

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023**Open to Public  
Inspection**A** For the 2023 calendar year, or tax year beginning **FEB 1, 2023** and ending **JAN 31, 2024****B** Check if applicable:

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**MEDWISH INTERNATIONAL**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1625 E. 31ST STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**CLEVELAND, OH 44114****F** Name and address of principal officer: **BRENNAN IGOE****1625 E. 31ST STREET, CLEVELAND, OH 44114****D** Employer identification number**34-1903712****E** Telephone number**(216) 692-1685****G** Gross receipts \$ **18,149,673.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MEDWISH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1994** **M** State of legal domicile: **OH****Part I Summary**

Activities & Governance	<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>14</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>14</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>20</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>6</b> <b>3373</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>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>16,068,967.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>247,364.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>234.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-2,453.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>16,314,112.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>685,083.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>295,602.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,401,643.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>14,936,311.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>1,377,801.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>9,051,556.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>765,717.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <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.

Sign Here	Signature of officer		Date		
	<b>BRENNAN IGOE, BOARD TREASURER</b>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>LAWRENCE D. FRIEDMAN, CPA</b>		<b>12/13/24</b>		<b>P00410069</b>
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	<b>BARNES WENDLING CPAS INC.</b>	<b>34-1463411</b>		<b>216-566-9000</b>	
	Firm's address				
	<b>1350 EUCLID AVE., SUITE 1400</b>				
	<b>CLEVELAND, OH 44115-1830</b>				

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

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 19,599,132. including grants of \$ 14,676,890. ) (Revenue \$ 391,479. )

**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 2023, 1,147 MEDWISH SHIPMENTS PROVIDED HELP AND HOPE TO PEOPLE IN 40 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 19,599,132.Form **990** (2023)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	17
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 20		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

**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**

	1a	1b	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.	14			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		14		
<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? .....			X	
<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? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....				X
<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? .....				X
<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? .....				X
<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? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....				X
<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 .....				X

**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? .....		X
<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? .....	X	
<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 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<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 .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<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 .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<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? .....		X
<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				83,199.	0.	16,801.
(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) RAFID FADUL, MD DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID LANDEVER DIRECTOR	1.00	X						0.	0.	0.
(8) JOSHUA MILLER, DO DIRECTOR	1.00	X						0.	0.	0.
(9) ZAC PONSKY DIRECTOR	1.00	X						0.	0.	0.
(10) SHELDON ROSE, MD DIRECTOR	1.00	X						0.	0.	0.
(11) BRIAN SMITH DIRECTOR	2.00	X						0.	0.	0.
(12) KRYSTA ALEXINAS DIRECTOR	1.00	X						0.	0.	0.
(13) EMILY QUAN DIRECTOR	1.00	X						0.	0.	0.
(14) STEPHEN DOWNEY DIRECTOR	1.00	X						0.	0.	0.
(15) PRAKASH GANESH, MD, MPH DIRECTOR	1.00	X						0.	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
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>		Yes	No
		3		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>			
		4		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>			
		5		X

the organization. Report compensation for the calendar year ending with or without 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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>	107,803.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	17,486,984.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 16,779,940.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> EARNED INCOME	<b>Business Code</b>	900099	391,479.	391,479.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			391,479.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			9,599.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real 7,573.				
<b>b</b> Less: rental expenses ...		<b>6b</b>	0.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	7,573.				
<b>d</b> Net rental income or (loss) .....				7,573.			7,573.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 107,803. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	146,235.				
<b>b</b> Less: direct expenses .....		<b>8b</b>	98,036.				
<b>c</b> Net income or (loss) from fundraising events .....				48,199.			48,199.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<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 Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			18,051,637.	391,479.	0.	65,371.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,906,838.	1,906,838.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	12,770,052.	12,770,052.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	83,199.	22,189.	6,240.	54,770.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	611,306.	430,437.	30,790.	150,079.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	74,862.	48,789.	3,992.	22,081.
<b>10</b> Payroll taxes	54,072.	35,240.	2,883.	15,949.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	250.		250.	
<b>c</b> Accounting	25,384.		25,384.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	6,576.		6,576.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	50,103.	26,853.	11,323.	11,927.
<b>12</b> Advertising and promotion	21,859.	2,144.	865.	18,850.
<b>13</b> Office expenses	48,167.	16,261.	10,737.	21,169.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	156,607.	145,494.	10,450.	663.
<b>17</b> Travel	62,064.	61,833.	117.	114.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	53,247.	52,332.	915.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	36,154.	34,717.	1,437.	
<b>23</b> Insurance	31,820.		31,820.	
<b>24</b> 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.)				
<b>a</b> <b>PRODUCTS SCRAPPED/DESTR</b>	3,971,920.	3,971,920.		
<b>b</b> <b>SHIPPING AND WAREHOUSE</b>	74,033.	74,033.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,038,513.	19,599,132.	143,779.	295,602.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 .....	630,905.	<b>1</b>	560,057.
	<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 .....	51,000.	<b>4</b>	61,000.
	<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 .....	6,984,087.	<b>8</b>	5,115,216.
	<b>9</b> Prepaid expenses and deferred charges .....	17,240.	<b>9</b>	3,478.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 963,281.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 214,261.		
	<b>11</b> Investments - publicly traded securities .....	775,329.	<b>10c</b>	749,020.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	450,374.	<b>11</b>	497,599.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	142,621.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,051,556.	<b>15</b>	121,556.	
<b>17</b> Accounts payable and accrued expenses .....	58,634.	<b>16</b>	7,107,926.	
<b>18</b> Grants payable .....		<b>17</b>	94,147.	
<b>19</b> Deferred revenue .....	10,753.	<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	2,500.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</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>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	696,330.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	659,033.	
<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>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	765,717.	<b>25</b>		
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	755,680.	
<b>28</b> Net assets without donor restrictions .....	7,927,559.	<b>27</b>	6,143,663.	
<b>29</b> Net assets with donor restrictions .....	358,280.	<b>28</b>	208,583.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	8,285,839.	<b>32</b>	6,352,246.	
<b>35</b> Total liabilities and net assets/fund balances .....	9,051,556.	<b>33</b>	7,107,926.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,051,637.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,038,513.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,986,876.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	8,285,839.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	53,283.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,352,246.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2023)

**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

**2023**

Open to Public  
Inspection

Name of the organization

MEDWISH INTERNATIONAL

Employer identification number

34-1903712

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9906781.	13934924.	12966075.	16027849.	17873491.	70709120.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9906781.	13934924.	12966075.	16027849.	17873491.	70709120.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						70709120.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	9906781.	13934924.	12966075.	16027849.	17873491.	70709120.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,107.	3,388.	8,255.	7,804.	17,172.	38,726.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						70797994.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....		<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	99.87	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	99.88	%
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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"/>
<b>17a 10% -facts-and-circumstances test - 2023.</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 - 2022.</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"/>
<b>18 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"/>

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

Schedule A (Form 990) 2023

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

## 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.)

**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

**2023**

Open to Public  
Inspection

Name of the organization

MEDWISH INTERNATIONAL

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 on line 2a .....	2c
d Number of conservation easements included on line 2c 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 2d 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) 2023

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		841,795.	173,071.	668,724.
c Leasehold improvements				
d Equipment		42,186.	41,190.	996.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				749,020.

Schedule D (Form 990) 2023

**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, line 12, col. (B))		

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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, line 25, col. (B))	

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 ... ☒

Schedule D (Form 990) 2023

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	18,098,344.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	53,283.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	53,283.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	18,045,061.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	6,576.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	6,576.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	18,051,637.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	20,031,937.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	20,031,937.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	6,576.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	6,576.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	20,038,513.

**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 DETERMINED THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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 INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF JANUARY 31, 2024 AND 2023, THE ORGANIZATION HAS NO ACCRUED TAXES, INTEREST, OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.



[illegible]

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

Employer identification number

MEDWISH INTERNATIONAL

34-1903712

<b>Part I</b>	<b>General Information on Activities Outside the United States.</b> 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.)

Activities per Region: (The following Part I table can be duplicated in additional spaces if 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.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		10,177.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		308,095.	MEDICAL SUPPLIES	FMV
		SOUTH ASIA	HEALTHCARE SUPPLIES	0.		428,924.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HEALTHCARE SUPPLIES	0.		54,404.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		163,798.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		534,801.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		12,663.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		815,450.	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 ..... 35
- 3 Enter total number of other organizations or entities .....

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

<b>1</b> (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.		297,412.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		294,944.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		9,146.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		4324016.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		337,492.	MEDICAL SUPPLIES	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTHCARE SUPPLIES	0.		5,980.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		320,751.	MEDICAL SUPPLIES	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	HEALTHCARE SUPPLIES	0.		14,797.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		7,950.	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)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		318,913.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		338,782.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		244,199.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		10,341.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		8,043.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		105,783.	MEDICAL SUPPLIES	FMV
		MIDDLE EAST AND NORTH AFRICA	HEALTHCARE SUPPLIES	0.		601,704.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HEALTHCARE SUPPLIES	0.		7,973.	MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	HEALTHCARE SUPPLIES	0.		7,739.	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)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		11,983.	MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTHCARE SUPPLIES	0.		7,410.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		14,656.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		303,842.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		1196607.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		633,455.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		99,498.	MEDICAL SUPPLIES	FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	HEALTHCARE SUPPLIES	0.		901,793.	MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HEALTHCARE SUPPLIES	0.		16,532.	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.

[illegible]

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

Schedule F (Form 990) 2023



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.

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

# 2023

**Open to Public Inspection**

Name of the organization

MEDWISH INTERNATIONAL

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			
CENTENNIAL CONSULTING GROUP - 2860 FONTENAY ROAD, SHAKER	GRANT WRITER		X	228,461.	13,347.	215,114.
<b>Total</b>				228,461.	13,347.	215,114.

- 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.

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

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1981.001

**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 BASH (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	9,307.	244,731.		254,038.
	2 Less: Contributions .....	9,307.	98,496.		107,803.
	3 Gross income (line 1 minus line 2) .....		146,235.		146,235.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....		3,785.		3,785.
	6 Rent/facility costs .....		19,250.		19,250.
	7 Food and beverages .....	585.	33,386.		33,971.
	8 Entertainment .....	1,435.	3,350.		4,785.
	9 Other direct expenses .....	9,384.	21,876.		31,260.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				93,051.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				53,184.	

**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 .....				
Direct Expenses	2 Cash prizes .....				
	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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: CENTENNIAL CONSULTING GROUP

(I) ADDRESS OF FUNDRAISER: 2860 FONTENAY ROAD, SHAKER HEIGHTS, OH 44120

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**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

**2023**

Open to Public  
Inspection

Name of the organization

**MEDWISH INTERNATIONAL**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT CENTERS FOR CHILDREN 15000 CHEERFUL LANE STRONGSVILLE, OH 44136	34-0714766	501(C)(3)	0.	31,540.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
ALTERCLINIC ANIMAL CARE 2302 FULTON ROAD NW CANTON, OH 44709	82-1253944	501(C)(3)	0.	26,405.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
ANOTHER CHANCE OF OHIO 1192 BRENTWOOD ROAD CLEVELAND HEIGHTS, OH 44121	04-3654012	501(C)(3)	0.	165,815.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
BIKUR CHOLIM OF CLEVELAND 3496 BENDEMEER ROAD CLEVELAND, OH 44118	34-1809885	501(C)(3)	0.	18,385.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
BUTTERFLIES AND LILIES 7820 CEDAR AVENUE CLEVELAND, OH 44103		501(C)(3)	0.	154,207.	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.	5,863.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING

**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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING - 9501 EUCLID AVENUE - CLEVELAND, OH 44106		501(C)(3)	0.	38,575.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
CCF PRIMARY CARE SOCIAL WORKER 6000 WEST CREEK ROAD, SUITE 20 INDEPENDENCE, OH 44131		501(C)(3)	0.	59,973.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CHANGING LIVES MINISTRIES 12651 ST. CLAIR AVE. CLEVELAND, OH 44108	59-3838703	SEPARATE POLITIC	0.	42,468.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA NEW BRIDGE CLEVELAND - 3900 KEY CENTER 127 PUBLIC SQUARE - CLEVELAND, OH	27-1193704	501(C)(3)	0.	40,287.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
CLEVELAND CHESD CENTER 1898 S. TAYLOR ROAD CLEVELAND, OH 44118	61-1773183	SEPARATE POLITIC	0.	50,629.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
CLEVELAND CLINIC REHABILITATION HOSPITAL - 3025 SCIENCE PARK DRIVE - BEACHWOOD, OH 44122	34-0714570	501(C)(3)	0.	27,530.	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.	19,440.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
COMMUNITY PARTNERSHIP ON AGING 6154 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124		501(C)(3)	0.	17,728.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
COMMUNITY YAHOOOS 3725 E. 50TH STREET CLEVELAND, OH 44106		501(C)(3)	0.	87,422.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWERMENT CHURCH 15837 EUCLID AVE CLEVELAND, OH 44112			0.	91,971.	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.	16,532.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
FAMICOS FOUNDATION 8555 HOUGH AVENUE CLEVELAND, OH 44106	34-1053534	501(C)(3)	0.	28,984.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GLOBAL CLEVELAND 1422 EUCLID AVE #1652 CLEVELAND, OH 44115	27-5245539	501(C)(3)	0.	40,709.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GOALS UNLTD INC. 89 WILLIS ST. UNIT 46366 BEDFORD, OH 44146	85-0952061	501(C)(3)	0.	44,883.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
GOD'S VISION FOUNDATION 5209 HAMM AVENUE CLEVELAND, OH 44127	47-5484026	501(C)(3)	0.	122,761.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
HARVARD SQUARE CENTER 13510 HARVARD AVENUE CLEVELAND, OH 44205	46-5411862	501(C)(3)	0.	60,454.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	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.	175,734.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
HELPING HANDS DRY BOTTOMS 6502 QUIMBY AVENUE CLEVELAND, OH 44103	84-4351231	501(C)(3)	0.	100,718.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMOCHA ARTS CENTER 2020 TAYLOR ROAD #406 CLEVELAND, OH 44112	34-1942729	501(C)(3)	0.	13,155.	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.	25,162.	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.	8,372.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
KINGS AND QUEENS WITHIN US 35104 EUCLID AVE #310 WILLOUGHBY, OH 44094		501(C)(3)	0.	41,483.	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.	42,937.	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.	27,343.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
LEAP HOPSITAL2HOME 2545 LORAIN AVE CLEVELAND, OH 44113		501(C)(3)	0.	74,137.	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.	31,000.	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.	27,437.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAY DUGAN CENTER 4115 BRIDGE AVENUE CLEVELAND, OH 44113	87-3393890	501(C)(3)	0.	24,998.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
MEDWORKS 1400 E. 105TH STREET CLEVELAND, OH 44106		501(C)(3)	0.	38,411.	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.	150,589.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
NORTH COAST COMMUNITY HOMES 14221 BROADWAY AVE CLEVELAND, OH 44125	34-1455487	501(C)(3)	0.	12,499.	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.	24,669.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES INC. - 4800 PAYNE AVENUE - CLEVELAND, OH 44103	34-1014291	501(C)(3)	0.	42,585.	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.	40,428.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
NORTHERN OHIO RECOVERY ASSOCIATION 1400 E. 55TH STREET CLEVELAND, OH 44103	34-1836284	501(C)(3)	0.	58,156.	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.	7,809.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARLZ INC 1380 PINEHURST ROAD CLEVELAND, OH 44110	84-2521233	501(C)(3)	0.	51,121.	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.	61,345.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
POLICE PICTURES PO BOX 524 AMHERST, OH 44001	83-3151514	501(C)(3)	0.	5,651.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
R-HUB INC 715 E. 249TH ST EUCLID, OH 44123	85-0804878	501(C)(3)	0.	120,662.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
RICKS BROTHER FOUNDATION 8555 HOUGH AVENUE CLEVELAND, OH 44106		501(C)(3)	0.	145,929.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE RECYCLING
SALAAM CLEVELAND 1925 ST. CLAIR AVE, NE STE#200 CLEVELAND, OH 44114	26-1368320	501(C)(3)	0.	12,241.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
STARK COUNTY HUMANE SOCIETY 5100 PEACH ST NE LOUISVILLE, OH 44641	34-6003244	501(C)(3)	0.	59,844.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
THE CARING 1570 RIDGEWOOD AVE APT2 LAKEWOOD, OH 44107	85-2635349	501(C)(3)	0.	64,863.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE SUPPLIES - AR
THE DIAPER BANK OF GREATER CLEVELAND - 25451 FARRINGTON - EUCLID, OH 44132		501(C)(3)	0.	5,745.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REFUGEE RESPONSE 2054 W. 47TH STREET CLEVELAND, OH 44102	30-0594051	501(C)(3)	0.	19,276.	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.	28,445.	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.	76,020.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
TRIEDSTONE CHURCH 3872 COMMUNITY COLLEGE AVENUE CLEVELAND, OH 44115		501(C)(3)	0.	11,537.	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.	43,570.	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.	128,466.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687	501(C)(3)	0.	15,993.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
YWCA GREATER CLEVELAND 4019 PROSPECT AVE. CLEVELAND, OH 44103		501(C)(3)	0.	86,718.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC GIVING PROGRAM
AAYDEN'S PLAYCE RESOURCE CENTER 2130 TUCKS TRAK CLEVELAND, OH 44102	81-3409716	501(C)(3)	0.	30,649.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABSOLUTE CARE 7580 NORTHCLIFF AVE. BROOKLYN, OH 44144			0.	8,606.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
DIOCESAN COUNCIL SOCIETY OF ST VINCENT DE PAUL-AKRON DISTRICT - 532 CHARLES CT - WADSWORTH, OH 44281	85-3252245	501(C)(3)	0.	12,053.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
ALS ASSOCIATION 6133 ROCKSIDE ROAD SUITE 301 INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	0.	5,956.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
ANTONINE VILLAGE 2675 NORTH LIPKEY RD NORTH JACKSON, OH 44451	46-3756650	501(C)(3)	0.	30,133.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
BOYS AND GIRLS CLUB OF NORTHEAST OHIO - 4111 PEARL AVE - LORAIN, OH 44055	34-1856214	501(C)(3)	0.	6,988.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
CATHOLIC CHARITIES 7800 DETROIT AVE CLEVELAND, OH 44102	34-1318541	501(C)(3)	0.	19,628.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
CATHOLIC DIOCESE OF CLEVELAND 1404 E 9TH ST CLEVELAND, OH 44114	34-0714558	501(C)(3)	0.	5,581.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
CENTER FOR PASTORAL LEADERSHIP 28700 EUCLID AVE WICKLIFFE, OH 44092	34-1318541	501(C)(3)	0.	7,692.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
CLEVELAND MUNICIPAL SCHOOL DISTRICT: GARRET MORGAN - 4600 DETROIT AVE - CLEVELAND, OH 44102		SEPARATE POLITIC	0.	7,739.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORE FURNITURE BANK 13360 SMITH ROAD MIDDLEBURG HEIGHTS, OH 44130		501(C)(3)	0.	38,904.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES - 1275 LAKESIDE AVE E - CLEVELAND, OH 44114		SEPARATE POLITIC	0.	11,795.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
EAST MT. ZION BAPTIST CHURCH 9900 EUCLID AVENUE CLEVELAND, OH 44106	34-1432055	501(C)(3)	0.	46,267.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
FAITH BAPTIST COMMUNITY CENTER 2355 E. 55TH ST CLEVELAND, OH 44104		501(C)(3)	0.	18,854.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
FIRST COLLECTIVE 4707 HILTON AVE 3A COLUMBUS, OH 43203		501(C)(3)	0.	7,176.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
FAIRSTEAD MANAGEMENT: FOREST HILL TERRACE APARTMENTS - 14100 TERRACE ROAD APARTMENTS - EAST CLEVELAND, OH 44112			0.	50,253.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
FOUNTAIN OF GRACE MINISTRIES 3210 E. 49TH ST CLEVELAND, OH 44120	06-1766115	501(C)(3)	0.	43,406.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
FRIEND A FELON 23300 FELCH AVE WARRENSVILLE HEIGHTS, OH 44128	86-3010859	501(C)(3)	0.	17,095.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
HEART FOR THE UNHOUSED AT OHIO STATE - 134 HEARTLAND CIRCLE - HINCKLEY, OH 44233		501(C)(3)	0.	11,960.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS DEVELOPMENT CORPORATION - 532 E. 124TH ST - CLEVELAND, OH 44108	45-4710554	501(C)(3)	0.	10,740.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
THE HOMELESS CHARITY PO BOX 5258 FAIRLAWN, OH 44333		501(C)(3)	0.	12,616.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
HOMELESS OUTREACH TEAM 606 BROWN AVE NW APT 1 CANTON, OH 44703	82-1465624	501(C)(3)	0.	6,074.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
HOMES FOR HOMELESS VETS 5247 WILSON MILLS RD #114 RICHMOND HEIGHTS, OH 44143	84-3951245	501(C)(3)	0.	30,766.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
I MADE IT THROUGH MINISTRIES 12962 CLIFTON LAKEWOOD, OH 44107	86-3349702	501(C)(3)	0.	22,559.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
JOURNEY CENTER FOR SAFETY AND HEALING - PO BOX 5466 - CLEVELAND, OH 44101	34-1278377	501(C)(3)	0.	23,380.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SEEK YE FIRST THEKINGDOMOFGODMINITRIES - 6087 MARK DRIVE - BEDFORD HEIGHTS, OH 44146		501(C)(3)	0.	6,449.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
LORETTA'S HELPING HANDS 3154 E. 49TH ST CLEVELAND, OH 44127	88-1049406	501(C)(3)	0.	58,308.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
ST. MALACHI CENTER 2416 SUPERIOR VIADUCT CLEVELAND, OH 44113	34-1506478	501(C)(3)	0.	16,509.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCGREGOR PACE 14800 PRIVATE DRIVE EAST CLEVELAND, OH 44112	31-1495382	501(C)(3)	0.	8,226.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
MILESTONES AUTISM RESOURCES 4853 GALAXY PARKWAY SUITE A WARRENSVILLE HEIGHTS, OH 44128	20-0721205	501(C)(3)	0.	5,464.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
MOTHERFUL 1436 CHELMSFORD CT COLUMBUS, OH 43229	83-2893578	501(C)(3)	0.	19,698.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
MUTUAL AID DISASTER RELIEF 1309 E. OSBORNE AVE TAMPA, FL 33603	81-3606763	501(C)(3)	0.	80,949.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102		501(C)(3)	0.	9,216.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
NEIGHBORHOOD LEADERSHIP INSTITUTE 5246 BROADWAY AVE CLEVELAND, OH 44127	01-0621494	501(C)(3)	0.	8,911.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
NEW WAYS MOTORCYCLE MINISTRIES 398 E. PAIGE AVE BARBERTON, OH 44203	85-1685355	501(C)(3)	0.	5,839.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
OPEN M 941 PRINCETON ST AKRON, OH 44311	03-0605432	501(C)(3)	0.	9,075.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
PATRIOT CARES, INC. 986 TIBBETTS WICK RD GIRARD, OH 44420	87-4409832	501(C)(3)	0.	5,229.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE BY PIECE CLEVELAND 10237 BEREAS ROAD CLEVELAND, OH 44102	30-0996970	501(C)(3)	0.	14,774.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
PHYLLIS WHEATLEY ASSOCIATION OF CLEVELAND - 4450 CEDAR AVENUE - CLEVELAND, OH 44103	34-0714787	501(C)(3)	0.	14,492.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
PROJECT FEED THE NEED 1012 PROSPECT AVE E APT520 CLEVELAND, OH 44115		501(C)(3)	0.	14,023.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
PROMEDICA HOME HEALTH 4807 ROCKFIELD ROAD INDEPENDENCE, OH 44131		501(C)(3)	0.	9,638.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
RIDE WITH VALOR 19245 PROSPECT ROAD STRONGSVILLE, OH 44149	83-3190697	501(C)(3)	0.	7,293.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
ROCKY RIVER UNITED METHODIST CHURCH - 19414 DETROIT ROAD - ROCKY RIVER, OH 44116	34-0753542	501(C)(3)	0.	27,601.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SALVATION ARMY 69 PEARL STREET PAINESVILLE, OH 44077	22-2406433	501(C)(3)	0.	8,981.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SENIOR CITIZEN RESOURCES 3100 DEVONSHIRE RD CLEVELAND, OH 44109	34-1098212	501(C)(3)	0.	26,358.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SERVICES FOR INDEPENDENT LIVING 26250 EUCLID AVE SUITE 801 EUCLID, OH 44132	34-1315202	501(C)(3)	0.	5,792.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLAVIC VILLAGE DEVELOPMENT CORPORATION - 5620 BROADWAY AVE SUITE 200 - CLEVELAND, OH 44127	34-1344279	501(C)(3)	0.	9,638.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SMART DEVELOPMENT INC. 3538 W. 140TH ST CLEVELAND, OH 44111	82-4991900	501(C)(3)	0.	31,892.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVE CLEVELAND, OH 44113	34-1028559	501(C)(3)	0.	24,107.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
ST. AUGUSTINE'S PARISH 7801 DETROIT AVE CLEVELAND, OH 44102	34-0714490	501(C)(3)	0.	5,909.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
STELLA MARIS 1320 WASHINGTON AVE CLEVELAND, OH 44113	34-0896181	501(C)(3)	0.	31,962.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC - 335 MARKET STREET - SANBURY, PA 17801	27-1099832	501(C)(3)	0.	38,059.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
THE CENTERS FOR FAMILIES AND CHILDREN - 4500 EUCLID AVE - CLEVELAND, OH 44103	23-7084455	501(C)(3)	0.	15,923.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
THE HOMELESS CHARITY AND VILLAGE 47 N ARLINGTON ST AKRON, OH 44305		501(C)(3)	0.	16,462.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
TEACHING YOUNG WOMEN IN SOCIETY TRUTH - 17325 EUCLID AVE SUITE 2110 - CLEVELAND, OH 44112		501(C)(3)	0.	29,758.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF HEALING 22344 LAKESHORE BLVD EUCLID, OH 44123	84-3203088	501(C)(3)	0.	9,099.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
VISIONS REVEALED INC 5575 DALEWOOD AVE MAPLE HEIGHTS, OH 44137	82-3569436	501(C)(3)	0.	19,346.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVE CLEVELAND, OH 44102	34-0714820	501(C)(3)	0.	28,468.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
WESTERN RESERVE AREA AGENCY ON AGING - 1700 E 13TH ST SUITE 114 - CLEVELAND, OH 44114	34-1620774	501(C)(3)	0.	18,783.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
WOMENSAFE 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527	501(C)(3)	0.	22,348.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
WOMEN'S RECOVERY CENTER 6209 STORER AVE CLEVELAND, OH 44102	34-1496171	501(C)(3)	0.	12,030.	FMV	HEALTHCARE SUPPLIES - LOCAL & DOMESTIC	HEALTHCARE SUPPLIES LOCAL & DOMESTIC GIVING PROGRAM
HOMELESS HOOKUP 4411 LUCILLE AVE SOUTH EUCLID, OH 44121	83-0924756	501(C)(3)	0.	9,117.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
REMINGTON COLLEGE 14801 BROADWAY AVE MAPLE HEIGHTS, OH 44137		501(C)(3)	0.	32,197.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR
ST. HERMAN'S FOCUS CLEVELAND 4410 FRANKLIN BLVD CLEVELAND, OH 44113	46-1699036	501(C)(3)	0.	43,523.	FMV	HEALTHCARE SUPPLIES - LG AND REPURPOSES HEALTHCARE	HEALTHCARE SUPPLIES LG AND REPURPOSES HEALTHCARE SUPPLIES AR

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEYCATS & ARISTOCATS, INC. 4017 SKYVIEW DRIVE BRUNSWICK, OH 44212	87-4587301	501(C)(3)	0.	5,347.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
ALTERPET INC PO BOX 552 SHARON CENTER, OH 44274	34-1929069	501(C)(3)	0.	11,373.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVE CLEVELAND, OH 44113	34-0714644	501(C)(3)	0.	11,444.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
ELYRIA CITY SCHOOLS 601 MIDDLE AVE ELYRIA, OH 44035		SEPARATE POLITIC	0.	7,739.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
GIRL SCOUT TROOP 50303 1 GIRL SCOUT WAY MACEDONIA, OH 44056		501(C)(3)	0.	5,605.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
WAYNE COUNTY HUMANE SOCIETY 1161 MECHANICSBURG ROAD WOOSTER, OH 44691	38-2016098	501(C)(3)	0.	12,030.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING
WHEELS OF HOPE 9800 MORGES DRIVE SE WAYNESBURG, OH 44688		501(C)(3)	0.	11,631.	FMV	REPURPOSED HEALTHCARE SUPPLIES - ALTERNATIVE	REPURPOSED HEALTHCARE SUPPLIES ALTERNATIVE RECYCLING

**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: ALTERCLINIC ANIMAL CARE

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

**Part IV** Supplemental Information

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: 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: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT:

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING

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

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA NEW BRIDGE CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND CHESED CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

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: 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

**Part IV** Supplemental Information

(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: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: FAMICOS FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL CLEVELAND

(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



**Part IV** Supplemental Information

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: HEALTHCARE SUPPLIES - LOCAL &  
DOMESTIC GIVING PROGRAM

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 - LG AND  
REPURPOSES HEALTHCARE SUPPLIES - AR

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKE HUMANE SOCIETY

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

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: METRO HEALTH BUCKEYE MEDICAL CENTER

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

**Part IV** Supplemental Information

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: HEALTHCARE SUPPLIES - LOCAL &  
DOMESTIC GIVING PROGRAM

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: REPURPOSED HEALTHCARE SUPPLIES -  
ALTERNATIVE RECYCLING

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN OHIO RECOVERY ASSOCIATION

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

**Part IV** Supplemental Information

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: R-HUB INC

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

NAME OF ORGANIZATION OR GOVERNMENT: RICKS BROTHER FOUNDATION

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

NAME OF ORGANIZATION OR GOVERNMENT: SALAAM CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: STARK COUNTY HUMANE SOCIETY

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE CARING

(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 - LG AND  
REPURPOSES HEALTHCARE SUPPLIES - AR

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: WEST SIDE CATHOLIC CENTER

(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

NAME OF ORGANIZATION OR GOVERNMENT: AAYDEN'S PLAYCE RESOURCE CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: ABSOLUTE CARE

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

NAME OF ORGANIZATION OR GOVERNMENT:

DIOCESAN COUNCIL SOCIETY OF ST VINCENT DE PAUL-AKRON DISTRICT

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

NAME OF ORGANIZATION OR GOVERNMENT: ALS ASSOCIATION

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

**Part IV** Supplemental Information

DOMESTIC GIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ANTONINE VILLAGE

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

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF NORTHEAST OHIO

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

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

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

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC DIOCESE OF CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR PASTORAL LEADERSHIP

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

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND MUNICIPAL SCHOOL DISTRICT: GARRET MORGAN

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

NAME OF ORGANIZATION OR GOVERNMENT: CORE FURNITURE BANK

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

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

NAME OF ORGANIZATION OR GOVERNMENT: EAST MT. ZION BAPTIST CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: FAITH BAPTIST COMMUNITY CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: FIRST COLLECTIVE

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

NAME OF ORGANIZATION OR GOVERNMENT:

FAIRSTEAD MANAGEMENT: FOREST HILL TERRACE APARTMENTS

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

NAME OF ORGANIZATION OR GOVERNMENT: FOUNTAIN OF GRACE MINISTRIES

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



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRIEND A FELON

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

NAME OF ORGANIZATION OR GOVERNMENT: HEART FOR THE UNHOUSED AT OHIO STATE

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

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS DEVELOPMENT CORPORATION

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

NAME OF ORGANIZATION OR GOVERNMENT: THE HOMELESS CHARITY

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

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS OUTREACH TEAM

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

NAME OF ORGANIZATION OR GOVERNMENT: HOMES FOR HOMELESS VETS

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

NAME OF ORGANIZATION OR GOVERNMENT: I MADE IT THROUGH MINISTRIES

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JOURNEY CENTER FOR SAFETY AND HEALING

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

NAME OF ORGANIZATION OR GOVERNMENT:

SEEK YE FIRST THE KINGDOM OF GOD MINISTRIES

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

NAME OF ORGANIZATION OR GOVERNMENT: LORETTA'S HELPING HANDS

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. MALACHI CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: MCGREGOR PACE

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

NAME OF ORGANIZATION OR GOVERNMENT: MILESTONES AUTISM RESOURCES

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

NAME OF ORGANIZATION OR GOVERNMENT: MOTHERFUL

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

**Part IV** Supplemental Information

DOMESTIC GIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: MUTUAL AID DISASTER RELIEF

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

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD FAMILY PRACTICE

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

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD LEADERSHIP INSTITUTE

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

NAME OF ORGANIZATION OR GOVERNMENT: NEW WAYS MOTORCYCLE MINISTRIES

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

NAME OF ORGANIZATION OR GOVERNMENT: OPEN M

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

NAME OF ORGANIZATION OR GOVERNMENT: PATRIOT CARES, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: PEACE BY PIECE CLEVELAND

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

**Part IV** Supplemental Information

## DOMESTIC GIVING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

PHYLLIS WHEATLEY ASSOCIATION OF CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT FEED THE NEED

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

NAME OF ORGANIZATION OR GOVERNMENT: PROMEDICA HOME HEALTH

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

NAME OF ORGANIZATION OR GOVERNMENT: RIDE WITH VALOR

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

NAME OF ORGANIZATION OR GOVERNMENT: ROCKY RIVER UNITED METHODIST CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

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

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR CITIZEN RESOURCES

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: SERVICES FOR INDEPENDENT LIVING

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

NAME OF ORGANIZATION OR GOVERNMENT:

SLAVIC VILLAGE DEVELOPMENT CORPORATION

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

NAME OF ORGANIZATION OR GOVERNMENT: SMART DEVELOPMENT INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: SPANISH AMERICAN COMMITTEE

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. AUGUSTINE'S PARISH

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

NAME OF ORGANIZATION OR GOVERNMENT: STELLA MARIS

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTERS FOR FAMILIES AND CHILDREN

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

NAME OF ORGANIZATION OR GOVERNMENT: THE HOMELESS CHARITY AND VILLAGE

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

NAME OF ORGANIZATION OR GOVERNMENT: TEACHING YOUNG WOMEN IN SOCIETY TRUTH

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

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF HEALING

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

NAME OF ORGANIZATION OR GOVERNMENT: VISIONS REVEALED INC

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

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE COMMUNITY HOUSE

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN RESERVE AREA AGENCY ON AGING

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

NAME OF ORGANIZATION OR GOVERNMENT: WOMENSAFE

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

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S RECOVERY CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: HOMELESS HOOKUP

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

NAME OF ORGANIZATION OR GOVERNMENT: REMINGTON COLLEGE

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

NAME OF ORGANIZATION OR GOVERNMENT: ST. HERMAN'S FOCUS CLEVELAND

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

NAME OF ORGANIZATION OR GOVERNMENT: ALLEYCATS & ARISTOCATS, INC.

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALTERPET INC

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

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND ANIMAL PROTECTIVE LEAGUE

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

NAME OF ORGANIZATION OR GOVERNMENT: ELYRIA CITY SCHOOLS

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

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUT TROOP 50303

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

NAME OF ORGANIZATION OR GOVERNMENT: WAYNE COUNTY HUMANE SOCIETY

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

NAME OF ORGANIZATION OR GOVERNMENT: WHEELS OF HOPE

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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**MEDWISH INTERNATIONAL**

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	16,779,940.	FAIR MARKET VALUE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <u>DONATED SERVICE</u> )	X	23	38,951.	FAIR MARKET VALUE
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	
33		

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

Schedule M (Form 990) 2023

**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

**2023**

Open to Public  
Inspection

Name of the organization

MEDWISH INTERNATIONAL

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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

MEDWISH INTERNATIONAL

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.