EXTENDED TO DECEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning FEB 1. 2022 and ending JAN 31, 2023 Check if applicable: C Name of organization D Employer identification number Address change MEDWISH INTERNATIONAL, INC. Name change Doing business as 34-1903712 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1625 E. 31ST STREET (216) 692-1685 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 16,406,228. Amended return CLEVELAND, OH 44114 H(a) Is this a group return Applica-F Name and address of principal officer: BRENNAN IGOE for subordinates? Yes X No pending 1625 E. 31ST STREET, CLEVELAND, 44114 H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MEDWISH.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 1994 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: MEDWISH REPURPOSES SURPLUS 1 Activities & Governance MEDICAL SUPPLIES AND EQUIPMENT FOR HUMANITARIAN AID WORLDWIDE. Check this box 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 15 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 18 Total number of volunteers (estimate if necessary) 2609 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 12,966,075. 16,068,967. Revenue Program service revenue (Part VIII, line 2g) 9 298,284. 247,364. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,755. 234. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -21,558.-2,453.12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13.244,556. 16,314,112. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,390,206. 12,849,585. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 585,600. 685,083. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,458,145. 1,401,643. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,433,951. 14,936,311. Revenue less expenses. Subtract line 18 from line 12 1,810,605. 1,377,801. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 7,728,911. 9,051,556. Total liabilities (Part X, line 26) 789,879. 765,717. Net assets or fund balances. Subtract line 21 from line 20 6,939,032. 8,285,839. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date BRENNAN IGOE, Here BOARD TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature Paid LAWRENCE D. FRIEDMAN, CPA P00410069 self-employed BARNES WENDLING CPAS INC. Preparer Firm's name Firm's EIN 34-1463411 Use Only Firm's address 1350 EUCLID AVE., **SUITE 1400** CLEVELAND, OH 44115-1830 Phone no. 216-566-9000

May the IRS discuss this return with the preparer shown above? See instructions

232001 12-13-22

X Yes

Form 990 (2022) MEDWISH INTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ì		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ĺ		
	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			
44	or in quasi endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			100
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		77	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_X_	
	Schedule D, Parts XI and XII	40	v	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	106		y
13	ls the organization a school described in section 4.70/b/(1/4)/(1/0) comes	12b 13		X
14a	Did the organization maintain an office, employees, or execute systems of the Unit of the Unit of the			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	l	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
р	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	
22222	10.10.00			

Pa	rt IV Checklist of Required Schedules (continued)	<u>3712</u>	P	age 4
<u> </u>	Offecklist of Required Schedules (continued)	 -	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		\vdash	†
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ŀ	
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		L _X
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		
a a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ľ		
26	Schedule L, Part I	_25b	ļ	X
20	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%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
~	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			37
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27	-	X
	instructions for applicable filing thresholds, conditions, and exceptions):			l di
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	200		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		_2_
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
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
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			
	Schedule N, Part II	32		Х
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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\dashv	_X_
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		~	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	_X	
· · · · · · · · · · · · · · · · · · ·	Check if Schedule O contains a response or note to any line in this Bost V			
	Check in Correction C Contains a response of note to any line in this Part V			<u></u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	√	Yes	No_
b))		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 1	period :	造売り
	(gambling) winnings to prize winners?		X	
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	_	i omii	JJJ (2	_UZZ}

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 18 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 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)? X 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? Х 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c 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 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] Section 501(c)(12) organizations. Enter: 11 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 **14a** Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

232005 12-13-22

MEDWISH INTERNATIONAL, INC. 34-1903712 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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

	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	l
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	İ
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	Ι
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	-105		_
16a				İ
	taxable entity during the year?	16a	- 1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		servite, e e	
	exempt status with respect to such arrangements?	16h		ı

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed OH
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

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X Own website	Another's website	X Upon request	Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	KELSEY FOSTER - 216 692-1685

1625 31ST STREET, CLEVELAND, OH 44114

for public inspection, Indicate how you made these available. Chack all that are

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	/do	not c	Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bott	n an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	9 or d	tee			sated		organization	(W-2/1099-MISC/	from the
	organizations	ruste	trus		99/	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	below	ndividual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	<u></u>	1099-1120)		and related organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			organizations
(1) BRITTA LATZ	40.00				_					
EXECUTIVE DIRECTOR		1		х				68,168.	0.	0.
(2) LEE PONSKY, MD	2.00				_			3372337	``	
PRESIDENT AND FOUNDER		x		Х		ľ		0.	0.	0.
(3) VALERIE HENDERSON, MPH, DSC	2.00								•	
VICE PRESIDENT		X		x		ĺ		0.	0.	0.
(4) ASHLEY WILSON BAER	2.00				-				- 0.	
SECRETARY		X		х				0.	0.	0.
(5) BRENNAN IGOE	2.00					_		<u>`.</u>		
TREASURER		x		х				0.	0.	0.
(6) JAVIER ECHEVARRIA	1.00							•		
DIRECTOR		Х						0.	0.	0.
(7) RAFID FADUL, MD	1.00									<u> </u>
DIRECTOR		х						0.	0.	0.
(8) DAVID LANDEVER	1.00							· ·	<u></u>	
DIRECTOR		x						0.	0.	0.
(9) JOSHUA MILLER, DO	1.00								.	
DIRECTOR		х						0.	0.	0.
(10) ZAC PONSKY	1.00									<u>··</u>
DIRECTOR		х						0.	0.	0.
(11) CHARU RAMANATHAN, PHD	1.00		\neg							
DIRECTOR		х			ŀ			0.	0.	0.
(12) SHELDON ROSE, MD	1.00									<u>0.</u>
DIRECTOR		x						0.	0.	0.
(13) BRIAN SMITH	2.00									
DIRECTOR		x		- 1				0.1	0.	0.
(14) MICHAEL ZWEIG	1.00					\neg				
DIRECTOR		Х			i			0.	0.	0.
(15) KRYSTA ALEXINAS	1.00									<u></u>
DIRECTOR		x	ı	1				0.	0.	0.
(16) EMILY QUAN	1.00				寸					<u>J.</u>
DIRECTOR		x			ŀ	ı		0.	0.	0.
				寸						
						_	_			

232007 12-13-22

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	iH b	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	1 than is both or/trus	ı an	(D) Reportable compensation	(E) Reportable compensation	1	(F) timated nount of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	other pensation om the anization d related unizations
										 	
					_						
							_		<u> </u>		
			_								
1b Subtotal								68,168.	0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)		<u> </u>	<u></u>					0. 68,168.	0.		0. 0.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose I	isted	d ab	ove)) who	rec	ceived more than \$100,0	000 of reportable		0
3 Did the organization list any former officer,	director, truste	e, k	ey e	mplo	oyee	e, or	high	nest compensated empl	Dyee on		Yes No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	ım of reportable	e cor	npe	nsat	ion	and	othe	er compensation from the	A Organization	3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a),000? If "Yes,"	' con	nple	te S	che	dule	J fo	or such individual		4	X
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	rsu	ch p	ersc	<u></u>				5_	X
Complete this table for your five highest country the organization. Benort compensation for the organization.	mpensated inde	epen	iden	t co	ntra	ctors	s tha	at received more than \$	100,000 of compense	tion fror	n
the organization. Report compensation for t (A) Name and business					<u>tn oi</u>	<u>r witi</u>	nin t	(B)		(C)	
reallo and business	address	NO	NE				+	Description of se	ervices	Compens	sation
				•	_	_	-				
	•					_	+				
					_		-				
								······································			
Total number of independent contractors (in	- يا درا موامر	L 1: '		4 - 41				1			
Total number of independent contractors (in \$100,000 of compensation from the organization)	ation	- IIIII	ited	io tr	nose 0	e iiste	ed a	nove) who received mo	e than		14 P
										Form 9	90 (2022)

			Check if Schedule O co		response	or note to any lir	ne in this Part VIII			
					7.00001100	or moto to arry m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1	а	Federated campaigns		1a				A STATE	
Contributions, Gifts, Grants	3	b	Membership dues		1b					
S, A	1	¢	Fundraising events		1c	178,770.				
Siff	3	d	Related organizations		1d				r seg libros o organista pagritistas	
S,		е	Government grants (contrib	outions)	1e	109,712.				
tion in		f	All other contributions, gifts, gr	rants, and						
ig 4	3		similar amounts not included a	bove	1f	15,780,485.			latedta:	
Z tr	1	g	Noncash contributions included in lin-	nes 1a-1f	1g \$	14,910,382.		**		
<u> </u>	<u> </u>	h	Total. Add lines 1a-1f		······		16,068,967.		Julius Sellen, Selen	
						Business Code				
Se	2	а	EARNED INCOME			900099	247,364.	247,364.		
Program Service Revenue	4	b								
Š		С								
Tar Rev		d								
o,		е					-			
4			All other program service re							
	_		Total. Add lines 2a-2f				247,364.			
	3		Investment income (includin	_						
	١,						234.			234.
	4		Income from investment of t							
	5		Royalties	T () Real					
		_	Cross vents			(ii) Personal				Hall W
	6			6a	7,570. 0.					
	ı		· · · · · · · · · · · · · · · · · · ·	6b 6c	7,570.					
	ı		Rental income or (loss) Net rental income or (loss)	oc I	7,370.	·	7.500	<u> </u>		<u> </u>
			Gross amount from sales of	(i) S	ecurities	(ii) Other	7,570.			7,570.
	'	а		7a	ecurities	(ii) Other			Mineral In	important in the second
		h	Less: cost or other basis	<u>/ a </u>						
<u>o</u>				7b				eretaring the engineering to the particular and the contract of the contract o		
enn				7c					state par se e e 📈	
Şe			Net gain or (loss)				The state of the state of the		A CONTRACTOR	50-4 Tal (4-55) - 12 - 1
er	8	a	Gross income from fundraising	events (r	ot					
育			including \$17							rije garant
-			contributions reported on lin						e i Sanker Pari	
			Part IV, line 18			82,093.	The Selection of the	5 (0.0, 500)		
		b	I			92,116.				
		С	Net income or (loss) from fur			· · · · · · · · · · · · · · · · · · ·	-10,023.		1 a 1994 a januari en samure y ja	-10,023.
			Gross income from gaming a					in the standings.	- - 335 12 - 55 .	
			Part IV, line 19							
Other Revenue			Lagran alternation of							
		С	Net income or (loss) from ga	ıming act	tivities					
	10	а	Gross sales of inventory, less	s returns	;		. 1		ia (1.5.1)	
			and allowances		10a					
	- 1	b	Less: cost of goods sold		10b		The second secon			
		С	Net income or (loss) from sal	les of inv	entory					
<u>s</u>						Business Code				i i
Miscellaneous Revenue	11 :	а								
lan	- 1	b								
Sev	•	С								·
Mis	(All other revenue							
							1			man jaran san
	12		Total revenue. See instructions				16,314,112.	247,364.	0.	-2,219.

Form 990 (2022) MEDWISH INTERNATIONAL, INC. Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must cor	anlata column (A)	· · · · · · · · · · · · · · · · · · ·
-	Check if Schedule O contains a respon			ripiete Column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,143,769.	4,143,769.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			<u> </u>	
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	8,705,816.	8,705,816.		
4	Benefits paid to or for members	0,703,010.	0,703,810.		
5	Compensation of current officers, directors,				The state of the s
•	trustees, and key employees	68,168.	9,942.	<u>5,</u> 965.	52 261
6	Compensation not included above to disqualified	00/2001	5,542.	3,505.	52,261.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	505,918.	286,050.	40,920.	178,948.
8	Pension plan accruals and contributions (include			=0,020.	1/0,340.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	67,903.	35,010.	5,546.	27,347.
10	Payroll taxes	43,094.	22,219.	3,519.	17,356.
11	Fees for services (nonemployees):			0,0250	<u> </u>
а	Management				
b		234.		234.	
С	Accounting	25,990.		25,990.	· .
	Lobbying				
е	-			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees	6,067.		6,067.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	61,167.	32,095.	4,074.	24,998.
12	Advertising and promotion	11,812.	567.		11,245.
13	Office expenses	58,247.	16,893.	29,901.	11,453.
14	Information technology				
15	Royalties				
16	Occupancy	174,350.	164,383.	9,315.	652.
17	Travel	668.	160.	269.	239.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		20,613.	19,695.	010	
21	Payments to affiliates	20,013.	13,033.	918.	
22	Depreciation, depletion, and amortization	33,780.	32,745.	1,035.	
23	Insurance	28,815.	6,510.	22,305.	
24	Other expenses, Itemize expenses not covered		3 3 3 3 3		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTS SCRAPPED/DESTR	904,447.	904,447.	<u>andra karanta a jaka</u>	· · ·
b	SHIPPING AND WAREHOUSE	75,453.	75,453.		
c			, , , = , , ,		
d					
е	All other expenses			-	
25	Total functional expenses. Add lines 1 through 24e	14,936,311.	14,455,754.	156,058.	324,499.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

check if Schedule O contains a response or note stash - non-interest-bearing avings and temporary cash investments eledges and grants receivable, net occurred receivable, net occurred receivables from any current or ustee, key employee, creator or founder, substation of the receivables from other disqualified receivables from other disqualified receivables from other disqualified receivables from other disqualified receivables and loans receivable, net repeated expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule Dess: accumulated depreciation	former office antial contr e persons ed persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)	(A) Beginning of year 603,587.	1 2 3 4 5	(B) End of year 630,905
avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net oans and other receivables from any current or ustee, key employee, creator or founder, substa ontrolled entity or family member of any of these oans and other receivables from other disqualifi nder section 4958(f)(1)), and persons described otes and loans receivable, net eventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	former office antial contrest persons and persons and persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)	Beginning of year 603,587.	2 3 4 5 6 7	End of year 630,905
avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net oans and other receivables from any current or ustee, key employee, creator or founder, substa ontrolled entity or family member of any of these oans and other receivables from other disqualifi nder section 4958(f)(1)), and persons described otes and loans receivable, net eventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	former office antial contrest persons and persons and persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)		2 3 4 5 6 7	51,000
ledges and grants receivable, net counts receivable, net oans and other receivables from any current or ustee, key employee, creator or founder, substa ontrolled entity or family member of any of these oans and other receivables from other disqualifi nder section 4958(f)(1)), and persons described otes and loans receivable, net eventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	former office antial contress persons ed persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)		3 4 5 6 7	51,000
ledges and grants receivable, net counts receivable, net oans and other receivables from any current or ustee, key employee, creator or founder, substa ontrolled entity or family member of any of these oans and other receivables from other disqualifi nder section 4958(f)(1)), and persons described otes and loans receivable, net eventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	former office antial contress persons ed persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)		5 6 7	
ccounts receivable, net coans and other receivables from any current or custee, key employee, creator or founder, substate controlled entity or family member of any of these coans and other receivables from other disqualified ander section 4958(f)(1)), and persons described otes and loans receivable, net expenses for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	former offic antial contr e persons ed persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)		5 6 7	
oans and other receivables from any current or ustee, key employee, creator or founder, substate ontrolled entity or family member of any of these oans and other receivables from other disqualified receivables from other disqualified otes and loans receivable, net repaid expenses and deferred charges and, buildings, and equipment: cost or other lasts. Complete Part VI of Schedule D	former officential contress persons ed persons in section	eer, director, butor, or 35% (as defined 4958(c)(3)(B)		6	
controlled entity or family member of any of these coans and other receivables from other disqualification and persons described otes and loans receivable, net expenses for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	e persons ed persons in section	(as defined 4958(c)(3)(B)		6	
oans and other receivables from other disqualification and persons described otes and loans receivable, net expenses and seventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	ed persons in section	(as defined 4958(c)(3)(B)		6	
nder section 4958(f)(1)), and persons described otes and loans receivable, net inventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	in section	4958(c)(3)(B)		7	
otes and loans receivable, net eventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D			5.824.436.	7	
repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D			5.824.436.		
repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D			5.824.436.	_	
and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D	 I	1	0,001,1001	8	6,984,087
asis. Complete Part VI of Schedule D			15,939.	9	17,240
				9	
ess: accumulated depreciation		953,436.		la sa	And the second
	10b	178,107.	802,712. 481,736.	10c	775,329 450,374
vestments - publicly traded securities			481,736.	11	450,374
		12			
		13			
tangible assets			14		
ther assets. See Part IV, line 11				15	142,621
otal assets. Add lines 1 through 15 (must equa	l line 33)			16	9,051,556
ccounts payable and accrued expenses	63,659.	17	58,634		
rants payable		18			
eferred revenue	4,753.	_19	10,753		
			20		
				21	
		outor, or 35%			
			C1 4 0 CE	22	
					696,330
			106,500.	24	
Cahadula D					
4 . P. C. P. P. P. P. C. P.		F"	780 870		765 717
		Ÿ	103,013.	26	765,717
	K Hele	<u> </u>		1 5 14	
A AAAAAA Maraa aa			6 741 369	07	7 927 559
					7,927,559 358,280
***************************************			±57,003.		330,200
	, cc				And the second
				20	and the second to
aid-in or capital surplus, or land, building, or equ	ipment fun	d –			
		£			
			6.939.032		8,285,839
***************************************			7 728 911		9,051,556
N N III II	vestments - other securities. See Part IV, line 1 vestments - program-related. See Part IV, line 1 tangible assets ther assets. See Part IV, line 11 votal assets. Add lines 1 through 15 (must equal accounts payable and accrued expenses tants payable and accrued expenses tants payable are revenue as exempt bond liabilities. crow or custodial account liability. Complete Programs and other payables to any current or former astee, key employee, creator or founder, substantrolled entity or family member of any of these accured mortgages and notes payable to unrelated ther liabilities (including federal income tax, payarties, and other liabilities not included on lines as Schedule Datal liabilities. Add lines 17 through 25 ganizations that follow FASB ASC 958, checid complete lines 27, 28, 32, and 33. It assets without donor restrictions assets with donor restrictions ganizations that do not follow FASB ASC 956 displays to complete lines 29 through 33. Ipital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equatained earnings, endowment, accumulated incotal net assets or fund balances	vestments - other securities. See Part IV, line 11 vestments - program-related. See Part IV, line 11 tangible assets ther assets. See Part IV, line 11 vetal assets. Add lines 1 through 15 (must equal line 33) counts payable and accrued expenses tants payable referred revenue x-exempt bond liabilities crow or custodial account liability. Complete Part IV of Sc vans and other payables to any current or former officer, di restee, key employee, creator or founder, substantial contril introlled entity or family member of any of these persons recured mortgages and notes payable to unrelated third part resecured notes and loans payable to unrelated third part resecured notes and loans payable to unrelated third part resecured nother liabilities (including federal income tax, payables to rel reties, and other liabilities not included on lines 17-24). Con Schedule D retal liabilities. Add lines 17 through 25 reganizations that follow FASB ASC 958, check here d complete lines 27, 28, 32, and 33. ret assets with donor restrictions ret assets with donor restrictions reganizations that do not follow FASB ASC 958, check he d complete lines 29 through 33. repital stock or trust principal, or current funds rediction or capital surplus, or land, building, or equipment fun tained earnings, endowment, accumulated income, or oth tal net assets or fund balances	vestments - other securities. See Part IV, line 11 vestments - program-related. See Part IV, line 11 tangible assets ther assets. See Part IV, line 11 vestments - grogram-related. See Part IV, line 11 vestments - program-related. xpenses ther assets. See Part IV, line 11 vestments - program-related expenses ther assets. See Part IV, line 11 vestments - program-related expenses ther assets. See Part IV, line 11 vestments - program-related expenses ther assets. See Part IV, line 11 vestments - program-related expenses ther assets with out one payable to unrelated Part IV of Schedule D vestments - payables to any current or former officer, director, listee, key employee, creator or founder, substantial contributor, or 35% entrolled entity or family member of any of these persons recurred mortgages and notes payable to unrelated third parties ther liabilities (including federal income tax, payables to related third rities, and other liabilities not included on lines 17-24). Complete Part X Schedule D vestments - program-related expenses ther assets with out donor restrictions that sasets without donor restrictions that assets with donor restrictions that assets with donor restrictions granizations that do not follow FASB ASC 958, check here d complete lines 29 through 33. pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds	vestments - other securities. See Part IV, line 11 vestments - program-related. See Part IV, line 11 tangible assets ther assets. Add lines 1 through 15 (must equal line 33) 7,728,911.	vestments - other securities. See Part IV, line 11 vestments - program-related. See Part IV, line 11 tangible assets ther assets. See Part IV, line 11 tal assets. Add lines 1 through 15 (must equal line 33) 7,728,911. 16 coounts payable and accrued expenses ants payable ferred revenue xexempt bond liabilities crow or custodial account liability. Complete Part IV of Schedule D ans and other payables to any current or former officer, director, sistee, key employee, creator or founder, substantial contributor, or 35% curred mortgages and notes payable to unrelated third parties curred mortgages and notes payable to gate to ga

Theck if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,377,801. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,377,801. 4 6,939,032. 5 Net unrealized gains (losses) on investments 5 -30,994. 6 Donated services and use of facilities 6 7 6 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2b Were the organization sinancial statements compiled or reviewed by an independent accountant? 2	Pa	rt XI Reconciliation of Net Assets			, u,	90
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Sonated services and use of facilities Investment expenses Prior period adjustments Cherchanges in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization s' financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? 2c X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization statements and selection		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,377,801. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,939,032. Net unrealized gains (losses) on investments 5 -30,994. Donated services and use of facilities 6 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If t						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,377,801. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,939,032. Net unrealized gains (losses) on investments 5 -30,994. Donated services and use of facilities 6 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If t	1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,31	4,1	12.
3 Revenue less expensess. Subtract line 2 from line 1 4 6,939,032. 4 16,939,032. 5 Net unrealized gains (losses) on investments 5 -30,994. 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	2			
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3					
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
6 Donated services and use of facilities 7 Investment expenses 7 7 8 8 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.0 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 8 , 285 , 839 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 7	5	Net unrealized gains (losses) on investments	5			
To exertment expenses Five prior period adjustments Five	6	Donated services and use of facilities	6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	7	Investment expenses	7			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Yes No Yes No Yes No Yes No Yes No Yes No Yes the organization's financial statements compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Basic Vivia de C. Separate basis Consolidated basis Vivia de C. Separate basis Consolidated basis Consolidated and separate basis Consolidated and separate basis Consolidated C. Separate basis Consolidated C. Separate basis Consolid	8					
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Accounting method used to prepare the Form 990:	Pa	rt XIII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				X
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	Ja	$\neg +$	
		or audite, explain why on Schoolule O and deposits any stars taken to see a		3h		
					990 a	2022\

SCHEDULE A

(Form 990)

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.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

n.		MEDV	VISH INTERN	ATIONAL, INC	•				3 <u>4-</u> 1903712	
Ь	ırt I	Reason for Public	Charity Status.	(All organizations must	complete:	this part.) s	See instruction	s.		
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	nurches, or associati	on of churches describe	d in secti	on 170(b)(1)(A)(i).			
2	\Box	A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990).)	, ,,				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	zation operated in co	njunction with a hospita	l describe	d in section	on 170(b)(1)(A)	(iii). Ente	r the hospital's name	
		city, and state:						,.	· · · · · · · · · · · · · · · · · · ·	
5		An organization operated f	for the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental ur	nit describ	ed in	
		section 170(b)(1)(A)(iv). (•	, ,				
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(h)(1)(A	Yv)			
7	X	An organization that norma	ally receives a substa	intial part of its support t	from a gov	ernmental	unit or from th	e deneral	nublic described in	
		section 170(b)(1)(A)(vi). (0	Complete Part II.)	,		o	Gint of from th	e general	public described in	
8		A community trust describ		(1)(A)(vi). (Complete Pa	rt II.)					
9		An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in coni	unction with a l	land-arant	t college	
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name city	and state of t	bo colleg	college	
		university:	3		Cittor tiro	riarrio, orij	, and state of t	ine coneg	e or	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns membershi	n food on	od grana ranainta fu	
		activities related to its exer	npt functions, subjec	t to certain exceptions:	and (2) no	more than	13, 11611bersin 133 1/3% of ite	eupport	from gross receipts from	
		income and unrelated busi	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the ora:	anization	after June 20, 1075	
		See section 509(a)(2). (Co		, , , , , , , , , , , , , , , , , , , ,		occo doqu	irea by the digi	amzanom	arter Julie 30, 1975.	
11		An organization organized	and operated exclus	ively to test for public sa	fetv. See	section 5	09(a)(4)			
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of orto car	ny out the	nurnoses of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1)	r section	509(a)(2)	See section 5	09(a)(3)	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e 12f and	12a	Check the box on	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	bv its sup	ported ora	anization(s) tv	nically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	maiority o	of the direc	ctors or trustee	s of the si	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.	,,			0 01 110 0	аррогинд	
b		Type II. A supporting org			tion with it	s supporte	ed organization	(s) by hav	vina	
		control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	e the sup	norted	
		organization(s). You mus	st complete Part IV,	Sections A and C.	,			o ano oup	portog	
С		Type III functionally inte			in connec	tion with, a	and functionally	/ integrate	ed with	
		its supported organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D. and E.	, g		
d		Type III non-functionally						ed organi:	zation(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attenti	veness	
		requirement (see instruct	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	v.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	. Type III		
		functionally integrated, or								
f		the number of supported of		***************************************						
g	Provi	de the following information								
	(1)	Name of supported organization	(ii) E!N	(iii) Type of organization (described on lines 1-10	(IV) Is the orging your govern	inization listed ing document?	(v) Amount of r	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)	
			İ							
ota	1		[1	GCS 1 2 2 30				

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	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and					(47,===	(1) 10.001
	membership fees received. (Do not						
	include any "unusual grants.")	10986573.	9906781.	13934924.	12966075.	16027849.	63822202.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10986573.	9906781.	13934924.	12966075.	16027849.	63822202.
5	The portion of total contributions	1 12					
	by each person (other than a						
	governmental unit or publicly					ha.	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.					1.00	63822202.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10986573.	9906781.	13934924.	12966075.	16027849.	63822202.
8	Gross income from interest,					-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,374.	2,107.	3,388.	8,255.	7,804.	26,928.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		24,730.	15,418.	10,000.		50,148.
	Total support. Add lines 7 through 10					en et en en en en en en en en en en en en en	63899278.
12	Gross receipts from related activities,	•	* *************************************			12	
13	First 5 years. If the Form 990 is for th		st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
Sac	organization, check this box and stor					<u></u>	
	tion C. Computation of Publi					Г	00.00
14	Public support percentage for 2022 (II	ne 6, column (1), al	vided by line 11, o	column (f))		14	99.88 %
162	Public support percentage from 2021	Schedule A, Part I	i, line 14	- K 40 12		_15	99.88 %
100	33 1/3% support test - 2022. If the c						
h	stop here. The organization qualifies	as a publicly suppo	rted organization				X
D	33 1/3% support test - 2021. If the cand stop here. The organization quality	ifige as a publicly of	check a box on i	me 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
172	and stop here. The organization quali	ines as a publicly si	upported organiza	ation	10 10 - 10		
174	10% -facts-and-circumstances test						
	and if the organization meets the facts					vi now the organiz	ation
h	meets the facts-and-circumstances te						
J	10% -facts-and-circumstances test more, and if the organization meets the						IU% or
	organization meets the facts-and-circu						
18	Private foundation. If the organization						H
		ii did Hot onech a L	70A OITHINE 10, 108	a, 100, 17a, 0f 17b	, check this box ar	iu see instructions	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MEDWISH INTERNATIONAL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	elow, please comp	piete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			37-3-3	(4)	(0) 2022	(i) Total
	membership fees received. (Do not	İ					
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
	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					 	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			.			
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				-	+	
J	furnished by a governmental unit to					1	
	the organization without charge						
6							
	Total. Add lines 1 through 5						
78							
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	<u> </u>				-	
١.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<u> </u>	
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)	<u> </u>					
			T		1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest.						
IUa	dividends, payments received on						
	securities loans, rents, royalties.						
_	and income from similar sources						
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
					-		
11	Add lines 10a and 10b Net income from unrelated business						
• •	activities not included on line 10b.						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain	**		····	<u> </u>		
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the						
Sac	check this box and stop here ction C. Computation of Public	o Cupport Dou		<u></u>			
							
10	Public support percentage for 2022 (li	ne 8, column (f), d				15	%
Sac	Public support percentage from 2021 tion D. Computation of Inves	Schedule A, Part	III, line 15			16	%
						T T	
1/	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by lin	e 13, column (f))		17	<u>%</u>
10 -	Investment income percentage from 2	:021 Schedule A,	rart III, line 17			18	%
ıya	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	n line 14, and lin	e 15 is more than 3	33 1/3%, and line 17	is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, chec						
20_	Private foundation. If the organization	n did not check a	box on line 14, 19a	<u>, or 19b, check t</u>	<u>his box and see ins</u>	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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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3a		<u> </u>
3b		
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3c	-	
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9c		
- 144 151 - 1504 - 1504		
10a		
	•	
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11 21 24 24	100	
Sec	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c	L	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1	Τ
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? 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		S .	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		ļ	1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7. 7.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4.54	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		44	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	14.		l
•	the organization maintained a close and continuous working relationship with the supported organization(s).	_2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	Ho. 4		
	significant voice in the organization's investment policies and in directing the use of the organization's		1	3.2
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.) -		
þ	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 governmental entity (see in	etruction	c)	
2	Activities Test. Answer lines 2a and 2b below.	3114011011	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		X.En	
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		· · · · · · · · · · · · · · · · · · ·
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		A Same San San San San San San San San San San	
<u>a</u>	Average monthly value of securities	1a		——————————————————————————————————————
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		·
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		resinantija laga langa Propinsi ang Priesser	*** ***
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ted Type III supporting organi	zation (see
	instructions).	, , ,	2)	

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	red)	
Sect	tion D - Distributions		Toonim	100)	Current Year
_1	Amounts paid to supported organizations to accomplish ex-	1	- Juli 1 Juli		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	s	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			ger a liv	
<u>a</u>	From 2017				Section 1
<u>b</u>	From 2018			20.70	Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Maria di Ma
c	From 2019			77.	
<u>d</u>	From 2020			500. m	
е	From 2021				
f	Total of lines 3a through 3e			- 10	
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount			200	
<u>i</u>	Carryover from 2017 not applied (see instructions)		The second second		
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount			100	
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if	William Committee			
	any. Subtract lines 3g and 4a from line 2. For result greater	Park to the second			
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h	A STATE OF THE STA			
	and 4b from line 1. For result greater than zero, explain in		Tark Maria and Arras		
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j		the same of the same of		
	and 4c.				
8_	Breakdown of line 7:		1.42		
a	Excess from 2018	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.54	
<u>b</u>	Excess from 2019	and the second second			
С	Excess from 2020				
d	Excess from 2021		an i ji tawa Affantsaliku w		
е	Excess from 2022		The Paris Name		

Schedule A (Form 990) 2022

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.

Open to Public Inspection

Name of the organization

MEDWISH INTERNATIONAL, INC. Employer identification number 34-1903712

		4 1 5	
	<u></u>	(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 wri	iting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or d		
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organ		Yes No
	Oniplete if the organ	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	n or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation or	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d		er July 25,2006, and not on a	
			2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tay
	year	, , , , , , , , , , , , , , , , , , , ,	and the same state of the same
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it has	·	
6	Staff and volunteer hours devoted to monitoring, inspecting, hal		Yes No
	, naposing, na	raming of violations, and emorning cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations, and enforcing consonus	tion cocomente di vine the
	The state of the s	g of violations, and emorcing conserva-	tion easements during the year
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170/	(5)(4)(D)(i)
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and evenue	Yes No
_	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statement	statement and
	organization's accounting for conservation easements.	e to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.		
Pa	T≀lll I Organizations Maintaining Collections of A	rt Historical Traccuras or Ot	hou Cimilan Accets
Pa		rt, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958, r	00, Part IV, line 8. not to report in its revenue statement a	and balance sheet works
	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for public	00, Part IV, line 8. not to report in its revenue statement a exhibition, education, or research in fu	and balance sheet works
1a	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financia	not to report in its revenue statement a exhibition, education, or research in full statements that describes these item	and balance sheet works artherance of public
1a	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financia If the organization elected, as permitted under FASB ASC 958, t	not to report in its revenue statement a exhibition, education, or research in full statements that describes these item to report in its revenue statement and be	and balance sheet works urtherance of public us. palance sheet works of
1a	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958, r of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financia If the organization elected, as permitted under FASB ASC 958, t art, historical treasures, or other similar assets held for public ex	not to report in its revenue statement a exhibition, education, or research in full statements that describes these item to report in its revenue statement and be	and balance sheet works urtherance of public us. palance sheet works of
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Conditional Collection Items (check all that apply):		edule D (Form 990) 2022 MEDWISH	INTERNATI	ONAL, INC.	·	34-1	L903712 Page 2
collection terms (check all that apply): a	Ра	π III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	her Similar Asse	ets (continued)
a Public oxhibition d	3		on, and other record	s, check any of the	e following that mak	e significant use of i	ts
b Scholarly research Other							
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 7 Description of the organization solicit or receive donations of art, historical treasures, or other similar assets 8 Description of post of a security of the organization and the property of the organization and explain the organization and organization and organizations and organizations and organizations and organization and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and organizations and	а		C	Loan or ex	change program		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solice or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part XX III. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Both Individual or the year I 1d C Distributions during the year I 1d C Distributions d	b		€	Other		·	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as pant of the organization accollection? Part W Scrow and Custodial Arrangements. Complete if the organization answered "Yes" or Form 990, Part IV, line 9, or reported an amount on Form 990, Part X2 yes No	_						
To be sold to raise funds rather than to be maintained as part of the organization's collection? yes No		Provide a description of the organization's co	llections and explain	n how they further	the organization's e	xempt purpose in Pa	art XIII.
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part IV, line 10. Complete the following table:	5	During the year, did the organization solicit or	r receive donations	of art, historical tre	asures, or other sim	ilar assets	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/ in 990, Part X	D-	to be sold to raise funds rather than to be ma	intained as part of t	he organization's c	ollection?		Yes No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes very Explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year tell Distributions	Pa		gements. Compl	ete if the organizat	ion answered "Yes"	on Form 990, Part I	V, line 9, or
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for excrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV. line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions No the investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ives in he reganization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIIII the induced uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the induced uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the induced uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Pa							
b F Yes, "explain the arrangement in Part XIII and complete the following table: C Seginning balance	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contributio	ns or other assets n	ot included	
C Seginning balance		on Form 990, Part X?			•••••		Yes No
C Beginning balance 1 C	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:		 	
Additions during the year 16		B					Amount
e Distributions during the year fe mile				• • • • • • • • • • • • • • • • • • • •		1c	
f Ending balance		Additions during the year				1d	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or oustodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions		Distributions during the year				1e	
Describe in Part XIII Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calculation Calcula		Ending balance				<u>1f</u>	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back							Yes No
a Beginning of year balance	Pai	rt V Findowment Funds Commission	Check here if the ex	planation has beer	provided on Part X	(III	
1a Beginning of year balance	1 (4)	Endownient i dilds. Complete it					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Permanent endowment f Administrative expenses g End of year balance Free expenditures for facilities g Individuals	4	Porioning of warming to	(a) Current year	(b) Prior year	(c) Two years bac	(d) Three years ba	ck (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 5 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	D			· · · ·			
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per lod of year balance							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		_ , , , , ,	·····	·			
Board designated or quasi-endowment	_	• • • • • • • • • • • • • • • • • • • •					
b Permanent endowment					a)) held as:		
Term endowment				_%			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a		_	 -				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) The standing organizations (iv) Related organizations (iv) Pres' on line 3a(ii), are the related organizations (iv) Related organiz	·		-				
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(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 79,300. 79,300. b Buildings 79,300. 140,856. 682,544. c Leasehold improvements d Equipment e Other	Ou		sion of the organiza	llion inal are neig a	and administered to	rtne	N. N.
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 79,300. 79,300. 50,736. 682,544. C Leasehold improvements d Equipment d Equipment Other		•					
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 79,300. 79,300. 50,736. 682,544. C Leasehold improvements d Equipment 50,736. 601, Accumulated depreciation 79,300. 79,300. 140,856. 13,485. 601, Cost or other basis (other) 140,856. 140,856. 140,856. 140,856. 140,856. 140,856. 140,856.		(ii) Related organizations	••••				3a(i)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 79,300. 79,300. b Buildings 823,400. 140,856. 682,544. c Leasehold improvements 6 Equipment 50,736. 37,251. 13,485. e Other	h	If "Yes" on line 3a(ii) are the related organizations	ione listed as requir	ad an Sahadula DC	· · · · · · · · · · · · · · · · · · ·		3a(ii)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 5 Buildings C Leasehold improvements d Equipment Other Other		Describe in Part XIII the intended uses of the	organization's ando	eu on Schedule R	• • • • • • • • • • • • • • • • • • • •		3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 50 Buildings C Leasehold improvements d Equipment Other Other Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 79,300. 79,300. 140,856. 682,544.		t VI Land, Buildings, and Equipme	ent.	witherit furius.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				Part IV line 11a	See Form 990 Part	Y line 10	
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1a Land 79,300. b Buildings 823,400. 140,856. 682,544. c Leasehold improvements 50,736. 37,251. 13,485. e Other 50,736. 37,251. 13,485.		2000 I property					(d) Book value
b Buildings 823,400. 140,856. 682,544. c Leasehold improvements 50,736. 37,251. 13,485. e Other 50,736. 37,251. 13,485.	1a	Land	` `			aopi colation	70 200
c Leasehold improvements 50,736. 37,251. 13,485. e Other 50,736. 37,251. 13,485.	b.	Buildings				140 856	
d Equipment 50,736. 37,251. 13,485. e Other	c	Leasehold improvements			10,400.	170,000	004,544.
e Other				t	50.736	37 251	12 /05
					70,700	J1, ZJ1.	<u> </u>
				V column (D) III	100 \		775 320

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			·
(D)			
(E)			
(F)			
(G)			
(H)	-		700
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			All and the second seco
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		等点。	
	on Form 000 Dort IV lines	11d Cas Farma 000 Bally 1 45	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(h) Dook value
(1)	Description		(b) Book value
(2)			
(3)			······
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>9 15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(9)			
	- 05 \		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	the text of the features to	the examinations for a state of the	
organization's liability for uncertain tax positions under			
- games on a liability for diffeortain tax positions diffeer	TAOD AGO 140. Offeck field		
		Scho	edule D (Form 990) 2022

232053 09-01-22

THE ORGANIZATION EVALUATES AT EACH BALANCE SHEET DATE UNCERTAIN TAX

POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR

TAXES, PENALTIES, AND INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

Employer identification number

1EI	OWISH INTERNA	TIONAL,	INC.		34-190371	2					
Paı	rt I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on					
	Form 990, Part IV		_		•						
1	For grantmakers. Does	the organization	ne organization maintain records to substantiate the amount of its grants and other assistance,								
			grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No								
2	For grantmakers. Desc	ribe in Part V the	e in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the								
	United States.										
3			I, line 3 table ca	n be duplicated if additional space is n	eeded.)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and					
			contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region					
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			'								
		,									
						·					
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	Subtotal	0	0			0.					
b	Total from continuation				, early the second of the Seco						
	sheets to Part I	0	0			0.					
С	Totals (add lines 3a										
	and 3b)	0	0			0.					

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

Schedule F (Form 990) 2022

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. Part II

(g) Amount of noncash of noncash assistance (h) Description (h) Method of of noncash assistance assistance (h) Method of valuation (book, FMV, assistance of noncash assistance of noncash assistance (h) Method of noncash of noncash assistance (h) Description (h) Method of noncash assistance (h) Description (h) Method of noncash assistance (h) Description (h) Method of noncash assistance (h) Met	8,851, MEDICAL SUPPLIES FWV		6,650, MEDICAL SUPPLIES FMV	5,159, MEDICAL SUPPLIES FMV	22,890. MEDICAL SUPPLIES FMV	16,532. MEDICAL SUPPLIES FMV	,628, MEDICAL SUPPLIES FMV	SET TARREST TO THE PARTY TO DO DO
(f) Manner of cash disbursement	0.	0.	0.	0.0	0.	0.	0.	
ose of (e) Amount of cash grant		SUPPLIES		·	_		SUPPLIES	
(d) Purpose of grant	O THE SPENDENT HEALTHCARE SUPPLIES	ENT HEALTHCARE	THE SPENDENT HEALTHCARE SUPPLIES	LICA HEALTHCARE SUPPLIES	A AND THE INDEPENDENT HEALTHCARE SUPPLIES	THE PENDENT HEALTHCARE SUPPLIES	HEALTHCARE	AMERICA
(b) IRS code section and EIN (if applicable)	RUSSIA AND THE NEWLY INDEPENDENT STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES	SOUTH AMERICA	RUSSIA AND THE NEWLY INDEPENDI STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES	SUB-SAHARAN AFRICA	CENTRAL AMERICA
(a) Name of organization and								

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

N

3

exempted of the properties of other organizations or entities.

Schedule F (Form 990) 2022

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		(i) valuati	FMV	FMV	FMV	FMV	FMV	FWV	FMV	FMV	FMV
	1)	(h) Description of non-cash assistance	334,725, MEDICAL SUPPLIES	193,064, MEDICAL SUPPLIES	311,370, MEDICAL SUPPLIES	7,270. MEDICAL SUPPLIES	MEDICAL SUPPLIES	24,871. MEDICAL SUPPLIES	MEDICAL SUPPLIES	325,767. MEDICAL SUPPLIES	194,666, MEDICAL SUPPLIES
34-1903712	90), Part II, line	(g) Amount of non-cash assistance	334,725,	193,064.	311,370.	7,270.	349,840.	24,871.	1640354, MEDICAL	325,767.	194,666.
34-19	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement									
	United States.	(e) Amount of cash grant	°°	.0	.0	•0	•0	0	•0	0	0
ONAL, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES
SH INTERNATIONAL	Assistance to Organiza	(c) Region	SOUTH ASIA	RUSSIA AND THE NEWLY INDEPENDENT STATES	SUB-SAHARAN AFRICA	RUSSIA AND THE NEWLY INDEPENDENT STATES	SUB-SAHARAN AFRICA	SOUTH AMERICA	CENTRAL AMERICA AND THE CARIBBEAN	EAST ASIA AND THE	SOUTH AMERICA
MEDWISH	Grants and Other	(b) IRS code section and EIN (if applicable)									
E F	Part II Continuation of	1 (a) Name of organization									

Page 2		(i) Method of valuation (book, FMV, appraisal, other)									
		valuatio	FMV	FMV	FMV	FMV	FMV	FMV	FMV	FMV	FMV
į	1)	(h) Description of non-cash assistance	231, MEDICAL SUPPLIES	634. MEDICAL SUPPLIES	MEDICAL SUPPLIES	MEDICAL SUPPLIES	MEDICAL SUPPLIES	MEDICAL SUPPLIES	MEDICAL SUPPLIES	193,670. MEDICAL SUPPLIES	85,979. MEDICAL SUPPLIES
34-1903712	90), Part II, line	(g) Amount of non-cash assistance	8,231.	45,634.	11,880.	.689,68	1314302.	532,815.	5,534.	193,670.	85,979.
34-19	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement									
	United States.	(e) Amount of cash grant	.0	0.	0	.0	0	0	.0	0	0.
ONAL, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES
SH INTERNATIONAL,	Assistance to Organiza	(c) Region	RUSSIA AND THE NEWLY INDEPENDENT STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	RUSSIA AND THE NEWLY INDEPENDENT STATES	EAST ASIA AND THE PACIFIC	RUSSIA AND THE NEWLY INDEPENDENT STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES
MEDWISH	Grants and Other	(b) IRS code section and EIN (if applicable)									
Щ.	Part II Continuation of	1 (a) Name of organization									

Page 2		M,]		
Pag		(i) Method of valuation (book, FMV, appraisal, other)	FMV	FMV	FMV	7740	A. D. M.			
		(h) Description of non-cash assistance	926,997, MEDICAL SUPPLIES	575. MEDICAL SUPPLIES	18,045. MEDICAL SUPPLIES	POT TOTAL TANK	MEDICAL SUPPLIES			
34-1903712	90), Part II, line 1	(g) Amount of non-cash assistance	926,997.	403,575.	18,045.	7,7	335 394			
34-19	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement								
	United States.	(e) Amount of cash grant	.0	.0	.0	c				
ONAL, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	HEALTHCARE SUPPLIES	TABLITEC	HEALTHCARE SUPPLIES			
SH INTERNATIONAL	Assistance to Organizat	(c) Region	RUSSIA AND THE NEWLY INDEPENDENT STATES	RUSSIA AND THE NEWLY INDEPENDENT STATES	SUB-SAHARAN AFRICA	RUSSIA AND THE NEWLY INDEPENDENT	AND THE INDEPENDENT			
MEDWISH	Grants and Other	(b) IRS code section and EIN (if applicable)								
щ	Part II Continuation of	1 (a) Name of organization								

Page 3

MEDWISH INTERNATIONAL, INC. Schedule F (Form 990) 2022

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.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					-
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Sched Par	tule F (Form 990) 2022 MEDWISH INTERNATIONAL, INC. IV Foreign Forms	34-1903712	Page 4
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	☐ No

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

	INTERNATIONAL, IN				34-1903	
Part I Fundraising Activities.	Complete if the organization answer	ered "\	'es" o	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par	t					
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicita f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover aising ding of	novernment grants rement grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or co	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			×**-
		<u> </u>	 			
						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
					-	
			_)
		-				
			<u> </u>			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	 gistration
or licersing.		_				
				***************************************	-	
	-					
					<u></u>	
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.	Schedule	G (Form 990) 2022

Pá	art	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		or idital along event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.
			(4) = 15.11 //	(b) Evolue #2	NONE	(d) Total events
			MW MILES	MEDWISH GALA	210212	(add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue						
₽ĕ	1	Gross receipts	20,607.	240,256.	· - · · · · · · · · · · · · · · · · · ·	260,863.
	2	Less: Contributions	684.	178,086.		178,770.
	3	Gross income (line 1 minus line 2)	19,923.	62,170.		82,093.
	4	Cash prizes				
S	5	Noncash prizes		4,106.		4,106.
xpense	6	Rent/facility costs		5,580.		5,580.
Direct Expenses	7	Food and beverages		26,175.		26,175.
	8	Entertainment	450.	2,726.		3 176
	9	Other direct expenses	4,922.	48,156.		3,176. 53,078.
	10	Direct expense summary. Add lines 4 through				92,115.
De	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-10,022.
F	ırt I		answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
	-	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		CD Tabalas is 7 11
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(4)
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
a h	15 ti	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
-		No," explain:				
10a b	We	re any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax ye	ear?	Yes No
23208	2 10-	-27-22			Sche	dule G (Form 990) 2022

		INTERNATIONAL,		34-1903712 Page 3
11 Does the organization conduct gaming	activities v	vith nonmembers?		Yes No
12 Is the organization a grantor, beneficiary	y or trustee	e of a trust, or a member of a	partnership or other entity formed	
to administer charitable gaming?	**************		·	Yes No
13 Indicate the percentage of gaming activ	ity conduc	eted in:		
a The organization's facility				13a
b An outside facility				13b
14 Enter the name and address of the pers	son who pr	epares the organization's gar	ming/special events books and reco	ords:
			5	
Name				
Address				
15a Does the organization have a contract w	with a third	party from whom the organiz	zation receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming rev			\$ and the a	amount
of gaming revenue retained by the third				
c If "Yes," enter name and address of the	third party	<i>r</i> :		
Name				
• • •				
Address				
40 Combine and the state of the				
16 Gaming manager information:				
None				
Name				
Gaming manager compensation				
Gaming manager compensation \$ _				
Description of services provided				
41		····		
Director/officer	Employee	Independe	nt contractor	
	Linployee	independe	THE CONTRACTOR	
17 Mandatory distributions:				
a Is the organization required under state	law to mak	ce charitable distributions fro	m the gaming proceeds to	
rotain the state gamine linear O			gproceds to	Yes No
b Enter the amount of distributions require	ed under st	ate law to be distributed to o	other exempt organizations or spent	
organization's own exempt activities dur	ring the tax	year \$		
Part IV Supplemental Information	on. Provid	le the explanations required I	by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applic	cable. Also	provide any additional inforn	nation. See instructions.	
		······································		
				<u> </u>
232083 10-27-22				Schedule G (Form 990) 2023

Schedule G (Form 990) 2022

Schedule G	3 (Form 990)	MEDWISH	INTERNATIONAL,	INC.	34-1903712 Page
Part IV	G (Form 990) Supplemental Info	rmation (continu	ued)		
<u> </u>					
			- -		

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				WARRAN	·····
	<u></u>				
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				···	

SCHEDULE

Department of the Treasury (Form 990)

Name of the organization

Internal Revenue Service

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

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

Open to Public 2022 Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

% X **Employer identification number** 34 - 1903712OCAL & DOMESTIC GIVING LOCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING SUPPLIES - ALTERNATIVE REPURPOSED HEALTHCARE (h) Purpose of grant IEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES or assistance Yes 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 RECYCLING ROGRAM PROGRAM ROGRAM PROGRAM PROGRAM 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 (g) Description of noncash assistance ALTERNATIVE HEALTHCARE EALTHCARE EALTHCARE UPPLIES -EPURPOSED UPPLIES -HEALTHCARE **IEALTHCARE** HEALTHCARE UPPLIES SUPPLIES OMESTIC SUPPLIES OMESTIC SUPPLIES OMESTIC OMESTIC DOMESTIC OCAL & OCAL & OCAL & OCAL & OCAL & (f) Method of valuation (book, FMV, appraisal, other) FMV8,934. FMV FMV FMV FMVFMV 9,099. .909 20,448. 103,602, 6,472. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant ٥. 。 。 0 ċ ٠. (c) IRC section (if applicable) INC. 34-0714766 501(C)(3) 80-0446036 501(C)(3) 82-1253944 501(C)(3) 04-3654012 501(C)(3) 34-1809885 501(C)(3) 81-5017718 501(C)(3) MEDWISH INTERNATIONAL, General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ACHIEVEMENT CENTERS FOR CHILDREN CLEVELAND HEIGHTS, OH 44121 BIKUR CHOLIM OF CLEVELAND or government ALTERCLINIC ANIMAL CARE STRONGSVILLE, OH 44136 ANOTHER CHANCE OF OHIO 10801 BROADWAY AVENUE 15000 CHEERFUL LANE 2302 FULTON ROAD NW 1192 BRENTWOOD ROAD 3496 BENDEMEER ROAD CLEVELAND, OH 44118 CLEVELAND, OH 44125 ALL FAITHS PANTRY CANTON, OH 44709 PARMA, OH 44134 BROOK OF HOPE PO BOX 34239 Part PartII

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (G) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

INC. MEDWISH INTERNATIONAL,

Schedule I (Form 990)

AND REPURPOSES HEALTHCARE HEALTHCARE SUPPLIES - LG COCAL & DOMESTIC GIVING COCAL & DOMESTIC GIVING COCAL & DOMESTIC GIVING COCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING LOCAL & DOMESTIC GIVING SUPPLIES - ALTERNATIVE UPPLIES - ALTERNATIVE (h) Purpose of grant or assistance REPURPOSED HEALTHCARE HEALTHCARE SUPPLIES -REPURPOSED HEALTHCARE HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES EALTHCARE SUPPLIES SUPPLIES - AR RECYCLING RECYCLING PROGRAM ROGRAM PROGRAM ROGRAM ROGRAM PROGRAM (g) Description of non-cash assistance AND REPURPOSES UPPLIES - LG LTERNATIVE EALTHCARE HEALTHCARE HEALTHCARE EALTHCARE LTERNATIVE REPURPOSED **IEALTHCARE** BALTHCARE HEALTHCARE **IEALTHCARE** REPURPOSED UPPLIES -HEALTHCARE IEALTHCARE UPPLIES UPPLIES UPPLIES UPPLIES OMESTIC UPPLIES SUPPLIES OMESTIC OMESTIC OMESTIC SUPPLIES OCAL & OMESTIC OCAL & OCAL & OCAL & COMESTIC OCAL & OCAL & Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation 13,179. FMV FMV FMVFMV FMVFMV FMV FMV6,179, FMV 544. (e) Amount of noncash assistance 15,383. 27,718. 6,871, 613. 76,154. 7,739. ö 。 。 0. ٥. (d) Amount of cash grant ٠. ٠. ٥. ٥. 59-3838703 SEPARATE POLITIC 61-1773183 SEPARATE POLITIC (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 34-1360267 501(C)(3) 27-1193704 501(C)(3) (p) EIN GERIATRIC DENTAL PROGRAM - 10900 CASE WESTERN RESERVE UNIVERSITY CASE WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING - 9501 EUCLID DBA?NEW?BRIDGE?CLEVELAND - 3900 CCF PRIMARY CARE SOCIAL WORKER 6000 WEST CREEK ROAD, SUITE 20 CHILDREN'S MUSEUM OF CLEVELAND EUCLID AVENUE - CLEVELAND, OH CLEVELAND CENTER FOR ARTS AND KEY CENTER 127 PUBLIC SQUARE (a) Name and address of organization or government OH 44106 CHANGING LIVES MINISTRIES CLEVELAND CHESED CENTER BUTTERFLIES AND LILIES INDEPENDENCE, OH 44131 7983 S. WISWELL ROAD 12651 ST. CLAIR AVE. CLEVELAND, OH 44103 - CLEVELAND, CLEVELAND, OH 44108 CLEVELAND, OH 44115 1898 S. TAYLOR ROAD CLEVELAND, OH 44118 3813 EUCLID AVENUE 7820 CEDAR AVENUE WINDSOR, OH 44099 CAMP WHITEWOOD **FECHNOLOGY** AVENUE 44106

	omestic Governments (Schedule I (Form 990), Part II.)
ATIONAL, INC.	e to Domestic Organizations and Do
MEDWISH INTERNATIONAL	Grants and Other Assistance
Schedule I (Form 990)	Part II Continuation of

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC REHABILITATION HOSPITAL - 3025 SCIENCE PARK DRIVE						HEALTHCARE SUPPLIES -	HEALTHCARE SUPPLIES -
- BEACHWOOD, OH 44122	34-0714570	501(C)(3)	0	30,720.	FMV	DOMESTIC	PROGRAM
				į		HEALTHCARE	
DEPARTMENT OF PUBLIC						SUPPLIES -	HEALTHCARE SUPPLIES -
HEALTH - 11100 ST, CLAIR AVENUE - CLEVELAND OF 44108			Ċ	6		LOCAL &	LOCAL & DOMESTIC GIVING
CHEVELEND, OH ##100		301(C)(3)	0	42,093.	FMV	DOMESTIC	PROGRAM
CLEVELAND PUBLIC LIBRARY - RICE						REPURPOSED	
6						нвартнеякв	Ð
CLEVELAND, OH 44104	34-6565428	501(C)(3)	0	7,199, F	FMV	SUPPLIES ALTERNATIVE	SUPPLIES - ALTERNATIVE RECYCLING
						HEALTHCARE	
COMMUNITY PARTNERSHIP ON AGING						SUPPLIES -	HEALTHCARE SUPPLIES -
7						LOCAL &	LOCAL & DOMESTIC GIVING
MAYFIELD HEIGHTS, OH 44124		501(C)(3)	0.	10,787.F	FMV	DOMESTIC	PROGRAM
			-			HEALTHCARE	
						SUPPLIES -	HEALTHCARE SUPPLIES -
3725 E. 50TH STREET				_		LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44106		501(C)(3)	0.	13,484.F	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
EMPOWERMENT CHURCH						SUPPLIES -	HEALTHCARE SUPPLIES -
15837 EUCLID AVE						COCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND , OH 44112			0.	79,238. F	FMV	DOMESTIC	PROGRAM
ERIE HUMANE SOCIETY (NORTHWESTERN						HEALTHCARE	
F-7					<u> </u>	SUPPLIES -	HEALTHCARE SUPPLIES
2407 ZIMMERLY ROAD - ERIE, PA					-Н_	OCAL &	LOCAL & DOMESTIC GIVING
16506	25-1010297 501(C)(3)	501(C)(3)	0	13,015.F	FMV	DOMESTIC	PROGRAM
						REPURPOSED	
FAMICOS FOUNDATION					<u></u>	HEALTHCARE	REPURPOSED HEALTHCARE
AVE						SUPPLIES -	SUPPLIES - ALTERNATIVE
CLEVELAND, OH 44106	34-1053534	501(C)(3)	0.	10,318.F	FMV	因	RECYCLING
					.	REPURPOSED	
FINDLEY FOUNDATION INC	-				<u> </u>	RE	REPURPOSED HEALTHCARE
10/21 W. CAPITOL DRIVE STE 110/310	0		,	_			SUPPLIES - ALTERNATIVE
WAUWATOSA, WI 53222	82-3097119 501(C)(3)	501(C)(3)	0.	8,864. FMV		ALTERNATIVE	RECYCLING
							Cabadula I (Cam 000)

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Schedule I (Form 990) MEDWISH INTERNATIONAL, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREVER FRIENDS FOUNDATION						REPURPOSED HEALTHCARE	REPURPOSED HEALTHCARE
NORTHFIELD, OH 44067	04-3769578		0	10,154.	FMV	SUPPLIES - ALTERNATIVE	SUPPLIES - ALTERNATIVE RECYCLING
						HEALTHCARE	
FRIENDS FOR LIFE REHABILITATION						SUPPLIES -	HEALTHCARE SUPPLIES ~
		501(C)(3)	0.	5,136,	FMV	LOCAL & DOMESTIC	LOCAL & DOMESTIC GIVING PROGRAM
						HEALTHCARE	
FUTURE INK GRAPHICS						SUPPLIES -	HEALTHCARE SUPPLIES -
2937 W. 25TH STREET						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44113		501(C)(3)	0.	7,410.	FMV	DOMESTIC	PROGRAM
מאד זמטמם טגשששגם						HEALTHCARE	
A323 E AOMT CHIRE					-	SUPPLIES -	HEALTHCARE SUPPLIES -
AZZO E, 49IN SINEET						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44125		501(C)(3)	0.	301,989.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
GLOBAL CLEVELAND						SUPPLIES -	HEALTHCARE SUPPLIES -
-				•		LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44115	27-5245539	501(C)(3)	0.	68,544.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
GOALS UNLTD INC.		•				SUPPLIES -	HEALTHCARE SUPPLIES -
89 WILLIS ST, UNIT 46366						COCAL &	LOCAL & DOMESTIC GIVING
BEDFORD, OH 44146	85-0952061 501(C)(3)	501(C)(3)	0.	5,089.	FMV	DOMESTIC	PROGRAM
1000					<u></u>	HEALTHCARE	
GOD S VISTON FOUNDATION					-V-1	SUPPLIES -	HEALTHCARE SUPPLIES -
						COCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44127	47-5484026	501(C)(3)	0.	61,791.F	FMV	DOMESTIC	PROGRAM
					-14	HEALTHCARE	
AAKVAKD SQUAKE CENTER		•			0.7	SUPPLIES -	HEALTHCARE SUPPLIES -
ARD					<u></u>	COCAL &	COCAL & DOMESTIC GIVING
CLEVELAND, OH 44205	46-5411862	501(C)(3)	0	15,407.F	FMV		PROGRAM
			1.0		ш	HEALTHCARE	
					01	ES -	HEALTHCARE SUPPLIES -
#150 PICTURE 224/ WILSON MILLS RD	•		,				CCAL & DOMESTIC GIVING
#152 - KICHMOND HEIGHTS, OH 44143		501(C)(3)	0.	67,466. FMV		OOMESTIC	PROGRAM
							Schodule I (Form 000)

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Schedule I (Form 990) MEDWISH INTERNATIONAL, INC.

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

(a) Name and address of organization or government	(b) EIN (c) IRC sec	tion	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS DRY BOTTOMS						REPURPOSED HEALTHCARE	REPURPOSED HEALTHCARE
6502 QUIMBY AVENUE						SUPPLIES -	SUPPLIES - ALTERNATIVE
CLEVELAND, OH 44103	84-4351231	501(C)(3)	0	78,745. F	FMV	ALTERNATIVE	RECYCLING
TKON HEALTH FOILINDATION						HEALTHCARE SUPP1,TES -	HEALTHCARE SUPPLIES -
10617 BALTIC ROAD						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND , OH 44102	87-2351878	501(C)(3)	0.	9,005.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
JAMOCHA ARTS CENTER						SUPPLIES -	HEALTHCARE SUPPLIES -
2020 TAYLOR ROAD #406						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44112	34-1942729 501(C)(3)	501(C)(3)	0.	15,031.F	FMV	DOMESTIC	PROGRAM
JARDIN 4 LIFE						HEALTHCARE SUPPLIES -	HEALTHCARE SUPPLIES -
						LOCAL &	LOCAL & DOMESTIC GIVING
	88-1880806	501(C)(3)	0	13,273.F	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
JEWISH FAMILY SERVICE ASSOCIATION				•		SUPPLIES -	HEALTHCARE SUPPLIES -
29125 CHAGRIN BLVD						LOCAL &	LOCAL & DOMESTIC GIVING
PEPPER PIKE, OH 44122	34-0714441	501(C)(3)	0.	6,824.F	FMV	DOMESTIC	PROGRAM
						REPURPOSED	
JOSEPH'S HOME						HEALTHCARE	REPURPOSED HEALTHCARE
2412 COMMUNITY COLLEGE AVE						SUPPLIES -	SUPPLIES - ALTERNATIVE
CLEVELAND, OH 44115	34-1901676	501(C)(3)	0.	14,351.F	FMV	ALTERNATIVE	RECYCLING
						HEALTHCARE	
KINGS AND QUEENS WITHIN US			_			SUPPLIES -	HEALTHCARE SUPPLIES -
35104 EUCLID AVE #310						LOCAL &	LOCAL & DOMESTIC GIVING
WILLOUGHBY, OH 44094		501(C)(3)	0.	16,532.F	FMV	DOMESTIC	PROGRAM
						REPURPOSED	
KITTEN KRAZY						HEALTHCARE	Ð
930 LAFAYETTE ROAD						SUPPLIES -	SUPPLIES - ALTERNATIVE
MEDINA, OH 44256	43-2062299	501(C)(3)	0.	37,497.F	FMV	ALTERNATIVE	RECYCLING
				-		HEALTHCARE	
LAKE HUMANE SOCIETY						SUPPLIES -	HEALTHCARE SUPPLIES -
LER						LOCAL &	LOCAL & DOMESTIC GIVING
MENTOR, OH 44060	34-1246277	501(C)(3)	0.	58,320.F	FMV	DOMESTIC	PROGRAM
							Schedule I (Form 990)

INC.	
INTERNATIONAL,	
MEDWISH	
(Form 990)	

Schedule (Form 990) MEDWISH I	INTERNATIONAL,	NAL, INC.					34-1903712 Page 1
Fart ii Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Do	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						HEALTHCARE	
LEAP HOPSITAL2HOME						SUPPLIES -	HEALTHCARE SUPPLIES -
2545 LORAIN AVE						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44113		501(C)(3)	0.	46,806.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
LISSETTE QUINONES MINISTRIES						SUPPLIES -	HEALTHCARE SUPPLIES -
/125 STATE ROAD	6					LOCAL &	LOCAL & DOMESTIC GIVING
FARMA, OH 44134	83-1920561	501(C)(3)	0.	66,317.	FMV	DOMESTIC	PROGRAM
		-				HEALTHCARE	
						SUPPLIES -	HEALTHCARE SUPPLIES -
4515 SUPERIOR AVENUE						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44103	34-1043756	501(C)(3)	0.	9,380.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
MAY DUGAN CENTER						SUPPLIES -	HEALTHCARE SUPPLIES ~
EA				•		LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44113	87-3393890	501(C)(3)	0.	40,475.	FMV	DOMESTIC	PROGRAM
				•		HEALTHCARE	
MEDWORKS						SUPPLIES -	HEALTHCARE SUPPLIES -
TOND						LOCAL &	LOCAL & DOMESTIC GIVING
LYNDHURST, OH 44124		501(C)(3)	0.	8,583,	FMV	DOMESTIC	PROGRAM
				,		HEALTHCARE	
H			•			SUPPLIES -	HEALTHCARE SUPPLIES -
						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44122	34-0714443	501(C)(3)	0.	5,206. F	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
					. • •	SUPPLIES -	HEALTHCARE SUPPLIES -
5940 OAK FOINT ROAD SUITE 801						LOCAL &	LOCAL & DOMESTIC GIVING
LORAIN, OH 44053		501(C)(3)	0.	9,896.F	FMV	DOMESTIC	PROGRAM
					, 1	HEALTHCARE	
Ε					- V2	SUPPLIES -	HEALTHCARE SUPPLIES -
816					- - - - - - - - - - 	OCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44120		501(C)(3)	0.	73,868.F	FMV	COMESTIC	PROGRAM
C A THE STATE OF T					<u>.</u>	REPURPOSED	
MURILS TAYLOR					. Ш	RE	REPURPOSED HEALTHCARE
13422 AINSMAN AVE	27		,				SUPPLIES - ALTERNATIVE
Chryenann, On 44120	23-/158458 501(C)(3)	501(C)(3)	0.	6,660.F	FMV	ALTERNATIVE	RECYCLING
							(000 - L) - - - - -

INC. MEDWISH INTERNATIONAL,

Schedule I (Form 990)

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

OCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING COCAL & DOMESTIC GIVING LOCAL & DOMESTIC GIVING LOCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING OCAL & DOMESTIC GIVING SUPPLIES - ALTERNATIVE (h) Purpose of grant REPURPOSED HEALTHCARE IEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES HEALTHCARE SUPPLIES EALTHCARE SUPPLIES HEALTHCARE SUPPLIES or assistance RECYCLING ROGRAM PROGRAM PROGRAM PROGRAM PROGRAM ROGRAM ROGRAM PROGRAM (g) Description of non-cash assistance ALTERNATIVE HEALTHCARE EALTHCARE SUPPLIES -REPURPOSED EALTHCARE HEALTHCARE HEALTHCARE HEALTHCARE IEALTHCARE **IEALTHCARE** HEALTHCARE SUPPLIES UPPLIES OMESTIC UPPLIES UPPLIES UPPLIES OMESTIC OMESTIC SUPPLIES OMESTIC OCAL & OMESTIC UPPLIES SUPPLIES OCAL & OCAL & OMESTIC OMESTIC OMESTIC OCAL & OCAL & OCAL & OCAL & OCAL & appraisal, other) (f) Method of valuation (book, FMV, 5,229, FMV FMV 13,765. FMV ΡM FMVFMV FMV FMV 40,006. FMV (e) Amount of noncash assistance 51,848. 660'6 7,176. 28,281. 11,467. 18,737. (d) Amount of cash grant Ö 。 0 0. ٥. ٠. 0 。 ٥. (c) IRC section if applicable 34-1455487 501(C)(3) 34-1590112 501(C)(3) 34-1014291 501(C)(3) 04-3767472 501(C)(3) 34-1836284 501(C)(3) 501(C)(3) 83-2772456 501(C)(3) 501(C)(3) 30-0712679 501(C)(3) 84-2521233 (b) EIN NORTHEAST OHIO NEIGHBORHOOD HEALTH NORTHERN OHIO RECOVERY ASSOCIATION GREATER CLEVELAND - 1148 W. MARKET SERVICES INC. - 4800 PAYNE AVENUE OHIO LIVING HOME HEALTH & HOSPICE NORTHEAST OHIO COALITION FOR THE HOMELESS - 3631 PERKINS AVE #3 -(a) Name and address of organization or government NORTH COAST COMMUNITY HOMES PARAGON OF VIRTUE FOUNDATION PETER MAURIN CENTER OF AKRON 5247 WILSON MILLS ROAD #544 OH 44143 - CLEVELAND, OH 44103 1552 PLANTATION DRIVE ST - AKRON, OH 44313 CLEVELAND, OH 44125 9555 BROOKPARD ROAD CLEVELAND, OH 44114 NORTHEAST OHIO SPCA 1400 E. 55TH STREET OH 44103 14221 BROADWAY AVE 1380 PINEHURST ROAD CLEVELAND, OH 44110 RICHMOND HEIGHTS, PARMA, OH 44129 HUDSON, OH 44236 CLEVELAND, PEARLZ INC

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Schedule I (Form 990) MEDWISH INTERNATIONAL, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Consuments	MEDWISH INTERNATIONAL, rents and Other Assistance to Domestic	NAL, INC.	and Domoctic Co		School of Form Office By		34-1903712 Page 1
(a) Name and address of organization or government	(c)	(c) IRC section if applicable	(d) Amount of cash grant	1 = = 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE PICTURES						HEALTHCARE SUPPLIES -	HEALTHCARE SUPPLIES -
FU BUX 524 AMHERST, OH 44001	83-3151514 501(C)(3)	501(C)(3)	.0	5,956.	FMV	LOCAL & DOMESTIC	LOCAL & DOMESTIC GIVING PROGRAM
PRIDE AMONG DAUGHTERS AND SISTERS 3630 FAIRMOUNT BLVD CLEVELAND, OH 44118		501(C)(3)	.0	6,777.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
						REPURPOSED HEALTHCARE SUPPLIES -	
Charbon, on 44024	34-65/3631	501(C)(3)	0.	8,817.	FMV	ALTERNATIVE	RECYCLING
R-HUB INC 715 E, 249TH ST EUCLID, OH 44123	85-0804878	501(C)(3)	O	79 519	WW	HEALTHCARE SUPPLIES - LG AND REPURPOSES HRALTHCADE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE
RICKS BROTHER FOUNDATION				•		REPURPOSED HEALTHCARE	REPURPOSED HEALTHCARE
CLEVELAND, OH 44106		501(C)(3)	0.	119,736.	FMV	SUPPLIES - ALTERNATIVE	SUPPLIES - ALTERNATIVE RECYCLING
SALAAM CLEVELAND 1925 ST. CLAIR AVE, NE STE#200						HEALTHCARE SUPPLIES - LOCAL &	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44114	26-1368320	501(C)(3)	0.	22,395. F	FMV	DOMESTIC	PROGRAM
ST. MARK'S WOMEN 11900 CHILLICOTHE ROAD CHESTERLAND, OH 44026		501(C)(3)	0	7,012.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
ST. VINCENT CHARITY MEDICAL CENTER 2351 E. 22ND STREET CLEVELAND OH 44115	34.0714766	67.67.69.	ć	6		HEALTHCARE SUPPLIES - LG AND REPURPOSES	RE
	00/41/0-50	301(C)(3)	0	8,348.	FMV	HEALTHCARE	SUPPLIES - AR
STARK COUNTY HUMANE SOCIETY 5100 PEACH ST NE					<u> </u>	HEALTHCARE SUPPLIES - GOAL, &	HEALTHCARE SUPPLIES -
LOUSIVILLE, OH 44641	34-6003244 501(C)(3)	501(C)(3)	0	75,814. FMV			PROGRAM
							Schodule I (Form 000)

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Schedule I (Form 990) MEDWISH I	INTERNATIONAL,	NAL, INC.					34-1903712 Page 1
Fart II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Do	mestic Organizations	and Domestic Go	- 1	(Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARING						HEALTHCARE	
1570 RIDGEWOOD AVE APT2						AND REPURPOSES	HEALTHCAKE SUPPLIES - LG
LAKEWOOD, OH 44107	85-2635349	501(C)(3)	0	52,317.	FMV	HEALTHCARE	SUPPLIES - AR
						HEALTHCARE	
THE DIAPER BANK OF GREATER		_				SUPPLIES -	HEALTHCARE SUPPLIES -
- 23431 [44132		501(C)(3)	C	α υ	EW7.	LOCAL &	LOCAL & DOMESTIC GIVING
					À114	HEALTHCARE	FROGRAM
THE REFUGEE RESPONSE						SUPPLIES -	HEALTHCARE SUPPLIES -
£.						LOCAL &	LOCAL & DOMESTIC GIVING
CLEVELAND, OH 44102	30-0594051	501(C)(3)	0.	9,497.	FMV	DOMESTIC	PROGRAM
						HEALTHCARE	
THEA BOWMAN CENTER						SUPPLIES -	HEALTHCARE SUPPLIES -
LISOI OAKFIELD AVENUE CLEVELAND OH 44105	52-2157682		,			LOCAL &	LOCAL & DOMESTIC GIVING
	700/617_76	20T(C)(3)	0	13,155.	FMV	DOMESTIC	PROGRAM
TRIALS FOR HOPE	-			-		HEALTHCARE	
4321 BRIDGE AVENUE						SUPPLIES -	HEALTHCARE SUPPLIES -
CLEVELAND OH 44113			•			LOCAL &	LOCAL & DOMESTIC GIVING
- 1	40-44TT8/4	501(C)(3)	0	36,723.F	FMV	DOMESTIC	PROGRAM
TRIEDSTONE CHIPCH						HEALTHCARE	
2872 COMMINITE COLLEGE ATTENTED						SUPPLIES -	HEALTHCARE SUPPLIES -
CLEVELAND ON AA116			1			LOCAL &	LOCAL & DOMESTIC GIVING
CITE IN COMMITTEE TO COMMITTEE		501(C)(3)	0	17,165.F	FMV	DOMESTIC	PROGRAM
TMMIGRANG INC CLEVELAND 2167						HEALTHCARE	
1 2						SUPPLIES -	HEALTHCARE SUPPLIES
2					-	COCAL &	LOCAL & DOMESTIC GIVING
UI 44103		501(C)(3)	0	32,807.F	FMV	DOMESTIC	PROGRAM
NINTERPRETABLE VALUE OF VALUE		-			12-1	HEALTHCARE	
UNIVERSITY HOSFITALS						SUPPLIES -	HEALTHCARE SUPPLIES -
CLEVELAND ON 44106			,			LOCAL &	COCAL & DOMESTIC GIVING
convenient, on thing	/TT6C00-06	20I(C)(3)	0	68,455.FI	FMV		PROGRAM
WELCOME HOUSE INC		_			ш.	Æ	
802 SHARON DRIVE SHITTE A					OJ.	IES -	HEALTHCARE SUPPLIES -
WESTLAKE, OH 44145	34-1793226 501(C)(3)	(8) (3)	c	F 605 BMR7			COCAL & DOMESTIC GIVING
1		- (2)(2)(2)	;	J, 000, F.		DOMESTIC	PROGRAM
							Schedule I (Form 990)

Schedule I (Form 990) MEDWISH INTERNATIONAL, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	INTERNATIONAL er Assistance to Domestic	NAL, INC.	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		34-1903712 Page 1
(a) Name and address of organization or government	(a)	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687	501(C)(3)	°	12,898.	ЕМV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
WINGSPAN CARE GROUP 22001 FAIRMOUNT BOULEVARD SHAKER HEIGHTS, OH 44118	56-2327939	501(C)(3)	0.		FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
YWCA GREATER CLEVELAND 4019 PROSPECT AVE. CLEVELAND, OH 44103		501(C)(3)	.0	23,262.	FMV	HRALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
							Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		-			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column ((b); and any other add	ditional information.	
PART II, LINE 1, COLUMN (G):					
NAME OF ORGANIZATION OR GOVERNMENT:		MENT CENTE	ACHIEVEMENT CENTERS FOR CHILDREN	DREN	
(G) DESCRIPTION OF NON-CASH ASSISTANCE:		HEALTHCARE SU	SUPPLIES - LC	LOCAL &	
DOMESTIC GIVING PROGRAM					

NAME OF ORGANIZATION OR GOVERNMENT: ALL FAITHS PANTRY

LOCAL & (G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES

DOMESTIC GIVING PROGRAM

232291 04-01-22

2022.05010 MEDWISH INTERNATIONAL, IN 1981.001

SCHEDULE M (Form 990)

Noncash Contributions

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

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

MEDWISH INTERNATIONAL, INC.

Types of Property

Employer identification number
34-1903712

		(a) Check if	(b) Number of	(c)	(d		
		applicable	contributions or	Noncash contribution amounts reported on	Method of c		
			items contributed	Form 990, Part VIII, line 1g	noncash contrib	ution amounts	3
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods		2 7 7				
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		İ				
12	Securities · Miscellaneous						
13	Qualified conservation contribution -		-				
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory				-		
20	Drugs and medical supplies	x	1,334	14 010 200			
21	Taxidermy		1,334	14,910,382.	FAIR MARKET	VALUE	
22	Historical artifacts				 -		
23	Scientific encommens						
24	Scientific specimens Archeological artifacts						
25							
26	· · · · · · · · · · · · · · · · · · ·				····		
27	`————/						
	·						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions			
	for which the organization completed Form 828	33, Part V, Do	nee Acknowledge	ment			
00-	Design II					Yes	No
зua	During the year, did the organization receive by	contribution	any property repo	rted in Part I, lines 1 through	28, that it		
	must hold for at least 3 years from the date of t	he initial con	tribution, and whic	h isn't required to be used fo	or		
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						:
31	Does the organization have a gift acceptance p	olicy that rec	uires the review of	any nonstandard contribution	ons?	31 X	
32a	Does the organization hire or use third parties of	r related org	anizations to solici	t, process, or sell noncash	***************************************		
	contributions?					32a X	
b	If "Yes," describe in Part II.						: .
33	If the organization didn't report an amount in co	olumn (c) for a	a type of property 1	or which column (a) is check	ed.		
	describe in Part II.			(,		h say ji a lin	
IΗΔ	For Donomicoula Destruction, A. C. M. C.					1 1 84 10 84	

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 MEDWISH INTERNATIONAL, INC.	34-1903712 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information.	20 and subsets with a sixty
SCHEDULE M, LINE 32B:	
ITEMS THAT OUR RECIPIENTS ARE UNABLE TO USE OR ARE EXPIR	ED BUT CAN BE
REPROCESSED ARE SOLD TO THIRD PARTY VENDORS. THIS REVENU	E IS TRACKED IN
RECYCLING IN OUR FINANCIAL STATEMENTS.	
232142 09-09-22	

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MEDWISH INTERNATIONAL, INC.

Employer identification number

34-1903712 FORM 990, PART VI, SECTION A, LINE 2: LEE PONSKY AND ZAC PONSKY - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A SEPARATE COMMITTEE THAT HAS THE AUTHORITY TO ACT ON THE BOARD'S BEHALF. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND THEN REVIEWED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH OF THE ORGANIZATION'S DIRECTORS AND KEY EMPLOYEES SIGNS A CONFLICT OF INTEREST STATEMENT. DIRECTORS AND KEY EMPLOYEES ARE EXPECTED TO DISCLOSE ANY CONFLICTS AS THEY ARISE AT ANY TIME, NOT JUST ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS BASED ON BOARD REVIEWS OF MARKET DATA COMPARISONS. COMPENSATION IS DISCUSSED AND APPROVED BY INDEPENDENT BOARD MEMBERS AT THE BOARD MEETING. THE DECISION IS SUBSEQUENTLY DOCUMENTED AND RECORDED IN THE BOARD MINUTES. MARKET RESEARCH IS CONDUCTED WHEN DETERMINING THE COMPENSATION OF OTHER

FORM 990, PART VI, SECTION C, LINE 18:

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

Schedule O (Form 990) 2022

POSITIONS.