0.
۰. م	Equipment Other	·		3,042.		3,37			,66	
Total	Other Add lines 1a through 1a (Caluma Cil)			1,630.	T85	5,460		126		
. v tali	Add lines 1a through 1e. (Column (d) must eq	iuai Form 990. Part X	. column (B). line 10	)c.}	z.t		▶   :	$1,\overline{640}$	,66	6.

Schedule D (Form 990) 2019

	Schedule D (Form 9	90) 2019	MEDSHARE	
1	Part VII Inve	stments -	Other Securities	×

Complete if the organization answered "Yes" or Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
1)			
3)			
()			
))			
)			
1)			
. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
1)			
2)			
3)			
1)			
5)			
5)			
7)			
8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line Description		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  [1]	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Int IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"  (a)  1)  (2)  (3)  (4)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)	on Form 990, Part IV, line Description		5.
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Int IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"  (a)  1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Int. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Art X Other Liabilities.	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  art X Other Liabilities.	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  1)  2)  3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) lime 13.)  Complete if the organization answered "Yes"  (a) Description of liability	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
(Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THIX Other Assets.  Complete if the organization answered "Yes"  (a)  1)  2)  3)  4)  5)  6)  7)  8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) lime 13.)  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
(Col. (b) must equal Form 990, Part X, col. (B) line 13.)   It IX   Other Assets.   Complete if the organization answered "Yes" (a)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  1)  2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Coltumn (b) must equal Form 990, Part X, col. (B) line (B)  art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  (b)  (c)  (d)  (c)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (h)  (h)  (h)  (h)  (h	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  THE IX Other Assets.  Complete if the organization answered "Yes"  (a)  1)  2)  3)  (4)  (5)  (6)  (7)  (8)  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description	e 11d. See Form 990, Part X, line 1	5. (b) Book value
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  [8]  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 1	5. (b) Book value

	dule D (Form 990) 2019 MEDSHARE INTERNATIONAL, I	NC.		58-	2433968 Page 4
	Addited I mancial Statem	nents With F	levenue per Re	turn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				· · · · · · · · · · · · · · · · · · ·
2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_1_	22,968,039.
a	Net unrealized gains (lesses) are investorable.	1 1	4=		
a b	Net unrealized gains (losses) on investments	2a	<u>-15,583.</u>		
	Donated services and use of facilities	2b	3,579.		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е 3	Add lines 2a through 2d			2e	-12,004.
-	Subtract line 2e from line 1			3	22,980,043.
4	Autoditis included off Form 990, Part VIII, line 12, but not on line 1;	1 1		. :	_
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	<u>11,703.</u>	45.0	
b	Other (Describe in Part XIII.)	4b			
- C	Add lines 4a and 4b			4c	11,703.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	4	*****************	5	77 001 777
1 CI	Table 1 - Table	nents with !	Expenses per R	etur	n.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			_
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		18 Miles	
d	Other (Describe in Part XIII.)	2d		7.5	
е	Add lines 2a through 2d			2ө	3,579.
3	Subtract wie Ze from line 1			3	22,547,146.
~	Amounts included on Form 990, Part IX, line 25, but not on line 1:			5.4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,703.		
þ	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.
	- Jan - Cappionicitta information.				
Provid lines 2	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	rt IV, lines 1b ar Iditional informa	id 2b; Part V, line 4; tion.	Part >	(, line 2; Part XI,
PAR	PV, LINE 4:				
THE	MEDSHARE BUILDING MAINTENANCE ENDOWMENT	FUND WII	L BE TO PI	ROV	IDE FUNDS
FOR	THE MAINTENANCE AND REPAIR OF THE HEADQU	ARTERS I	BUILDING IN	V DE	CATUR,
GA.					
_					
				_	
					·
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#### **SCHEDULE F** (Form 990)

Department of the Treasury

# Statement of Activities Outside the United States

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

58-2433968 INC. MEDSHARE INTERNATIONAL, General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. table can be duplicated if additional space is needed.)

3 Activities per Region. (Th	e following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	(f) Total
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	expenditures
	offices	employees, agents, and	gram services, investments, grants to	describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	Teoplarite located in the region,	.,	III III III
CENTRAL AMERICA AND	<del>-</del> -				
THE CARIBBEAN -				CODICAT GIDDLIES C	
ANTIGUA & BARBUDA,				MEDICAL SUPPLIES &	2,055,610.
ARUBA, BAHAMAS,		0	PROGRAM SERVICES	EQUIPMENT	2,000,000
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,				Gunny Mag. 6	
BRUNEI, BURMA,		]		MEDICAL SUPPLIES &	202,157.
CAMBODIA,	0	0	PROGRAM SERVICES	EQUIPMENT	202,137.
EUROPE (INCLUDING					
ICELAND & GREENLAND)		1			
- ALBANIA, ANDORRA,			i	MEDICAL SUPPLIES &	110 E70
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	EQUIPMENT	118,579.
MIDDLE EAST AND				l i	
NORTH AFRICA -					
ALGERIA, BAHRAIN,	1			MEDICAL SUPPLIES &	2.760
DJIBOUTI, EGYPT,		0	PROGRAM SERVICES	EQUIPMENT	3,768.
NORTH AMERICA -					
CANADA AND MEXICO,	ļ		}		
BUT NOT THE UNITED				MEDICAL SUPPLIES &	45 000
STATES		0	PROGRAM SERVICES	EQUIPMENT	46,022.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,		1		MEDICAL SUPPLIES &	224
BELARUS,	(	00	PROGRAM SERVICES	EQUIPMENT	284.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,	1				
BRAZIL, CHILE,				MEDICAL SUPPLIES &	
COLUMBIA, ECUADOR	(	0	PROGRAM SERVICES	EQUIPMENT	1,224,684.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,				MEDICAL SUPPLIES &	
INDIA, MALDIVES,		0 0	PROGRAM SERVICES	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			13,359,150.

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

Schedule F (Form 990) 2019

8,893,197.

<u>Totals</u>

Part II Schedule F (Form 990) 2019 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.

(a) Name of organization Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt and EIN (if applicable) (b) IRS code section SUB-SAHARAN SUB-SAHARAN BURKINA FASO, BENIN, BOTSWANA SUB-SAHARAN BURKINA FASO BENIN, BOTSWANA BENIN, BOTSWANA, AFRICA - ANGOLA, SUB-SAHARAN BURKINA FASO SENIN, BOTSWANA, AFRICA - ANGOLA BURKINA FASO AFRICA - ANGOLA, SUB-SAHARAN BENIN, BOTSWANA BENIN, BOTSWANA, BENIN, BOTSWANA SUB-SAHARAN BURKINA FASO AFRICA - ANGOLA, SURKINA FASO, BURKINA FASO, AFRICA - ANGOLA SUB-SAHARAN FRICA - ANGOLA, BURKINA FASO, FRICA - ANGOLA, SUB-SAHARAN SENIN, BOTSWANA, FRICA - ANGOLA, (c) Region TO PROVIDE MEDICAL TO PROVIDE MEDICAL SUPPLIES AND TO PROVIDE MEDICAL EQUIPMENT SUPPLIES AND EQUIPMENT SUPPLIES AND SUPPLIES AND TO PROVIDE MEDICAL TO PROVIDE MEDICAL TO PROVIDE MEDICAL EQUIPMENT SUPPLIES AND SUPPLIES AND TO PROVIDE MEDICAL SQUIPMENT EQUIPMENT TO PROVIDE MEDICAL EQUIPMENT SUPPLIES AND <u>CUIPMENT</u> SUPPLIES AND SQUIPMENT (d) Purpose of of cash grant (e) Amount 151,612. 125,715 126 868 149 786 144,667 125,012. 166,804 146,576 cash disbursement (f) Manner of (g) Amount of assistance noncash . 0. AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT AND EQUIPMENT MEDICAL SUPPLIES EDICAL SUPPLIES AND EQUIPMENT MEDICAL SUPPLIES MEDICAL SUPPLIES MEDICAL SUPPLIES EDICAL SUPPLIES EDICAL SUPPLIES EDICAL SUPPLIES (h) Description of noncash assistance VALUE VALUE FAIR MARKET VALUE FAIR MARKET (i) Method of valuation (book, FMV, FAIR MARKET FAIR MARKET FAIR MARKET VALUE DALUE FAIR MARKET VALUE FAIR MARKET FAIR MARKET appraisal, other) 58

Schedule F (Form 990) 2019

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٢	MEDSHARE	ARE INTERNATIONAL,	LIONAL, INC.		58-2433968	33968		Page
Part II Continuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SHODITES	HEROTON OT SH
		BURKINA FASO,	EQUIPMENT	98,816.		0	0. AND ENGIPMENT	VALITE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FATE WARKEN
		BURKINA FASO,	EQUIPMENT	161,020.		0	_q	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL STEPLIES	- ተልገል Wayaan
		BURKINA FASO,	EQUIPMENT	201,309.		0	0. AND ECCIPMENT	VALUE
		SUB-SAHARAN					*	
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FATR MARKET
		BURKINA FASO,	EQUIPMENT	100,036.		O	D AND ROTTEMENT	73.111
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL				_	
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	149,035.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND	•			MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	207,491.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN					; ;	
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		SENIN, BOTSWANA,	SUPPLIES AND			<del>- 51.</del>	MEDICAL SUPPLIES	FAIR MARKET
		SURKINA FASO,	EQUIPMENT	141,355.		0.0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
	<b>n</b>	BENIN, BOTSWANA,	SUPPLIES AND			<u>-2-</u>	KEDICAL SUPPLIES	FAIR MARKET
	8	SURKINA FASO,	EQUIPMENT	140,723.		0	AND EQUIPMENT	VALUE
	<u>60</u>							
		AFRICA - ANGOLA, BENIN BOMSWANA	TO PROVIDE MEDICAL			<del></del> i		
		A FASO	SOUTH DANSING	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		<u>≥</u>	MEDICAL SUPPLIES	FAIR MARKET
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	130,111		9	O. PAND EQUIPMENT	VALUE

Part II Continuation of Gr	Schedule F (Form 990)
thurshion of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Fo	MEDSHARE INTERNATIONAL, INC.
d States. (Schedule F (Form 990), Part II, line 1)	58-2433968

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비	MEDSHARE	ARE INTERNATIONAL,	PIONAL, INC.		58-2433968	33968		C aped
Part II Continuation o	f Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States,	(Schedule F (Form 990), Part II, line 1)	30), Part II, line	1)	
f (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	two trans arrivosa on					
			SUPPLIES AND				Mehroat crontres	H1220 FX CT FE
		BURKINA FASO,	EQUIPMENT	174,295.		Ö	0. AND EQUIPMENT	FAIR MARKET
		SUB-SAHARAN					t i	
			TO PROVIDE MEDICAL					
を受ける。 のでは、 のでは		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	138,368.		0	0. AND ROUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	PATR MARKET
		BURKINA FASO,	EQUIPMENT	113,528.		0	0. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		SURKINA FASO,	EQUIPMENT	201,275.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		MFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	192,179.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
			TO PROVIDE MEDICAL					
		SENIN, BOTSWANA,	SUPPLIES AND				MEDICAL, SUPPLIES	FAIR MARKET
the second of th	E Company of the Comp	BURKINA FASO,	EQUIPMENT	124,359.		0	AND EQUIPMENT	VALUE
	<b>9</b>	SUB-SAHARAN AFRICA — AMOOLA	TENTURY BUTTOOK OF					
	_ <b>a</b>		CINE STITUTE OF THE S			<del></del> i		
	<u> </u>	BURKINA FASO	EOUIPMENT	171 058		<u> </u>	MEDICAL SUPPLIES	FAIR MARKET
	S	SUB-SAHARAN		• > > > > > > > > > > > > > > > > > > >			T.NEW TOOL OF	VALUE
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
	<u> </u>	BENIN, BOTSWANA,	SUPPLIES AND	<del>.</del>		_ &	MEDICAL SUPPLIES	FAIR MARKET
	A .	BURKINA FASO,	ROUIPMENT	125,601.		Q.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BOTEWANA,	SOFFLES AND	7 0 0		<b>S</b>	MEDICAL SUPPLIES	FAIR MARKET
De Weiger	374-745			.7cp'caT		d .0	0. AND EQUIPMENT	VALUE

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<b>⊣</b> Ē	MEUSHARE  Grants and Other Assist	Sesistance to Organizations or En	(Form 990)  MEUSHARE INTERNATIONAL, TWO.	Inited States.	(Schedule F (Form 990), Part I	e F (Form 990), Part II, line 1)	)	
1 Conunuation of	(b) IRS code section	Gelekillor to Algeria	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description of non-cash	(i) Method of valuation (book, FMV)
(a) Name of organization	and EIN (if applicable)	(c) Hegion	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SUB-SAHARAN						•
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		Ä	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	142,310.		0.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	RALK MARSEL
		BURKINA FASO,	EQUIPMENT	162,524.		0.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	WALK MAKKET
		BURKINA FASO,	EQUIPMENT	146,807.		0.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
			TO PROVIDE MEDICAL				MEDICAL SUPPLIES	FAIR MARKET
		BENIN, BOTSWANA,	SOREHIES SIND	12/ 269		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN	K					
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
			SUPPLIES AND	•		·	MEDICAL SUPPLIES	FAIR MARKET
			TOUTHEIDO	123,850.		0.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL		•			ENTE WARREN
		BENIN, BOTSWANA,	SUPPLIES AND		•		MEDICAL SUPPLIES	212
		BURKINA FASO,	EQUIPMENT	118,692.		0.	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FALK BAKKET
		BURKINA FASO,	EQUIPMENT	115,818.			AND BOULDMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL				MEDICAL SHPPLIES	FAIR MARKET
		BENIN, BOTSWANA,	SUPPLIES AND			_		TAT THE
		BURKINA FASO,	EQUIPMENT	237,490.			WANT BOOTERDEAT	
		SUB-SAHARAN	-		_	.,		
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL				PETTONICAL CHIPPITES	PATR MARKET
		BENIN, BOTSWANA,	SUPPLIES AND					VALUE
		DITTO TAKE		114 574		_		SOUTON

Schedule F (Form 990)	MEDSHARE	ARE INTERNATIONAL,	TONAL, INC.		58-2433968	33968		Page 2
╛	Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line	1)	
(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						
		BENIN, BOTSWANA,	SUPPLIES AND				And the trace of t	
		BURKINA FASO,	EQUIPMENT	141,408.		0	0. AND EQUIPMENT	FAIR MARKET
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	TATE MERKEM
		BURKINA FASO,	EQUIPMENT	141,019.		•	0. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FATE MARKET
		BURKINA FASO,	EQUIPMENT	125,118.	_	0	0. AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOISWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FATR WARKET
		BURKINA FASO,	EQUI PMENT	106,425.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
			TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUI PMENT	46,750.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND			-	MEDICAL SUPPLIES	FAIR MARKET
		BURKINA FASO,	EQUIPMENT	210,239.		0	AND EQUIPMENT	VALUE
		SUB-SAHARAN						
		MFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
V Control of the Cont		BURKINA FASO,	EQUIPMENT	50,000.		0.0	AND EQUIPMENT	VALUE
	<b>S</b>	SUB-SAHARAN						
		MFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		ANA,	SUPPLIES AND			_ &	MEDICAL SUPPLIES	FAIR MARKET
The same of the same of the same of the same of	<b>a</b>	٥,	EQUIPMENT	110,430.		0	AND EQUIPMENT	VALUE
	<u>ta</u>	IARAN						
	<b>4</b>	- ANGOLA,	TO PROVIDE MEDICAL					
		ANA,	SUPPLIES AND			Σ	MEDICAL SUPPLIES	FAIR MARKET
	<b>a</b>	BURKINA FASO,	EQUIPMENT	133,144-		- O	0. AND EQUIPMENT	VALUE

MEDICAL SUPPLIES	0.		6,664.	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
				F (C )	SUB-SAHARAN		
MEDICAL SUPPLIES	0.	<u></u>	12,903	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO		
MEDICAL SUPPLIES	0.		15,076	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
MEDICAL SUPPLIES	0.		8,203.	TO PROVIDE MEDICAL SUPPLIES AND	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
MEDICAL SUPPLIES	0	•	13,516	TO PROVIDE MEDICAL SUPPLIES AND BOULDMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO		
MEDICAL SUPPLIES	0		138,562.	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
MEDICAL SUPPLIES	0.		160,424.	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
MEDICAL SUPPLIES	O. B.	<u> </u>	109,431.	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BIRKINA FASO		
MEDICAL SUPPLIES	0. 85		115,017.	TO PROVIDE MEDICAL SUPPLIES AND EQUIPMENT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		
	le F (Form 990), Part II, line I) anner of (g) Amount of non-cash assistance	(Schedule F (Form S (f) Manner of cash disbursement	(e) Amount of cash grant	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.  (b) IRS code section (c) Region (d) Purpose of organization and EIN (if applicable)	Assistance to Organization (c) Region	Grants and Other / (b) IRS code section and EIN (if applicable)	Part II Continuation of 1 (a) Name of organization
-	58-2433968			IONAL, INC.	ARE INTERNATIONAL,	MEDSHARE	Schedule F (Form 990)

Schedule F (Form 990)	MEDSHARE	ARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
┙	Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line	1)	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SUPPLIES	MADY WA
		BURKINA FASO,	EQUIPMENT	133,725.	-	0		731.1E
		SUB-SAHARAN						
		AFRICA - ANGOLA,	TO PROVIDE MEDICAL					
		BENIN, BOTSWANA,	SUPPLIES AND				MEDICAL SHEDILES	መንያ መደመ መተልወ
		BURKINA FASO,	EQUIPMENT	12,482.		0		VALIE
		EAST ASIA AND THE						
		PACIFIC -	TO PROVIDE MEDICAL		•			
		AUSTRALIA,	SUPPLIES AND		-		MEDICAL SUPPLIES	TATE WARKET
		BRUNEI, BURMA,	EQUIPMENT	219,736.		0	0. AND EQUIPMENT	VALUE
		EAST ASIA AND THE					*	
		PACIFIC -	TO PROVIDE MEDICAL					
		AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	margary at sa
		BRUNEI, BURMA,	EQUIPMENT	144,376.		0	_	MAT.TE
		EAST ASIA AND THE						
		PACIFIC -	TO PROVIDE MEDICAL					
		AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
· · · · · · · · · · · · · · · · · · ·	A second of the Aberta States	BRUNEI, BURMA,	EQUIPMENT	215,651.		0.	0. AND EQUIPMENT	VALUE
		EAST ASIA AND THE						
		PACIFIC -	TO PROVIDE MEDICAL					
		AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
A CONTRACT OF THE PROPERTY OF	The state of the s	BRUNEI, BURMA,	EQUIPMENT	58,970.		0	AND EQUIPMENT	VALUE
		EAST ASIA AND THE						
		PACIFIC -	TO PROVIDE MEDICAL	· ,,,	<u> </u>			
		'	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
The second of th	The second secon	BRUNEI, BURMA,	<b>SQUIPMENT</b>	23,000.	-	0	0. AND EQUIPMENT	VALUE
		EAST ASIA AND THE						
		PACIFIC -	TO PROVIDE MEDICAL	•				
		AUSTRALIA,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
A Company of the Comp		BRUNEI, BURMA,	QUIPMENT	116,496.		0	AND EQUIPMENT	VALUE
		CENTRAL AMERICA						
		IBBEAN	O PROVIDE MEDICAL					
		JA &	SUPPLIES AND		_	_2	MEDICAL SUPPLIES	FAIR MARKET
	<b>B</b>	BARBUDA, ARUBA,	EQUIPMENT	117,809.		0	0. AND EQUIPMENT	VALUE

Bat II Continuation	Schedule F (Form 990)
mustion of Grants and Other Assistance to Organizations or	MEDSHARE INTERNAT
Bot II Construction of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule I	MEDSHARE INTERNATIONAL, INC. 58
(Schedule F (Form 990), Part II, line 1)	58-2433968

(d) Purpose of logical (e) Region (d) Purpose of logical (e) Amount (f) Manner of logical (e) Amount (f) Manner of logical (e) Amount (f) Manner of logical (e) Amount (f) Manner of logical (e) Amount (f) Manner of logical (e) Manner of logica	AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT			BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, SOUTH AMERICA - ARGENTINA, BARGENTINA,		
(b)   Fix ords serition   (c)   Fagion   (d) Purpose of   (e) Amount   (f) Manner of   (f) Manner of   (f) Manner of	AND EQUIPMENT  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT			BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA - ARGENTINA, BRAZIL, CHILE, COLUMBIA, SOUTH AMERICA -		
(d) Fix onde scribin (e) Region (d) Purpose of (d) Amount (d) Amou	AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT			BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		
(d) Papicable) (e) Pagion (d) Papicas of (e) Anount (f) Manner of Indicated Augustation and ENN (ft applicable) (e) Pagion (ft applicable) (ft	AND EQUIPMENT  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT	111,795. 121,820. 80,486.		BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL,		
(d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint (d) Propose of different databased paint data	AND EQUIPMENT  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  AND EQUIPMENT	111,795. 121,820. 80,486.		BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA - ARGENTINA,		
(d) Fuguon (d) Audust (f) Manner of (n) Cash disbursement and EN (f) Applicable)    Correct America America Cash grant   Cash grant   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash disbursement   Cash grant   Cash grant   Cash grant   Cash grant   Cash disbursement	AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT  MEDICAL SUPPLIES  AND EQUIPMENT	111,795. 121,820. 80,486.	·	BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA - ANTIGUA & BARBUDA, ARUBA, SOUTH AMERICA -		
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(b) IRS code section (c) Region (d) Purpose of and EIN (if applicable) (e) Region (e) Region (e) Amount (f) Manner of cash disbursement assistance assista	AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT  AND EQUIPMENT	111,795. 121,820. 80,486.	·	BARBUDA, ARUBA,  CENTRAL AMERICA  AND THE CARIBBEAN  - ANTIGUA &  BARBUDA, ARUBA,  CENTRAL AMERICA  AND THE CARIBBEAN  - ANTIGUA &  BARBUDA, ARUBA,  CENTRAL AMERICA  AND THE CARIBBEAN		
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	(g) Amount of (h) Description	-	(d) Purpose of	section	(b) IRS code	ľ
on of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line I)		(Schedul	ations or Entities Outside the	Other Assistance to Organiza	Continuation of Grants and	Part II Continuat

Fig.   Continuation of General and Other Assistance to Constraint and Other Assistance to Constraint and Other Assistance to Constraint and Other Assistance of Continuation	쁘	MEDSHARE	ARE INTERNATIONAL,	IONAL, INC.		58-2433968	33968		Page 2
County   C		Grants and Other	Assistance to Organiza	tions or Entities Outside the I	- 1	(Schedule F (Form 99)	0), Part II, line	1)	
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REAZIL,   SQUIPMENT   138,546   0				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
NETCA				<b>EQUIPMENT</b>	138,546.		ö	AND EQUIPMENT	VALUE
HO PROVIDE MEDICAL			SOUTH AMERICA -						
SHAZIL, SUPPLIES AND   184,884.   0 AND EQUIPMENT			ARGENTINA,	TO PROVIDE MEDICAL					
RICA -   O RAUD EQUIPMENT   184,884   O RAUD EQUIPMENT				SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
SHAZIL, SUPPLIES AND   20,354,   0, AND EQUIPMENT				<b>EQUIPMENT</b>	184,884.		0	AND EQUIPMENT	VALUE
PO PROVIDE MEDICAL   PROPERTIES AND   LOWBERN			SOUTH AMERICA -						
STATIL, SUPPLIES AND   20,354,   0.4ND EQUIPMENT			argentina,	TO PROVIDE MEDICAL					
COMBETA, EQUIPMENT   20,354.   0. AND EQUIPMENT	<b>《《《··································</b>		BOLIVIA, BRAZIL,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
RICA -   CO PROVIDE MEDICAL   SUPPLIES AND   155,046.   CO PROVIDE MEDICAL SUPPLIES			_	EQUIPMENT	20,354.		0.	AND EQUIPMENT	VALUE
PO PROVIDE MEDICAL   SUPPLIES AND   155,046   0, AND EQUIPMENT			SOUTH AMERICA -						
SRAZIL, SUPPLIES AND   155,046.   0. AND EQUIPMENT			argentina,	TO PROVIDE MEDICAL					
NICA -   COMBIA, EQUIPMENT   155,046.   O. AND EQUIPMENT     SRAZIL, SUPPLIES AND   40,000.   O. AND EQUIPMENT     SRAZIL, SUPPLIES AND   127,224.   O. AND EQUIPMENT     SRAZIL, SUPPLIES AND   127,224.   O. AND EQUIPMENT     SRAZIL, SUPPLIES AND   S4,869.   O. AND EQUIPMENT     ST.CA -   O. PROVIDE MEDICAL     ST.CA -   O. PROVIDE MEDICAL     ST.CA -   O. PROVIDE MEDICAL     SUPPLIES AND   S4,869.   O. AND EQUIPMENT     ST.CA -   O. PROVIDE MEDICAL     SUPPLIES AND   S4,869.   O. AND EQUIPMENT     ST.CA -   O. PROVIDE MEDICAL     ST.CA -   O. PROVIDE MEDICAL     ST.CA -   O. PROVIDE MEDICAL     ST.CA -   O. PROVIDE MEDICAL     SUPPLIES AND   O. PROVIDE MEDICAL     SUP			BOLIVIA, BRAZIL,	SUPPLIES AND				MEDICAL SUPPLIES	FAIR MARKET
SRAZIL,   SUPPLIES AND   40,000.   0, AND EQUIPMENT				EQUIPMENT	155,046.		0.	AND EQUIPMENT	VALUE
PO PROVIDE MEDICAL   SUPPLIES AND   40,000   0. AND EQUIPMENT	· · · · · · · · · · · · · · · · · · ·		SOUTH AMERICA -						
STAZIL,   SUPPLIES AND   40,000,   0, AND EQUIPMENT			ARGENTINA,	TO PROVIDE MEDICAL	• 0				
ACCA -   COURDINATE   ACCOUNTS			BOLIVIA, BRAZIL,	SUPPLIES AND	•			MEDICAL SUPPLIES	FAIR MARKET
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Page 3

Schedule F (Form 990) 2019 Schedule F (Form 990) 2019 MEDSHARE INTERNATIONAL, INC. 58-2433968

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.

				Ì	(a) Type of
					(a) Type of grant or assistance (b) Region
-					(b) Region
					(c) Number of recipients
					(d) Amount of cash grant
					(e) Manner of cash disbursement
					(f) Amount of noncash assistance
Sched					(g) Description of noncash assistance
Schedule F (Form 990) 2019					(h) Method of valuation (book, FMV, appraisal, other)

Sched <b>Part</b>	Ule F (Form 990) 2019 MEDSHARE INTERNATIONAL, INC.  IV Foreign Forms	58-2433968	Page 4
	Totelgii Folfiis		·
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	X 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	X 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	X 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	X 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	X 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	X No

Side a ababa M	· /⊏	~ 000\ a	010 IV	EDSHARE	INTERNA	TIONAL.	INC.		58-	2433968	Page 5
Schedule F <b>Part V</b>	Su	ıpplem	ental Ir	iformation				- · · · · · · · · · · · · · · · · · · ·			
	Pro	vide the	informati	ion required by	nion): Part II. lir	ne 1 (accountin	g method)	); Part III (accountii	(accounting methoning method); and Pa nal information. See	t III, column (c)	
PART I											
				GRANTS	AWARDED	OUTSIDE	THE	UNITED ST	rates. All	FOREIGN	
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#### **SCHEDULE G**

Department of the Treasury

(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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service	<b>&gt;</b> G	no to www.irs.gov/Form990 for ins	truction	ns and	i the latest informat	ion	ŀ	Inspection
Name of the organization					- Wie Intont Illiot Hade		oloyer ic	lentification number
	MEDSHAF	RE INTERNATIONAL,	INC.			اجوا	_2/2	2060
Part I Fundraisi	ing Activities complete this pa	<ul> <li>Complete if the organization answ</li> </ul>	/ered "	res" o	n Form 990, Part IV,	line 17. For	m 990-E	Z filers are not
		sed funds through any of the follow	ing ecti	vitioe	Chook all that apply			
a 🔼 Mail solicitation	ons	e X Solicit	ation o	inon-a	oneck all triat apply. Jovernment grants			
b X Internet and e		s f X Solicit	ation o	aove	rnment grants			
c X Phone solicita		g 🗓 Specia	al fundr	aising	events			
d X In-person soli								
2 a Did the organization	have a written	or oral agreement with any individua	ıl (inclu	ding o	fficers, directors, trus	stees, or		
key employees liste	a in Form 990, F	art VII) or entity in connection with a	orofess	ional f	undraising conjecc?		X Ye	s No
b if "Yes," list the 10 i	nighest paid indi	viduals or entities (fundraisers) purs	uant to	agree	ments under which t	he fundrais	er is to t	De
compensated at lea	st \$5,000 by the	organization.						
(i) Name and address	of individual		(iii)	Did raiser ustody	(iv) Gross receipts	(v) Amou	ınt paid	(vi) Amount paid
or entity (fundr	aiser)	(ii) Activity	or co	ntrol of	from activity	to (or reta	aiser	to (or retained by)
MELT COD TAXA MANDE			contrib	utions?		listed in	col. (i)	organization
WELLSPRING NONPROFIT RESOURCE, INC - 2870			Yes	No				
THE MENDALGROUP LLC		GRANTWRITING		X	0.		20,625	-20,625
PONCE DE LEON PL #52		DEVELOPMENT CONSULTANT		۱.,				-
	,	STANDOLMENT COMBULTANT		X	0.		19,000.	-19,000.
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Total						3	9,625.	-39,625.
or licensing.	i tile organizatioi	n is registered or licensed to solicit o	contribu	ıtions	or has been notified	it is exemp	t from re	gistration
	O.CT.DE.E	L,HI,ID,IL,IN,IA,I	7 T.	<b>λ</b> Μ	A MIN ME MT	340T 160	340	100 110 110
NH, NJ, NM, NV, NY	C,OH,OK,C	OR, PA, SC, TN, TX, UT,	/A \/	<u>ጥ W</u>	A,MD,ME,MI	, MIN , MO	,MS,	MT, NC, NE
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10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

\_\_ Yes L

b If "Yes," explain: \_

Schedule G (Form 990 or 990-E	Z) 2019 MEDSHAI	RE INTE	<u>ERNATI</u>	IONAL,	INC.			58-2	433	968	Pag	0 0
11 Does the organization con	duct gaming activities	with nonmen	mbers?					~~ 4		Yes		No
12 Is the organization a grant to administer charitable ga	or, beneficiary or trust	ee of a trust,	, or a memi	iber of a pa	ırtnership or	other ent	ity formed		_	Yes		
is indicate the percentage of	gaming activity condu	ucted in:								105	L	No
a The organization's facility	***************************************					******	· · · · · · · · · · · · · · · · · · ·		13a			%
w / ar outside racinty	*******************************								13b	7		9/
14 Enter the name and address	ss of the person who p	prepares the o	organizatio	ion's gamin	g/special ev	ents bool	ks and reco	rds:	•			
Name 🕨		<del></del>										
Address >			<del>-</del>				. <u></u> <u>.</u>					
15a Does the organization have	a contract with a thin	rd party from	ı whom the	ə organizati	on receives	gaming re	evenue?			Yes		No
b If "Yes," enter the amount	of gaming revenue rec	ceived by the	organizati	tion 🕨 \$			and the am	ount				
of gaming revenue retained c If "Yes," enter name and ad	l by the third party ▶ Idress of the third part	·\$ ty:										
Name >												
									-			
16 Garning manager information					•			<u> </u>				
Name >												
Gaming manager compens	ation ▶ \$											
Description of services prov												_
						<u>.</u>		·				
Director/officer	Employee	e	Inde	ependent o	contractor							
17 Mandatory distributions:												
a is the organization required	under state law to ma	ake charitable	le distributio	ions from t	he gaming p	proceeds t	to					
retain the state gaming lice	150?									Yes	ı	No
<b>b</b> Enter the amount of distribu	itions required under s	state law to b	be distribut	ited to othe	er exempt or	ganization	ns or spent	in the				
organization's own exempt Part IV Supplemental	Information. Provi	ide the explan	anations rec	auirod by E	Part Libro Ol	n ook	- (12)1 ( )	15				
15b, <b>1</b> 5c, 16, and 1	7b, as applicable. Also	o provide any	y additiona	al informati	on. See inst	ructions.	s (III) and (V)	; and Part	III, Jin	es 9, 9	b, 10b	,
SCHEDULE G, PART	I, LINE 2B	, LIST	OF TE	EN HIG	HEST P	AID F	UNDRA	ISERS:				
											•	
(I) NAME OF FUNDE	RAISER: WELI	LSPRING	3 NONP	PROFIT	RESOU	RCE,	INC		-			_
(I) ADDRESS OF FU	NDRAISER: 2	2870 PE	SACHTR	REE RD	SUITE	614,	ATLAI	NTA, G	JA	303	05	
											<del></del> _	
(I) NAME OF FUNDE	AISER: THE	MENDAL	GROUP	LLC					·			
(I) ADDRESS OF FU	NDRAISER: 2	220 PON	ICE DE	LEON	PL #5	24. г	ЕСУПІТ	R, GA	31	0030		_
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Schedule G (Form 990 or 990-EZ) 2019

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Schedule G	Sunniemental Infor	mation /	INTERNATIONAL,	<u> </u>		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenus Service

Name of the organization

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

▶ Attach to Form 990,

Open to Public Inspection 2019

OMB No. 1545-0047

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

Ĭ	Nathe of grantement	
	MEDSHARE INTERNATIONAL, INC.	Employer Identification number
Par	Part I General Information on Grants and Assistance	28-2433968
١,	D	
-	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?	
•	O Death in District	Se 152

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 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 Control of the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

to the second to			2000		4-14-03		
or government	NII (g)	(c) IMC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(1) intention of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLEANING FOR THE WORLD							
7539 STAGE ROAD						MEDICAL	TO PROVIDE
CONCORD, VA 24538	54-1930105	501 (C) (3)	0.	1,014,984.	FMV	SOFFLIES AND EQUIPMENT	HOSPITAL/CLINICAL ECUIPMENT
							K
ROOTS COMMUNITY HEALTH CENTER						MEDICAL,	TO PROVIDE
						SUPPLIES AND	HOSPITAL/CLINICAL
OAKLAND, CA 94603	26-2583954	501 (c) (3)	0	49,989.	FMV	BQUIPMENT	EQUIPMENT
ORDER OF MALTA CLINIC							
2121 HARRISON ST STITTE 1							TO PROVIDE
1						AND	HOSPITAL/CLINICAL
CANADA CA 34012	20-5969389	501 (C) (3)	0.	6,439.	FMV	BOULDMENT	EQUIPMENT
CONTRA COSTA COMMUNITY OUTREACH							
CLINIC AND LABORATORY - 4041			•			MEDICAL.	authrosa on
LONETREE WAY, SUITE 101 - ANTIOCH,						מואגע פ	CONTRACTOR
CA 94531	82-5065577 501 (C)	501 (C) (3)	0	12 050	E-MCT		SOFFIER CLINICAL
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ALPHA CLINICS						1 401 40	
138 S. ORCHARD AVE.				·			autyona on
00000 00 0111110000	L 7 7 7 7 0 0 0					SOFFLES AND	HOSPITAL/CLINICAL
VACAVILLE, CA 23000	08-U114145 5U1 (C)	501 (C) (3)	0.	22, 566. F	FMV	EQUIPMENT	EQUIPMENT
PLACE OF HOPE CLINIC				•			
da ododostat 1012							TO PROVIDE
JEGE CONESDORO RD.			•		<b></b>	SUPPLIES AND	HOSPITAL/CLINICAL
LAKE CLTY, GA 30260	58-2656313 501 (C)	501 (C) (3)	0.	18,978.F	FMV	RQUIPMENT	EQUIPMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government orga	anizations listed in the	line 1 table				17.
3 Enter total number of other organizations listed in the line 1 table	listed in the line 1	table			***************************************		

S Enter total number of ourer organizations listed in the Internet LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990,

Schedule I (Form 990) (2019)

wide I (Form 990), Part II.)  (f) Method of valuation (book, FMV, appraisal, other)  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT  MEDICAL SUPPLIES AND EQUIPMENT	Schedule I (Form 990)	EQUIPMENT:	EQUIPMENT	- FMV	54,849.	0		26-2037695	
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### SEPTIAL MUTISIONALI LIVELLY   LANCE   ### SERVICE   ##		POOTENTIA	EQUI PMENT	FMV	65	0.00		74-1109643	AUSTIN, TX 78705
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### STATUS   CONTINE   CONTINENT   CONTINE	CAT.	TO PROVIDE	MEDICAL						SETON MEDICAL CENTER
### REPORTAL PLANTS    Column								TT-1031/33	11203
Description of Grants and Other Assistance to Covernment and Organizations in the United States (Schoolule   Form 990). Part  1)		EQUIPMENT	EQUIPMENT		66	•		11 1631750	SCTADY AVE BROOKHIN ,
### STRICKLE HALLS LANGE   LAN	CAL	HOSPITAL/CLINI	SUPPLIES AND						<u> </u>
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MEDSHARE INTERNATIONAL, INC.	Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	rernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</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	1 <del>-</del>	0	44 7 89	ΔW.	MEDICAL SUPPLIES AND FOITTPMENT	TO PROVIDE HOSPITAL/CLINICAL
MONTEFIORE MEDICAL CENTER 111 E. 210TH ST. BRONX, NY 10467	13-1740114		0		∆W.A	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL BOUTPWENT
JEWISH HOME & HOSPITAL FOR AGED 3150 HOWELL MILL RD. NW ATLANTA, GA 30327	13-1624033		.0	40,505.	ΔИЗ	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL
BRONXCARE 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 RQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
SF CITY IMPACT HEALTH AND WELLINESS CENTER - 140 TORK ST SAN FRANCISO, CA 94102	90-0332259		Ö	31,664.	ΔWA	AND	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL - 1680 E. 120TH ST LOS ANGELES, CA 90059	27-4658935		0	27,385.	PMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ANAHEIM GLOBAL MEDICAL CENTER 1025 S. ANAHEIM BLVD. ANAHEIM, CA 92805	55-0883859		0	22,458, F	PMV	MEDICAL SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
ATLANTIC HEALTH SYSTEM 100 MADISON AVE. MORRISTOWN, NJ 07960	22-3380375		0.	19,750.	PMV	MEDICAL T SUPPLIES AND EQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
							(000 1) 1 -1

MEDSHARE INTERNATIONAL, INC.

HACKENSACK MERIDIAN HEALTH CAPITAL HEALTH SYSTEM Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Schedule I (Form 990) HACKENSACK, NJ 07601 TRENTON, NJ 08638 750 BRUINSWICK AVE. 30 PROSPECT AVE. ATLANTA, GA 30303 275 PRYOR ST. SW PARTNERS FOR HOME RICHMOND, CA 94801 KAISER RICHMOND CLARKSTON, GA 30021 4122 E. PONCE DE LEON AVE. ETHNE HEALTH SAN LEANDRO, CA 94577 1840 FAIRWAY DR. BUILDING FUTURES 901 NEVIN AVE. 417 W. 3RD AVE. PHOEBE PUTNEY NEW HYDE PARK, NY 11040 COHEN CHILDREN'S MEDICAL CENTER ATLANTA , GA 30318 ANTIOCH URBAN MINISTRIES ALBANY, GA 31701 269-01 76TH AVE. 466 NORTHSIDE DR. NW (a) Name and address of organization or government 22-3548695 22-1487278 82-3920554 501 (C) (3) 94-3100741 501 47-3476724 501 (C) (3) 94-6365467 11-2241326 58-1972467 501 (C) (3) 58-1928247 (b) EIN (c) IRC section if applicable (c) (3) (d) Amount of cash grant 0 0 . 0 0 (e) Amount of non-cash assistance 19,750. FMV 19,750. 18,905. FMV 16,529. FMV 11,406. FMV 13,949. FMV 7,546 FMV 552 818. FMV NA. FMV appraisal, other) (f) Method of valuation (book, FMV, SUPPLIES AND (g) Description of non-cash assistance ZQUIPMENT EDICAL EQUIPMENT SUPPLIES AND EQUIPMENT SUPPLIES AND EDICAL. CUIPMENT SUPPLIES AND (EDICAL EQUIPMENT SUPPLIES AND SUPPLIES AND MEDICAL SQUIPMENT MEDICAL. SUPPLIES AND MEDICAL SUPPLIES AND ZQUIPMENT SUPPLIES AND MEDICAL. EDICAL **EQUIPMENT** ÆDICAL COLLEGENT TO PROVIDE EQUIPMENT TO PROVIDE HOSPITAL/CLINICAL HOSPITAL/CLINICAL TO PROVIDE HOSPITAL/CLINICAL TO PROVIDE HOSPITAL/CLINICAL TO PROVIDE CULPMENT HOSPITAL/CLINICAL HOSPITAL/CLINICAL TO PROVIDE COLLEMENT HOSPITAL/CLINICAL TO PROVIDE EQUIPMENT HOSPITAL/CLINICAL TO PROVIDE TURMENT <u> ZOUIPMENT</u> HOSPITAL/CLINICAL TO PROVIDE CULPMENT TUEMETUGE **EQUIPMENT** (h) Purpose of grant or assistance Page 1

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Part II Continuation of Grants and Other Assistance to Governments	Assistance to Governmen	vernments and Organ	and Organizations in the United States		(Schedule I (Form 990), Part II.)		58-2433968 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 EOSPITAL/CLINICAL EQUIPMENT
JUSTICE FOR ALL 221 UPPER RIVERDALE RD JONESBORO, GA 30236		501 (C) (3)	0	5,625,	FMV	MEDICAL SUPPLIES AND RQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
LAVA MAE 1701 MONARCH ST. SUITE 200 ALAMEDA, CA 94501	81-0832318 501 (C)	501 (C) (3)	ò	5, 549.	РМ∇	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)	501 (C) (3)	0	5,382,	AWA.	MEDICAL SUPPLIES AND SQUIPMENT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
MARIN COMMUNITY CLINICS 5 BON AIR RD, SUITE 117, BLDG D. LARKSPUR, CA 94939	94-2237120		0	5,310	A.W.	AND	TO PROVIDE HOSFITAL/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	ANT	TO PROVIDE HOSPITAL/CLINICAL EQUIPMENT
							Schedule I (Form 990)

chadrilla I (Form 990) (2019) MEDSHARE INTERN	ATIONAL,	INC.			58-2433968	Page 2
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.	Complete if the c	organization answe	ered "Yes" on Form 99	90, Part IV, line 22.		
(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	nce
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:	quired in Part I, line	2; Part III, column	n (b); and any other ad	ditional information.		
CASH ASSISTANCE IS IN THE	FORM OF SU	SURPLUS MED	MEDICAL EQUIPMENT	BNT AND		
COLLETER						
932102 10-26-19					Schedule I (Form 990) (2019)	0) (2019)

932102 10-26-19

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number MEDSHARE INTERNATIONAL, INC. Questions Regarding Compensation <u>5</u>8-2433968

to	Chook the appropriate hands of the		Yes	No
ICI	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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	Market and the second s			1 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors		1	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
		F		100
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			İ
	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.			
	Compensation committee  X Written employment contract	100	7 ( 1	
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	The state of companion committee		100	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	7. 41.		
	organization or a related organization:			4
а	Receive a severance payment or change-of-control payment?		1900	725 m
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<u>4a</u>		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	_	
	The same same provider and applicable amounts for each item in Part III.	4	2.00	5 1
	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		4	
	contingent on the revenues of:		116	
а	The state of the s			
		5a		<u> </u>
	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		<u>X</u>
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:			
а		s		
b	The organization? Any related organization?	6a		<u>X</u>
	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		X
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		. 1	
e	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
-	Twele any amounts reported on Form 990, Fart VIII, paid or accrued pursuant to a contract that was subject to the		1 1	
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
J	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	Ì	

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

Schedule J (Form 990) 2019

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

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. Do not list any individuals that aren't listed on Form 990, Part VII.

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on prior Form 990			compensation	(iii) Outer reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Trile
in column (b)	(B)(I)-(D)	benefits	other deferred	(III)	•		
(F) Compensation	(E) Total of columns	ble	(C) Retirement and	C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of \	
						ì	

#### **SCHEDULE L**

# **Transactions With Interested Persons**

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization 58-2433968 MEDSHARE INTERNATIONAL, INC. tion 501/c/(29) organizations only).

Complete if the	organization ar	nswered "Yes" on F	orm 990,	rart ualifi	.1 1						(d) (	Correc	cted?
1 (a) Name of disqualified	person (b	Relationship betw person and or	veen aisq ganizatioi	uaime 1	ed (c	) Des	cription of trans	saction	1		Ye		No
	<del></del>												
											<del> </del>		
<u> </u>											-		
											<del>  _</del>		
											1-		
											<u> </u>		
2 Enter the amount of tax	cincurred by the	e organization man	agers or o	upsik	alified persons duri	ng th	e year under						
section 4958					***************************************			!	<b>►</b> \$.				
3 Enter the amount of tax	κ, if any, on line	2, above, reimburs	ed by the	orga	inization				<b>►</b> \$.				
Part II Loans to ar	nd/or From	nterested Pers	sons.							٠			
Complete if the	organization a	nswered "Yes" on I	Form 990	-EZ, F	Part V, line 38a or F	orm 9	990, Part IV, lin	e 26; c	r if the	e orgar	nizatio	n	
reported an <u>am</u>	nount on Form 9	990, Part X, line 5, 6	6, or 22.										/ritten
(a) Name of	(b) Relations	hip (c) Purpose	(d) Loan t		(e) Original	(f)	Balance due	(g) defa		(h) Apr by boa comm	ard or	agree	ment?
interested person	with organizat	tion of loan	organizati	on?	principal amount	1				-		<del> </del>	T :-
				rom	150 100	<del>                                     </del>	00,156.	Yes_	No X	Yes	No	Yes X	ivo
A.B. SHORT	SEE PT	VSEE PT V	1 -	X	159,128.	<u> </u>	100,130.	<del> </del>					+
			<del>-</del>			├			<del> </del> -				T -
			<del></del>			├		<u> </u>	├─~	_	_	-	1
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				<del></del> -}		1—		-	-	<del> </del>		1	+
			-					┢	i —	<del>                                      </del>			+
						Ь,	700,156.	3.77	<u> </u>	12.20	7, 70	- II	100
Total		Benefiting Inter	rostodi	Dore	<b>&gt;</b> \$		700,130.	<u> </u>	<u> </u>			12	<u>. 3 2</u>
		answered "Yes" on	Form 990	o, Par	rt IV, line 27.		(d) Type	of		10	) Purp	2056	
(a) Name of intereste	d person	(b) Relationship interested per the organiz	rson and	۱   	(c) Amount of assistance		assistar assistar				assist		
				$\dashv$									
		<del> </del>		-									
		<del> </del>											
		<del> </del>				_			$\neg$				
									$\overline{}$				

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 20 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization	
				Yes	nues? No
				<del> </del>	
			<del> </del>	<u>                                     </u>	
				<del> </del>	
Part V Supplemental Information.				<u> </u>	
Provide additional information for response					
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	S:		
(A) NAME OF PERSON: A.B. SI	HORT				
(B) RELATIONSHIP WITH ORGAN	NIZATION: RETTRED CE	O / EMERTOTIC	יים מישונים וו		
		O/HMHKI105	IKUSIEE		
(D) LOAN TO OR FROM ORGANIZ	ZATION? = FROM				<del>,</del>
(E) ORIGINAL PRINCIPAL AMOU	JNT \$ 159,128. (F)	BALANCE DUE	\$ 700,156.		
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR CO	OMMITTEE? = YES			<u>,,,</u>	
(I) WRITTEN AGREEMENT? = YE	GS .				
SCHEDULE L PART II, LOANS 1	O INTERESTED PERSON:	3			
PURPOSE OF LOAN:					
AMOUNTS REFLECT PREMIUM ADV	ANCED TO FORMER KEY	EXECUTIVE	FOR THE		
PURCHASE OF LIFE INSURANCE,	WHEREBY EACH PREMIT	JM IS TREAT	ED AS A LOAI	N	
TO THE FORMER KEY EXECUTIVE	FOR TAX PURPOSES U	NDER IRC SE	CTION 26		
C.F.R. SUBSECTION 1.7872-15	. IT WILL BE REPAID	AT THE DEA	TH OF MR.		
SHORT INCLUDING PRINCIPAL F	LUS CUMULATIVE INTER	REST AT A R	ATE		
ESTABLISHED BY THE INTERNAL	REVENUE SERVICE.				

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MEDSHARE INTERNATIONAL, INC.

Employer identification number 58-2433968

Par	Types of Property			· · · · · · · · · · · · · · · · · · ·	/ <sub>1</sub>	
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1	noncash contribut	
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	<u> </u>				
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts	-				
23	Scientific specimens					
24	Archeological artifacts	- v	<del> </del>	15 120 430	. FAIR MARKET	VALUE
25	Other (EQUIPMENT AND)	X	<del>                                     </del>		.FAIR MARKET	
26	Other (SHIPPING)	X	-		FAIR MARKET	
27	Other (TRAVEL) Other (EXPERIENCE)	$\frac{x}{x}$	1		. FAIR MARKET	
28	Other (EXPERTENCE)  Number of Forms 8283 received by the organ			<u> </u>		
29	for which the organization completed Form 82	Dort IV	Dones Acknowled	lgement 29		2
	for which the organization completed Form oz	200, Fait IV,	DOTIGO / TOTAL OTTO			Yes No
	During the year, did the organization receive to	w contributi	ion any property re	ported in Part I, lines 1 thro	ough 28, that it	
<b>3</b> ∪a	must hold for at least three years from the dat	te of the initi	ial contribution, an	d which isn't required to be	used for	
	exempt purposes for the entire holding period	19	iai continuation, an	<b></b>		30a X
	The second secon	41	,			
b	Does the organization have a gift acceptance	policy that	requires the review	of any nonstandard contri	butions?	31 X
31		or related o	organizations to so	licit, process, or sell nonca	sh	
32a	contributions?	,				32a X
4.	if "Yes," describe in Part II.					
33	If the organization didn't report an amount in	column (c) f	or a type of proper	ty for which column (a) is o	hecked,	
JJ	describe in Part II		,, , , ,	·		

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 MEDSHARE INTERNATIONAL, INC.	58-2433968 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	-100 L L L L L
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 0**

(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.

Open to Public

OMB No. 1545-0047

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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  MEDSHARE INTERNATIONAL, INC.	Page Employer identification number 58-2433968
TO OUR ENVIRONMENT WE HAVE DIVERTED ALMOST 2 MILLION POUNDS	
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 WI	ITH A REQUEST
THAT THEY REVIEW AND SUBMIT ANY QUESTIONS TO THE CHIEF FINE	ANCIAL OFFICER.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY AND COMPLIANCE FORM ARE SEN	
EACH TRUSTEE AND THE CEO. COMPLIANCE IS MONITORED BY THE CE	FO.
TODAL COOL TOTAL	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE SALARY FOR THE CEO WAS AGREED UPON BY THE BOARD OF TRUS	
THOROUGH REVIEW OF SALARY DATA COMPARISONS. AN ANNUAL REVIE	· · · · · · · · · · · · · · · · · · ·
BY THE EXECUTIVE COMMITTEE, WHO REQUEST INPUT FROM ALL TRUS	TEES, AND IS
REVIEWED WITH THE BOARD.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY O	F FORM 990
GA, AL, AZ, CA, CO, CT, DE, FL, HI, ID, IL, IN, IA, KY, LA, MA, MD, ME, MI, MN	
NH,NJ,NM,NV,OH,OK,OR,PA,SC,TN,TX,UT,VA,VT,WA,WI,WY,DC	1
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVA	ILABLE 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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number 58-2433968
MEDSHARE INTERNATIONAL, INC.	30 22302
INDEPENDENT ACCOUNTANT.	
	<del></del>
	<del></del>

Form <b>990-T</b>	1 1	Exempt Org <u>a</u>	TENDED TO M	AY :	17, 2021			1	ŀ
Folin OOO g	•	e)	nd proxy tax und	SILIG	etion 6020/	1 <b>e</b> 1	ax Return	1	OMB No. 1545-0047
	Force	landar year 2010 or other tay ye	or beginning .TTTT 1	nerse A	ection buss(e	?)) ~~	D7 00 000		0040
	1	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 .							
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								
A Check box if address chang		Name of organization (	Check box if name of	changed	d and see instruction	ons.)		D Emp (Em)	loyer Identification number ployees' trust, see uctions.)
B Exempt under section		MEDSHARE IN	TERNATIONAL	<u>, I</u>	NC.				58-2433968
X 501(c)(3) 408(e) 220	(e) Type	Number, street, and room 3240 CLIFTO	n or suite no. If a P.O. bo N SPRINGS P	X, see i	nstructions.			E Unre	lated business activity code Instructions.)
408A 530 529(a)		City or town, state or pro	vince, country, and ZIP o		n postal code				
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	<u> </u>					
23,656	815.	G Check organization typ	e 🕨 🗶 501(c) cor	poratio	n 501(c)	trust	401(a)	trust	Other trust
		ition's unrelated trades or b	ousinesses. 🕨		D	escribe	the only (or first) un		
trade or business her					. If or	ilv one	complete Parte LV	If more	than one
describe the first in th	e blank spa	ice at the end of the previou	us sentence, complete Pa	arts I an	d II, complete a Sc	chedule	M for each additions	al trade	or
<u>business, then compli</u>	ete Parts ())	-V.							
During the tax year, w	as the corp	poration a subsidiary in an a	affiliated group or a parei	nt-subsi	idiary controlled gr	roup?		Y	es X No
ii ies, einer the nan	ie and ideni	diving number of the paren	t corporation. 📂						
Part   Unrelate	of Proc	ERIKA MITCHE le or Business Inc	LL				one number 🕨 4	04-	537-5072
		ie or business inc	ome		(A) Income	)	(B) Expenses		(C) Net
1a Gross receipts or s								4.5	
<b>b</b> Less returns and a		A II. —	c Balance	10				<u>-</u>	
2 Cost of goods sold	(Schedule	A, line 7)		2				5 65	
3 Gross profit, Subtr	act line 2 fr	om line 1c		3				3 3 Au	
b Net gain (loss) (Fo	OHIE (2012C	h Schedule D)		4a				123	
c Capital loss deduct	iiii 4/9/, Pi	art II, line 17) (attach Form	4/9/)	4b				113.	
5 Income (loss) from	OH OF HUS	for trusts 4c vartnership or an S corporation (attach statement) 5							
6 Rent income (Sche				5				<i>3</i> 11.	
		no (Cohodula E)		6					
8 Interest, annuities.	rovaltice or	ne (Schedule E) nd rents from a controlled o		7					
9 Investment income	of a section	n 501(c)(7), (9), or (17) or	rganization (Schedule F)	8					
10 Exploited exempt a	etivity incor	me (Schedule I)	ganization (Schedule G)	9					
11 Advertising income	(Schedule	J)	************************	10	· <u> </u>				
12 Other Income (See	instruction	s; attach schedule)	***************************************	11				r april	
13 Total, Combine lin	es 3 throug	jh 12		12					
Part II Deduct	ons No	t Taken Elsewhere	See instructions to	r limito	tions on deducti	0.			
(Deductio	ns must b	e directly connected wit	h the unrelated busine	ess inc	ome.)				
14 Compensation of	officers, dire	ectors, and trustees (Sched	lule K)			-		14	
io Calalies allu wage	>,,	*****************************						15	
io nepairs and maini	enance							16	
11 Dag goves								17	
io minimosi (attaci) sc	negale) (56	e msu ucuons)						18	
to Tuxos and needlast							,,,,,	19	
		۷۲)			1 20	I			
21 Less depreciation	claimed on	Schedule A and elsewhere	on return		21a			21b	
22 Depletion							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	
20 Continuitorios to di	Heireu con	ipensation plans					l	23	
rinbiolog penetit b	Intributions to deferred compensation plans Intribution to deferred compensation plans Intr							24	
FO EVOCAS AVOIDS GAL	וחפ) פספווםו	ieuule i)					1	25	
Exposor regard with costs (octientie a)								26	
e) omer deductions (	. Since deductions (attach scriedule)							27	
En ivial acaméridile.	Auu IIIIus I	4 unvugn Z/					1	28	0.
29 Our ereten brightiess	тахаме пи	come before het operating i	oss deduction. Subtract	line 28	from line 13		,	29	0.
on pegnetion lot tief (	perating to	ss arising in tax years begi	nning on or after January	y 1, 201	8			T	
(See Instructions)	tovohl- !-	one Cubbert Co. 00 /					L	30	0.
Officialed business	taxable inc	come. Subtract line 30 from	line 29					31	0.
ezotul vi-zr-20 LHA	or Paperw	ork Reduction Act Notice,	see instructions.						Form 990-T (2019)

Form **990-T** (2019)

Part	III Total Unrelated Business Taxable Income			0
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		
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
37	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00	00.
38	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
39	enter the smaller of zero or line 37	39		0.
Dark	IV Tax Computation			
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
41	Tax rate schedule or Schedule D (Form 1041)	41		
	Tax rate schedule of Schedule b (roth roth)	42		
42	Proxy tax. See instructions	43		
43	Alternative minimum tax (trusts only)	44		
44	Tax on Noncompliant Facility Income. See instructions	45		0.
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments			
Par	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b	Other credits (see listructions)			
C	General business credit. Attach Form 3800 46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46e		
е	Total credits. Add lines 46a through 46d	47		0.
47	Subtract line 46e from line 45	48		
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	49		0.
49	Total tax. Add lines 47 and 48 (see instructions)	50		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	30		
	Payments: A 2018 overpayment credited to 2019	-		
	2019 estimated tax payments 51b			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)	-		
	Backup withholding (see instructions) 51e	-		
1	Credit for small employer health insurance premiums (attach Form 8941)	-		
	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ <b>[51g]</b>			
52	Total payments. Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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	Fotor the amount of line 55 you want: Credited to 2020 estimated tax	56		
	t VI Statements Regarding Certain Activities and Other Information (see instructions)			T
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		25 W. J	
	hara			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
00	If "Yes," see instructions for other forms the organization may have to file.			
59	Factor the amount of tax-exempt interest received or accrued during the tax year			1286
	Under penalties of perjury Declare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowledge.	ledge and	belief, it is true,	
Sig	n correct, and domplete. Declaration of prepared building the control of the cont	to granulation but	RS discuss this return	with
Her		the prepar	rer shown below (see	_
		instruction	The second secon	No
-	Print/Type preparer's name Preparer's signature Date Check	if PT	TIN	
_	self- employe			-0
Pa	IN CITCANT TITTE IN SUSAN FILLE 103/13/41		P00846200	
	eparer NARDEN AVEREUT T.I.C Firm's EIN	> 4	45-408443	37
Us	e Only STA CONCOURSE PARKWAY, SUITE 600			
	Firm's address ► ATLANTA, GA 30328 Phone no.	770-	-396-1100	)
	Filling auditess   MIDAMITTI   Cit 2020		Form <b>990-1</b>	(2019)

Schedule A - Cost of Good	ds Sold. Enter	method of inver	ntory va	luation > N/A					
1 Inventory at beginning of year	1								
2 Purchases		·	٦ ,	6 Inventory at end of year 7 Cost of goods sold. Subtract line 6		line &	6	· .	
3 Cost of labor		· · · · · ·	1	from line 5. Enter here and in Part I,					
4a Additional section 263A costs						•	١,		
(attach schedule)	4a		l a	Do the rules of section	2634 /	with reenest to	. 7	Yes	TNo
b Other costs (attach schedule)				property produced or a				169	No
5 Total. Add lines 1 through 4b	5			the organization?				· 11 - 1	
Schedule C - Rent Income	(From Real I	Property and	Pers	onal Property I	ease	d With Real Pron	erty	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ــــــــــــــــــــــــــــــــــــــ
(see instructions)	-					w with theal thop	City		
1. Description of property									
(1)	·								
(2)	· · · · · · · · · · · · · · · · · · ·			<del>-</del>					
(3)									
(4)						· · · · · · · · · · · · · · · · · · ·			
	2. Rent receive	d or accrued	<del></del>		-	Τ			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal pr	al property (if the percenta operty exceeds 50% or if on profit or income)	ge	3(a) Deductions directly columns 2(a) at	connect rd 2(b) (a	ed with the income i ttach schedule)	n
(1)			III IO DUCCO	on profit of Incomey					
(2)								- <del></del>	
(3)								<del></del> -	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del	n (A)	<b>•</b>	inoteres	lon a)	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
		ilootilo (see	Instruct	ions)	Γ	9 Deducation of the state of	<del></del>		
				Gross Income from	<u>_</u>	<ol><li>Deductions directly control to debt-fluance</li></ol>	nected w ed prope	ith or allocable erty	
<ol> <li>Description of debt-fi</li> </ol>	nanced property			or allocable to debt- financed property		Straight line depreciation		(b) Other deductions	
						(attach schedule)		(attach schedule)	
(1)			<del> </del>					<del> </del>	
(2)			┪━┈				-		
(3)			<del> </del>				-		
(4)	······································		+ -						
4. Amount of average acquisition	5. Average a	djusted basis	6.	Column 4 divided		7. Gross income	-	8. Allocable deduct	
debt on or allocable to debt-financed property (attach schedule)	debt-financ	ocable to ced property schedule)		by column 5		reportable (column 2 x column 6)	(0	olumn 6 x total of co 3(a) and 3(b))	
(1)			ļ <u>.</u>					<u> </u>	
(2)			<del> </del> -	%			+-		
_(3)			<del> </del>	%			┼—		
(4)			<del>                                     </del>	<u>%</u>					
.VI	<u> </u>		J	%			+-		
						nter here and on page 1, ²art I, line 7, column (A).		nter here and on pag 'art I, line 7, column (	
Totals				▶[		0 .	.		0.
Total dividends-received deductions in	ncluded in column 8	3 <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<b>.</b>			0.

1. Name of controlled organization  (1) (2) (3) (4) Nonexempt Controlled Organization	2. Empli Identifica numbe	oyer 3. Net unre	Controlled Or elated Income (instructions)	4. Total	l of specified ents made	5. Part of column 4 included in the control organization's gross	rolling 0	Deductions directly onnected with income in column 5
(1) (2) (3) (4) Vonexempt Controlled Organiza	dentifica	tion (loss) (see		<b>4.</b> Total payme	ents made	included in the contr	rolling 0	onnected with income
(2) (3) (4) Nonexempt Controlled Organiza						or garrigani e green	ilicollie	m column o
(2) (3) (4) Nonexempt Controlled Organiza		l						
(3) (4) Ionexempt Controlled Organiza								
(4) Nonexempt Controlled Organiza								
lonexempt Controlled Organiza								
	tions	<del></del>						
7. Taxable Income	8. Net unrelated income (see Instructions)	(loss) 9. Total	of specified payr made	nents	in the controllin	nn 9 that is included ng organization's income	11. Dedu with In	otions directly connected come in column 10
(1)		<del></del> -	·					
(1)						· ·		
(2)								
(3)								
(4)					Enter here and	ns 5 and 10, on page 1, Part I, olumn (A).	Enter her	columns 6 and 11. e and on page 1, Part I, ne 8, column (B).
					, -	0.		0.
Totals		- W FO4/-\/2	n (0) or (	P	anization		<u></u>	
Schedule G - Investmen (see instru		ection 501(c)(/	7), (9), or (	ii) Org	3. Deduction			5. Total deductions
1. Descriț	otion of income		2. Amount of	income	directly conne (attach sched	cted 4. Set	-asides schedule)	and set-asides (col. 3 plus col. 4)
(1)								ļ <del></del>
(2)			<u> </u>					ļ. <u> </u>
(3)								
(4)  Totals  Schedule I - Exploited E	exempt Activity	► Income, Other	Enter here and Part i, line 9, or Than Ad	0 •	g Income			Enter here and on page 1 Part I, line 9, column (B).
(see instruc		•	Т.	<del></del>				т
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 incor from unrelate business (c minus colun gain, compu through	d trade or olumn 2 in 3), If a te cols, 5	5. Gross inco from activity t is not unrelat business inco	that attribu	xpenses utable to umn 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. (8).						Enter here and on page 1, Part II, line 25.
Totals Schedule J - Advertisin	0.	0.						0.
Part I Income From F	Periodicals Repo	orted on a Con	solidated	Basis				
1. Name of periodical	2. Gross advertising Income	3. Direct advertising costs	or (loss) ( col, 3), if a	rtising gain col, 2 minus gain, comput through 7,	5. Circula income		dership ets	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
		<del></del>						
(3)								<u> </u>
(4)			<del></del>		_			
Totals (carry to Part II, line (5))	▶	0	<u>).</u>					0 Form <b>990-T</b> (201

## Form 990-T (2019) MEDSHARE INTERNATIONAL, INC. 58-24339 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col, 2 minus col, 3), if a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					·	<u> </u>
(2)					· · · · · · · · · · · · · · · · · · ·	<del>-</del>
(3)						·
(4)						
Totals from Part I	0.	0.		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ► Schedule K - Compensation	0.	0.				n

1. Namo	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

## Form **8868**

(Rev. January 2020)

## 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.

	, for which an extension request must be sent to the IRS			etalls on the	e electronic		
ling of thi	is form, visit www.irs.gov/e-file-providers/e-file-for-charib	les-and-no	on-profits.	-			
	tic 6-Month Extension of Time. Only submi						
di corpora	ations required to file an income tax return other than Fo	rm 990-T (	including 1120-C filers), partnership	s, REMICs,	and trusts		
nust use l	Form 7004 to request an extension of time to file income	tax returr	<b>18.</b>	<u></u>		<del></del>	
ype or	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
orint	MEDSHARE INTERNATIONAL, INC.				58-2433968		
ile by the ue date for ling your	Number, street, and room or suite no. If a P.O. box, se 3240 CLIFTON SPRINGS ROAD						
sturn, See structions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  DECATUR: GA 30034						
nter the	Return Code for the return that this application is for (file	a separate application for each return)					
\pplication	on	Return	Application			Return	
s For		Code	ls For			Code	
orm <u>990</u>	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990	-BL.	02	Form 1041-A			08	
orm 472	0 (individual)	03	Form 4720 (other than individual)			10	
orm <u>990</u>	-PF	04	Form 5227	11			
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12	
orm 990	-T (trust other than above)	06	Form 8870 12				
	ERIKA MITCHELL	. D. T. T. C. C	DECAMIN CA	30034			
● The bo	poks are in the care of 3240 CLIFTON SE	KTNGS	RD - DECATOR, GA	30034			
Teleph	none No. > 404-537-5072		Fax No.		<del></del>		
If the c	organization does not have an office or place of business	in the Un	ited States, check this box		the whole are	up check this	
▶ If this i	is for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN)	IT this is for fall mamba	rie whole gro	ap, check and	
oox 🕨 🛚	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs o	T all membe	is the extension	ii is tor.	
the	quest an automatic 6-month extension of time until organization named above. The extension is for the organization reason or tax year beginning JUL 1, 2019	anization's				return for	
	ne tax year entered in line 1 is for less than 12 months, c			Final return			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				20	¢	0.	
any	y nonrefundable credits. See instructions.		u refundable gradite and	3a	\$		
b if ti	his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp	, enter an savment al	y reiumaable credits and lowed as a credit.	3b	\$	0.	
<u>est</u>	timated tax payments made. Include any phor year over paylance due. Subtract line 3b from line 3a. Include your pa	vment wit	th this form, if required, by				
using EFTPS (Electronic Federal Tax Payment System). See			ons.	3с	\$	0.	
USI	ing EFTPS (Electronic Federal Tax Payment Gysterin, Go. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form	3453-EO an	d Form 8879-E	O for payment	
instruction:		,					

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

Form 8868 (Rev. 1-2020)

### Form **8868**

(Rev. January 2020)

# 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 Pe

Contracts	, for which an extension request must be sent to the IRS	S in paper	format (see instructions). For more de	ersonal B etails on	enetit the electronic		
	is form, visit www.lrs.gov/e-file-providers/e-file-for-chari						
Automa	tic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
	ations required to file an income tax return other than Fo			REMIC	e and truete		
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.	, 1121110	s, and trusts		
Type or print	MEDSHARE INTERNATIONAL, INC.				expayer identification number (TIN)  58-2433968		
<del>-</del>							
Number, street, and room or suite no. If a P.O. box, see instructions.					3,900		
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 separa	e application for each return)		<del></del>	0 7	
Application		Return				Return	
ls For		Code	ls For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		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)			Form 8870				
• The bo	ERIKA MITCHELL 3240 CLIFTON SE	RINGS	RD - DECATUR, GA	30034			
	one No. ► 404-537-5072		Fax No. 🕨				
If the o	ganization does not have an office or place of business	in the Uni	ted States, check this box			▶ 🔲	
ov N	for a Group Return, enter the organization's four digit of	Group Exe	mption Number (GEN) If	this is fo	r the whole gro	oup, check this	
oox 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of a	ill memb	ers the extensi	on is for.	
the d	uest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or tax year beginning JUL_ 1 , 2019	nization's	7 17, 2021 , to file return for:	the exem	npt organization	n return for	
2 If the	e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	n: Initial return F	inal retur	n		
3a If thi	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			_		<del></del>	
any nonrefundable credits. See instructions.			3a	\$	0.		
	s application is for Forms 990-PF, 990-T, 4720, or 6069,			<u></u>	<del>-</del>		
<u>estin</u>	nated tax payments made. Include any prior year overpa	ayment allo	owed as a credit.	3b	\$	0.	
c Bala	nce due. Subtract line 3b from line 3a. Include your pay	yment with	with this form, if required, by				
using EFTPS (Electronic Federal Tax Payment System). See in			is.	3c	\$	0.	
Caution: If	you are going to make an electronic funds withdrawal ( s.	direct deb	it) with this Form 8868, see Form 845	3-EO an	d Form 8879-E	O for payment	

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

Form 8868 (Rev. 1-2020)

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