

# Return of Organization Exempt From Income Tax

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **FEB 1, 2022** and ending **JAN 31, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MEDWISH INTERNATIONAL, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1625 E. 31ST STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>CLEVELAND, OH 44114</b>	<b>D</b> Employer identification number <b>34-1903712</b>  <b>E</b> Telephone number <b>(216) 692-1685</b>
<b>F</b> Name and address of principal officer: <b>BRENNAN IGOE</b> <b>1625 E. 31ST STREET, CLEVELAND, OH 44114</b>		<b>G</b> Gross receipts \$ <b>16,406,228.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.MEDWISH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MEDWISH REPURPOSES SURPLUS MEDICAL SUPPLIES AND EQUIPMENT FOR HUMANITARIAN AID WORLDWIDE.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>18</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2609</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>12,966,075.</b>	<b>16,068,967.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>298,284.</b>	<b>247,364.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,755.</b>	<b>234.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-21,558.</b>	<b>-2,453.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,244,556.</b>	<b>16,314,112.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>9,390,206.</b>	<b>12,849,585.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>585,600.</b>	<b>685,083.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>324,499.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,458,145.</b>	<b>1,401,643.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,433,951.</b>	<b>14,936,311.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,810,605.</b>	<b>1,377,801.</b>
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	<b>7,728,911.</b>	<b>9,051,556.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>789,879.</b>	<b>765,717.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>6,939,032.</b>	<b>8,285,839.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>BRENNAN IGOE, BOARD TREASURER</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAWRENCE D. FRIEDMAN, CPA</b>	Preparer's signature
	Firm's name <b>BARNES WENDLING CPAS INC.</b>	Date <b>12/14/23</b>
	Firm's address <b>1350 EUCLID AVE., SUITE 1400 CLEVELAND, OH 44115-1830</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00410069</b>
		Firm's EIN <b>34-1463411</b>
		Phone no. <b>216-566-9000</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 1993 AND LOCATED IN CLEVELAND, OHIO, MEDWISH INTERNATIONAL IS A NOT-FOR-PROFIT ORGANIZATION THAT SAVES LIVES AND THE ENVIRONMENT BY REPURPOSING SURPLUS MEDICAL SUPPLIES AND EQUIPMENT TO PROVIDE HUMANITARIAN AID TO PEOPLE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,455,754. including grants of \$ 12,849,585. ) (Revenue \$ 247,364. )
HUMANITARIAN AID SHIPMENTS FROM MEDWISH INTERNATIONAL BRIDGE THE GAP BETWEEN ABUNDANCE AND ABSENCE, SURPLUS AND SCARCITY. WORKING WITH A RANGE OF HEALTHCARE PROVIDERS, COMPANIES AND INDIVIDUALS TO RECOVER MEDICAL SURPLUS THEY CAN NO LONGER USE, MEDWISH REPURPOSES MILLIONS OF POUNDS OF MEDICAL SUPPLIES AND EQUIPMENT, KEEPING THESE LIFESAVING ITEMS OUT OF AMERICAN LANDFILLS AND PUTTING THEM IN THE HANDS OF PEOPLE IN NEED WORLDWIDE, REGARDLESS OF RELIGION, POLITICS, CAUSE OR NATION. IN 2022, 770 MEDWISH SHIPMENTS PROVIDED HELP AND HOPE TO PEOPLE IN 32 COUNTRIES.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 14,455,754.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	15	
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		<input checked="" type="checkbox"/>
<b>9</b>	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		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed 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 for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KELSEY FOSTER - 216 692-1685**  
**1625 E. 31ST STREET, CLEVELAND, OH 44114**

**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.

• 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRITTA LATZ EXECUTIVE DIRECTOR	40.00			X			68,168.	0.	0.	
(2) LEE PONSKY, MD PRESIDENT AND FOUNDER	2.00	X		X			0.	0.	0.	
(3) VALERIE HENDERSON, MPH, DSC VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) ASHLEY WILSON BAER SECRETARY	2.00	X		X			0.	0.	0.	
(5) BRENNAN IGOE TREASURER	2.00	X		X			0.	0.	0.	
(6) JAVIER ECHEVARRIA DIRECTOR	1.00	X					0.	0.	0.	
(7) RAFID FADUL, MD DIRECTOR	1.00	X					0.	0.	0.	
(8) DAVID LANDEVER DIRECTOR	1.00	X					0.	0.	0.	
(9) JOSHUA MILLER, DO DIRECTOR	1.00	X					0.	0.	0.	
(10) ZAC PONSKY DIRECTOR	1.00	X					0.	0.	0.	
(11) CHARU RAMANATHAN, PHD DIRECTOR	1.00	X					0.	0.	0.	
(12) SHELDON ROSE, MD DIRECTOR	1.00	X					0.	0.	0.	
(13) BRIAN SMITH DIRECTOR	2.00	X					0.	0.	0.	
(14) MICHAEL ZWEIG DIRECTOR	1.00	X					0.	0.	0.	
(15) KRISTA ALEXINAS DIRECTOR	1.00	X					0.	0.	0.	
(16) EMILY QUAN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							68,168.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							68,168.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>	178,770.				
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	109,712.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	15,780,485.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 14,910,382.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			16,068,967.			
<b>Program Service Revenue</b>	<b>2 a</b>	EARNED INCOME	<b>Business Code</b>					
			900099	247,364.	247,364.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f			247,364.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		234.			234.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	(i) Real	7,570.				
			(ii) Personal					
	<b>b</b>	Less: rental expenses		0.				
	<b>c</b>	Rental income or (loss)		7,570.				
	<b>d</b>	Net rental income or (loss)		7,570.			7,570.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses						
	<b>c</b>	Gain or (loss)						
<b>d</b>	Net gain or (loss)							
<b>8 a</b>	Gross income from fundraising events (not including \$ 178,770. of contributions reported on line 1c). See Part IV, line 18		82,093.					
			92,116.					
<b>b</b>	Less: direct expenses							
<b>c</b>	Net income or (loss) from fundraising events			-10,023.		-10,023.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19							
<b>b</b>	Less: direct expenses							
<b>c</b>	Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances							
<b>b</b>	Less: cost of goods sold							
<b>c</b>	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>		<b>Business Code</b>					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d						
<b>12</b>	<b>Total revenue.</b> See instructions			16,314,112.	247,364.	0.	-2,219.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
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 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				
5 Compensation of current officers, directors, trustees, and key employees	68,168.	9,942.	5,965.	52,261.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	505,918.	286,050.	40,920.	178,948.
8 Pension plan accruals and contributions (include 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):				
a Management				
b Legal	234.		234.	
c Accounting	25,990.		25,990.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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 O.)	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 for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,613.	19,695.	918.	
21 Payments to affiliates				
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 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PRODUCTS SCRAPPED/DESTR</b>	904,447.	904,447.		
b <b>SHIPPING AND WAREHOUSE</b>	75,453.	75,453.		
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>14,936,311.</b>	<b>14,455,754.</b>	<b>156,058.</b>	<b>324,499.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	603,587.	<b>1</b>	630,905.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	51,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	5,824,436.	<b>8</b>	6,984,087.
	<b>9</b> Prepaid expenses and deferred charges .....	15,939.	<b>9</b>	17,240.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 953,436.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 178,107.	802,712.	<b>10c</b> 775,329.
	<b>11</b> Investments - publicly traded securities .....	481,736.	<b>11</b>	450,374.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	501.	<b>15</b>	142,621.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,728,911.	<b>16</b>	9,051,556.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,659.	<b>17</b>	58,634.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,753.	<b>19</b>	10,753.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	614,967.	<b>23</b>	696,330.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	106,500.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	789,879.	<b>26</b>	765,717.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,741,369.	<b>27</b>	7,927,559.
	<b>28</b> Net assets with donor restrictions .....	197,663.	<b>28</b>	358,280.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,939,032.	<b>32</b>	8,285,839.
<b>33</b> Total liabilities and net assets/fund balances .....	7,728,911.	<b>33</b>	9,051,556.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,314,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,936,311.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,377,801.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,939,032.
5	Net unrealized gains (losses) on investments	5	-30,994.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center;"><b>MEDWISH INTERNATIONAL, INC.</b></p>	<b>Employer identification number</b> <p style="text-align:center;"><b>34-1903712</b></p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10986573.	9906781.	13934924.	12966075.	16027849.	63822202.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	10986573.	9906781.	13934924.	12966075.	16027849.	63822202.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						63822202.

**Section B. Total Support**

Calendar 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.
11 <b>Total support.</b> Add lines 7 through 10						63899278.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.88	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.88	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	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		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**Part VI**

**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**MEDWISH INTERNATIONAL, INC.**

Employer identification number

**34-1903712**

**Part I**

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

232051 09-01-22

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		79,300.		79,300.
b Buildings		823,400.	140,856.	682,544.
c Leasehold improvements				
d Equipment		50,736.	37,251.	13,485.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				775,329.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,277,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-30,994.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-30,994.	
3	Subtract line 2e from line 1	3	16,308,045.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,067.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	6,067.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,314,112.	

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

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

1	Total expenses and losses per audited financial statements		1	14,930,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	14,930,244.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,067.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	6,067.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,936,311.	

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION DID NOT IDENTIFY ANY MATERIAL UNRECOGNIZED TAX BENEFITS UPON EVALUATION OF TAX POSITIONS TAKEN AND THEREFORE, THERE WAS NO MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS.

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



**Part XIII** Supplemental Information *(continued)*

INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE.

AS OF JANUARY 31, 2023 AND 2022, THE ORGANIZATION HAS NO ACCRUED TAXES,

INTEREST, OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

Employer identification number

**MEDWISH INTERNATIONAL, INC.**

**34-1903712**

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		228,851.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		14,488.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		16,650.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	HEALTHCARE SUPPLIES	0.		5,159.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		22,890.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		16,532.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		92,628.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		338,527.	MEDICAL SUPPLIES	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **31**

3 Enter total number of other organizations or entities **31**

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTHCARE SUPPLIES	0.		334,725.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		193,064.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		311,370.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		7,270.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		349,840.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	HEALTHCARE SUPPLIES	0.		24,871.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		164,0354.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HEALTHCARE SUPPLIES	0.		325,767.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	HEALTHCARE SUPPLIES	0.		194,666.	MEDICAL SUPPLIES	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		8,231.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		45,634.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		11,880.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		89,689.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		131,302.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		532,815.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HEALTHCARE SUPPLIES	0.		5,534.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		193,670.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		85,979.	MEDICAL SUPPLIES	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		926,997.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		403,575.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		18,045.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		616,421.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		335,394.	MEDICAL SUPPLIES	FMV

**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.

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

Part IV Foreign Forms

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



**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

Name of the organization **MEDWISH INTERNATIONAL, INC.** Employer identification number **34-1903712**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MW MILES (event type)	MEDWISH GALA (event type)	NONE (total number)		
Revenue	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.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		4,106.		4,106.
	6	Rent/facility costs		5,580.		5,580.
	7	Food and beverages		26,175.		26,175.
	8	Entertainment	450.	2,726.		3,176.
	9	Other direct expenses	4,922.	48,156.		53,078.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				92,115.
11	Net income summary. Subtract line 10 from line 3, column (d)				-10,022.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**Part IV** Supplemental Information *(continued)*

Blank lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**MEDWISH INTERNATIONAL, INC.**

Employer identification number  
**34-1903712**

**Part I General Information on Grants and Assistance**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACHIEVEMENT CENTERS FOR CHILDREN 15000 CHEERFUL LANE STRONGSVILLE, OH 44136	34-0714766	501(C)(3)	0.	8,934.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
ALL FAITHS PANTRY PO BOX 34239 PARMA, OH 44134	80-0446036	501(C)(3)	0.	9,099.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
ALTERCLINIC ANIMAL CARE 2302 FULTON ROAD NW CANTON, OH 44709	82-1253944	501(C)(3)	0.	8,606.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
ANOTHER CHANCE OF OHIO 1192 BRENTWOOD ROAD CLEVELAND HEIGHTS, OH 44121	04-3654012	501(C)(3)	0.	103,602.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
BIKUR CHOLIM OF CLEVELAND 3496 BENDMEER ROAD CLEVELAND, OH 44118	34-1809885	501(C)(3)	0.	6,472.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
BROOK OF HOPE 10801 BROADWAY AVENUE CLEVELAND, OH 44125	81-5017718	501(C)(3)	0.	20,448.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

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

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTTERFLIES AND LILIES 7820 CEDAR AVENUE CLEVELAND, OH 44103		501(C)(3)	0.	13,179. FMV		HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
CAMP WHITEWOOD 7983 S. WISWELL ROAD WINDSOR, OH 44099		501(C)(3)	0.	6,871. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CASE WESTERN RESERVE UNIVERSITY GERIATRIC DENTAL PROGRAM - 10900 EUCLID AVENUE - CLEVELAND, OH 44106		501(C)(3)	0.	15,383. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING - 9501 EUCLID AVENUE - CLEVELAND, OH 44106		501(C)(3)	0.	27,718. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CCF PRIMARY CARE SOCIAL WORKER 6000 WEST CREEK ROAD, SUITE 20 INDEPENDENCE, OH 44131		501(C)(3)	0.	76,154. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CHANGING LIVES MINISTRIES 12651 ST. CLAIR AVE. CLEVELAND, OH 44108	59-3838703	SEPARATE POLIITIC	0.	6,613. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CHILDREN'S MUSEUM OF CLEVELAND 3813 EUCLID AVENUE CLEVELAND, OH 44115	34-1360267	501(C)(3)	0.	7,739. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA?NEW?BRIDGE?CLEVELAND - 3900 KEY CENTER 127 PUBLIC SQUARE -	27-1193704	501(C)(3)	0.	9,544. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CLEVELAND CHESED CENTER 1898 S. TAYLOR ROAD CLEVELAND, OH 44118	61-1773183	SEPARATE POLIITIC	0.	6,179. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC REHABILITATION HOSPITAL - 3025 SCIENCE PARK DRIVE - BEACHWOOD, OH 44122	34-0714570	501(C)(3)	0.	30,720. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CLEVELAND DEPARTMENT OF PUBLIC HEALTH - 11100 ST. CLAIR AVENUE - CLEVELAND, OH 44108		501(C)(3)	0.	42,093. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CLEVELAND PUBLIC LIBRARY - RICE BRANCH - 11535 SHAKER BLVD - CLEVELAND, OH 44104	34-6565428	501(C)(3)	0.	7,199. FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
COMMUNITY PARTNERSHIP ON AGING 6154 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124		501(C)(3)	0.	10,787. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
COMMUNITY YAHOO'S 3725 E. 50TH STREET CLEVELAND, OH 44106		501(C)(3)	0.	13,484. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
EMPOWERMENT CHURCH 15837 EUCLID AVE CLEVELAND, OH 44112			0.	79,238. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
ERIE HUMANE SOCIETY (NORTHWESTERN PENNSYLVANIA HUMANE SOCIETY) - 2407 ZIMMERLY ROAD - ERIE, PA 16506	25-1010297	501(C)(3)	0.	13,015. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
FAMICOS FOUNDATION 8555 HOUGH AVENUE CLEVELAND, OH 44106	34-1053534	501(C)(3)	0.	10,318. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
FINDLEY FOUNDATION INC 10721 W. CAPITOL DRIVE STE 110/310 WAUWATOSA, WI 53222	82-3097119	501(C)(3)	0.	8,864. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREVER FRIENDS FOUNDATION PO BOX 670903 NORTHFIELD, OH 44067	04-3769578		0.	10,154. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
FRIENDS FOR LIFE REHABILITATION SERVICES - 2908 EUCLID AVENUE - CLEVELAND, OH 44115	501(C)(3)	0.	5,136. FMV			HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
FUTURE INK GRAPHICS 2937 W. 25TH STREET CLEVELAND, OH 44113	501(C)(3)	0.	7,410. FMV			HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GATEWAY RECYCLING 4223 E. 49TH STREET CLEVELAND, OH 44125	501(C)(3)	0.	301,989. FMV			HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GLOBAL CLEVELAND 1422 EUCLID AVE #1652 CLEVELAND, OH 44115	27-5245539	501(C)(3)	0.	68,544. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GOALS UNLTD INC. 89 WILLIS ST. UNIT 46366 BEDFORD, OH 44146	85-0952061	501(C)(3)	0.	5,089. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GOD'S VISION FOUNDATION 5209 HAMM AVENUE CLEVELAND, OH 44127	47-5484026	501(C)(3)	0.	61,791. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
HARVARD SQUARE CENTER 13510 HARVARD AVENUE CLEVELAND, OH 44205	46-5411862	501(C)(3)	0.	15,407. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
HELP IN TIME OF NEED (H.I.T.O.N.) FOUNDATION - 5247 WILSON MILLS RD #152 - RICHMOND HEIGHTS, OH 44143	501(C)(3)	0.	67,466. FMV			HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS DRY BOTTOMS 6502 QUIMBY AVENUE CLEVELAND, OH 44103	84-4351231	501(C)(3)	0.	78,745. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
IKON HEALTH FOUNDATION 10617 BALTIMORE ROAD CLEVELAND, OH 44102	87-2351878	501(C)(3)	0.	9,005. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
JAMOCHA ARTS CENTER 2020 TAYLOR ROAD #406 CLEVELAND, OH 44112	34-1942729	501(C)(3)	0.	15,031. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
JARDIN 4 LIFE 3336 W. 122ND ST. CLEVELAND, OH 44111	88-1880806	501(C)(3)	0.	13,273. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
JEWISH FAMILY SERVICE ASSOCIATION 29125 CHAGRIN BLVD PEPPER PIKE, OH 44122	34-0714441	501(C)(3)	0.	6,824. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
JOSEPH'S HOME 2412 COMMUNITY COLLEGE AVE CLEVELAND, OH 44115	34-1901676	501(C)(3)	0.	14,351. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
KINGS AND QUEENS WITHIN US 35104 EUCLID AVE #310 WILLOUGHBY, OH 44094		501(C)(3)	0.	16,532. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
KITTEN KRAZY 930 LAFAYETTE ROAD MEDINA, OH 44256	43-2062299	501(C)(3)	0.	37,497. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
LAKE HUMANE SOCIETY 7564 TYLER BOULEVARD MENTOR, OH 44060	34-1246277	501(C)(3)	0.	58,320. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAP HOSPITAL2HOME 2545 LORAIN AVE CLEVELAND, OH 44113		501(C)(3)	0.	46,806. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
LISSETTE QUINONES MINISTRIES 7125 STATE ROAD PARMA, OH 44134	83-1920561	501(C)(3)	0.	66,317. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
LUTHERAN METROPOLITAN MINISTRY 4515 SUPERIOR AVENUE CLEVELAND, OH 44103	34-1043756	501(C)(3)	0.	9,380. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MAY DUGAN CENTER 4115 BRIDGE AVENUE CLEVELAND, OH 44113	87-3393890	501(C)(3)	0.	40,475. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MEDWORKS 1950 RICHMOND ROAD LYNDHURST, OH 44124		501(C)(3)	0.	8,583. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MENORAH PARK CENTER FOR SENIOR LIVING - 27100 CEDAR ROAD - CLEVELAND, OH 44122	34-0714443	501(C)(3)	0.	5,206. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MERCY HEALTH PARTNERS LORAIN OHIO 5940 OAK POINT ROAD SUITE 801 LORAIN, OH 44053		501(C)(3)	0.	9,896. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
METRO HEALTH BUCKEYE MEDICAL CENTER - 2816 E. 116TH STREET - CLEVELAND, OH 44120		501(C)(3)	0.	73,868. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MURTIS TAYLOR 13422 KINSMAN AVE CLEVELAND, OH 44120	23-7158458	501(C)(3)	0.	6,660. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COAST COMMUNITY HOMES 14221 BROADWAY AVE CLEVELAND, OH 44125	34-1455487	501(C)(3)	0.	5,229. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
NORTHEAST OHIO COALITION FOR THE HOMELESS - 3631 PERKINS AVE #3 - CLEVELAND, OH 44114	34-1590112	501(C)(3)	0.	13,765. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES INC. - 4800 PAYNE AVENUE - CLEVELAND, OH 44103	34-1014291	501(C)(3)	0.	51,848. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
NORTHEAST OHIO SPCA 9555 BROOKPARD ROAD PARMA, OH 44129	04-3767472	501(C)(3)	0.	28,281. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
NORTHERN OHIO RECOVERY ASSOCIATION 1400 E. 55TH STREET CLEVELAND, OH 44103	34-1836284	501(C)(3)	0.	9,099. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
OHIO LIVING HOME HEALTH & HOSPICE GREATER CLEVELAND - 1148 W. MARKET ST - AKRON, OH 44313		501(C)(3)	0.	7,176. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
PARAGON OF VIRTUE FOUNDATION 5247 WILSON MILLS ROAD #544 RICHMOND HEIGHTS, OH 44143	83-2772456	501(C)(3)	0.	11,467. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
PEARLZ INC 1380 PINEHURST ROAD CLEVELAND, OH 44110	84-2521233	501(C)(3)	0.	18,737. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
PETER MAURIN CENTER OF AKRON 1552 PLANTATION DRIVE HUDSON, OH 44236	30-0712679	501(C)(3)	0.	40,006. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE PICTURES PO BOX 524 AMHERST, OH 44001	83-3151514	501(C)(3)	0.	5,956. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC PROGRAM	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
PRIDE AMONG DAUGHTERS AND SISTERS 3630 FAIRMOUNT BLVD CLEVELAND, OH 44118	34-6573631	501(C)(3)	0.	6,777. FMV		HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
RAVENWOOD HEALTH 12557 RAVENWOOD DRIVE CHARDON, OH 44024	85-0804878	501(C)(3)	0.	79,519. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
R-HUB INC 715 E. 249TH ST EUCALID, OH 44123	26-1368320	501(C)(3)	0.	119,736. FMV		HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
RICKS BROTHER FOUNDATION 8555 HOUGH AVENUE CLEVELAND, OH 44106	34-6003244	501(C)(3)	0.	75,814. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
SALAAM CLEVELAND 1925 ST. CLAIR AVE, NE STE#200 CLEVELAND, OH 44114	26-1368320	501(C)(3)	0.	22,395. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
ST. MARK'S WOMEN 11900 CHILLICOTHE ROAD CHESTERLAND, OH 44026	34-0714756	501(C)(3)	0.	8,348. FMV		REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
ST. VINCENT CHARITY MEDICAL CENTER 2351 E. 22ND STREET CLEVELAND, OH 44115	34-6003244	501(C)(3)	0.	75,814. FMV		HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
STARK COUNTY HUMANE SOCIETY 5100 PEACH ST NE LOUISVILLE, OH 44641	34-6003244	501(C)(3)	0.	75,814. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARING 1570 RIDGEWOOD AVE APT2 LAKWOOD, OH 44107	85-2635349	501(C)(3)	0.	52,317. FMV		HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
THE DIAPER BANK OF GREATER CLEVELAND - 25451 FARRINGTON - EUCLID, OH 44132		501(C)(3)	0.	8,559. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
THE REFUGEE RESPONSE 2054 W. 47TH STREET CLEVELAND, OH 44102	30-0594051	501(C)(3)	0.	9,497. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
THEA BOWMAN CENTER 11901 OAKFIELD AVENUE CLEVELAND, OH 44105	52-2157682	501(C)(3)	0.	13,155. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
TRIALS FOR HOPE 4321 BRIDGE AVENUE CLEVELAND, OH 44113	46-4411874	501(C)(3)	0.	36,723. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
TRIEDSTONE CHURCH 3872 COMMUNITY COLLEGE AVENUE CLEVELAND, OH 44115		501(C)(3)	0.	17,165. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC CLEVELAND - 3167 FULTON ROAD STE 306 - CLEVELAND, OH 44109		501(C)(3)	0.	32,807. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
UNIVERSITY HOSPITALS 11100 EUCLID AVE CLEVELAND, OH 44106	90-0059117	501(C)(3)	0.	68,455. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
WELCOME HOUSE INC. 802 SHARON DRIVE SUITE A WESTLAKE, OH 44145	34-1793226	501(C)(3)	0.	5,605. FMV		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687	501(C)(3)	0.	12,898. FMV		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.	5,722. 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		HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM

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

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

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

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ACHIEVEMENT CENTERS FOR CHILDREN

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

NAME OF ORGANIZATION OR GOVERNMENT: ALL FAITHS PANTRY

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



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALTERCLINIC ANIMAL CARE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: ANOTHER CHANCE OF OHIO

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

NAME OF ORGANIZATION OR GOVERNMENT: BIKUR CHOLIM OF CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: BROOK OF HOPE

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

NAME OF ORGANIZATION OR GOVERNMENT: BUTTERFLIES AND LILIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR

NAME OF ORGANIZATION OR GOVERNMENT: CAMP WHITEWOOD

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

NAME OF ORGANIZATION OR GOVERNMENT:

CASE WESTERN RESERVE UNIVERSITY GERIATRIC DENTAL PROGRAM

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING

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

NAME OF ORGANIZATION OR GOVERNMENT: CCF PRIMARY CARE SOCIAL WORKER

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

NAME OF ORGANIZATION OR GOVERNMENT: CHANGING LIVES MINISTRIES

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

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MUSEUM OF CLEVELAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA?NEW?BRIDGE?CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND CHESED CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

CLEVELAND CLINIC REHABILITATION HOSPITAL

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

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND DEPARTMENT OF PUBLIC HEALTH

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

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND PUBLIC LIBRARY - RICE BRANCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERSHIP ON AGING

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

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY YAHOO'S

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

NAME OF ORGANIZATION OR GOVERNMENT: EMPOWERMENT CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT:

ERIE HUMANE SOCIETY (NORTHWESTERN PENNSYLVANIA HUMANE SOCIETY)

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

Part IV Supplemental Information

DOMESTIC GIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FAMICOS FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: FINDLEY FOUNDATION INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: FOREVER FRIENDS FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS FOR LIFE REHABILITATION SERVICES

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

NAME OF ORGANIZATION OR GOVERNMENT: FUTURE INK GRAPHICS

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

NAME OF ORGANIZATION OR GOVERNMENT: GATEWAY RECYCLING

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

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL CLEVELAND

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: GOALS UNLTD INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: GOD'S VISION FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: HARVARD SQUARE CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

HELP IN TIME OF NEED (H.I.T.O.N.) FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS DRY BOTTOMS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: IKON HEALTH FOUNDATION

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JAMOCHA ARTS CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: JARDIN 4 LIFE

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

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE ASSOCIATION

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

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH'S HOME

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: KINGS AND QUEENS WITHIN US

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

NAME OF ORGANIZATION OR GOVERNMENT: KITTEN KRAZY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: LAKE HUMANE SOCIETY

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LEAP HOPSITAL2HOME

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

NAME OF ORGANIZATION OR GOVERNMENT: LISSETTE QUINONES MINISTRIES

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

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN METROPOLITAN MINISTRY

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

NAME OF ORGANIZATION OR GOVERNMENT: MAY DUGAN CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: MEDWORKS

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

NAME OF ORGANIZATION OR GOVERNMENT: MENORAH PARK CENTER FOR SENIOR LIVING

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

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH PARTNERS LORAIN OHIO

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: METRO HEALTH BUCKEYE MEDICAL CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: MURTIS TAYLOR

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COAST COMMUNITY HOMES

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

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEAST OHIO COALITION FOR THE HOMELESS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEAST OHIO SPCA

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

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN OHIO RECOVERY ASSOCIATION

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



**Part IV** Supplemental Information

DOMESTIC GIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

OHIO LIVING HOME HEALTH & HOSPICE GREATER CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: PARAGON OF VIRTUE FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: PEARLZ INC

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

NAME OF ORGANIZATION OR GOVERNMENT: PETER MAURIN CENTER OF AKRON

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

NAME OF ORGANIZATION OR GOVERNMENT: POLICE PICTURES

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

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE AMONG DAUGHTERS AND SISTERS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR

NAME OF ORGANIZATION OR GOVERNMENT: RAVENWOOD HEALTH

**Part IV** Supplemental Information

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: R-HUB INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES - LG AND  
REPURPOSES HEALTHCARE SUPPLIES - AR

NAME OF ORGANIZATION OR GOVERNMENT: RICKS BROTHER FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: SALAAM CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARK'S WOMEN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: ST. VINCENT CHARITY MEDICAL CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES - LG AND  
REPURPOSES HEALTHCARE SUPPLIES - AR

NAME OF ORGANIZATION OR GOVERNMENT: STARK COUNTY HUMANE SOCIETY

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

NAME OF ORGANIZATION OR GOVERNMENT: THE CARING

**Part IV** Supplemental Information

(G) DESCRIPTION OF NON-CASH ASSISTANCE: HEALTHCARE SUPPLIES - LG AND  
REPURPOSES HEALTHCARE SUPPLIES - AR

NAME OF ORGANIZATION OR GOVERNMENT: THE DIAPER BANK OF GREATER CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: THE REFUGEE RESPONSE

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

NAME OF ORGANIZATION OR GOVERNMENT: THEA BOWMAN CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: TRIALS FOR HOPE

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

NAME OF ORGANIZATION OR GOVERNMENT: TRIEDSTONE CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT:

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC CLEVELAND

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY HOSPITALS

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

NAME OF ORGANIZATION OR GOVERNMENT: WELCOME HOUSE INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE CATHOLIC CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: WINGSPAN CARE GROUP

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

NAME OF ORGANIZATION OR GOVERNMENT: YWCA GREATER CLEVELAND

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MEDWISH INTERNATIONAL, INC.**

Employer identification number

**34-1903712**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1,334	14,910,382.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

ITEMS THAT OUR RECIPIENTS ARE UNABLE TO USE OR ARE EXPIRED BUT CAN BE REPROCESSED ARE SOLD TO THIRD PARTY VENDORS. THIS REVENUE IS TRACKED IN RECYCLING IN OUR FINANCIAL STATEMENTS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2022**  
Open to Public  
Inspection

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  
POSITIONS.

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

232211 10-28-22

Name of the organization

MEDWISH INTERNATIONAL, INC.

Employer identification number

34-1903712

THE FORM 990 IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990 - PART XII - LINE 2C

THERE HAVE BEEN NO CHANGES FROM PRIOR YEAR.