Information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ta Gross sales of inventory, less returns and allowances	Ā	For the 2	017 calend	ar year, or tax year beginning JANUARY 1 , 2017, and ending DE	CEMBE	R 31 , 20	17		
Number and street (or PC Dob., f/mail is not delivered to street address)	В	Check if app	licable C Name of organization 17			entification number	?:		
Post incomplete Post Po	므	Address ch	ange	#MeWe International Inc.					
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Annoteste relating Survames (A.3 30024 Aspectation potent code) New York (A.3 20024 Aspectation potent code) New York (A.3	H			898 Crescent River Pass .	9	179717939			
G Accounting Method	ŏ		1	City or town, state or province, country, and ZIP or foreign postal code	oup Exe	mption			
Webstet: No www.bitly/meweunite.com		Application	pending	Suwanee, GA, 30024 (八) No	ımber 🕨	<u> </u>			
Tair-exempt status (check only one)	G	Accounti	ng Method	✓ Cash Accrual Other (specify) No funds this year H Check	d Check ► ☑ If the organization				
K Form of organization Corporation Trust Association Other		~~~	- }		ed to atta	ach Schedule B	7 1		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column) (8) below) are \$500,000 or more, life Form 990-EZ	_				990,7990	D-EZ, or 990-PF)			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I The Chributions, gifts, grants, and smilar amounts received. Program service revenue including government fees and contracts Membership dues and assessments. In the Street of Gripss amount from sale of assets other than inventory. Destroys a mount from sale of assets other than inventory. Destroys a mount from sale of assets other than inventory (Subtract line 5b from line 5a). Gripss amount from sale of assets other than inventory (Subtract line 5b from line 5a). Gripss amount from sale of assets other than inventory (Subtract line 5b from line 5a). Gripss income from gaming (attach Schedule G if greater than stroy from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). C Less direct expenses from gaming and fundraising events. Destroys income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). The Christ and smillar amounts paid (list in Schedule O). The Christ sprict of (loss) from sales of inventory (Subtract line 7b from line 7a). The Christ sprict of (loss) from sales of inventory (Subtract line 7b from line 7a). The Christ sprict of (loss) from sales of inventory (Subtract line 7b from line 7a). The Christ sprict of (loss) from sales of inventory (Subtract line 7b from line 7a). The Christ spring in the first part of the subtract line 7b from line 7a). The Christ spring publications, postage, and shipping. The Christ spring in the spring of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year seturin). The Christ spring in the first part of year (gubtract line 17 from line 9). The Christ part of year (gubtract line 17 from line 9). The Chri			I		s				
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Form 990-EZ (2017) Balance Sheets (see the instructions for Part II) 2: Part II Check if the organization used Schedule O to respond to any question in this Part II . (A) Beginning of year (B) End of year 0 0 22 22 Cash, savings, and investments . 0 23 0 23 Land and buildings . 0 24 0 24 Other assets (describe in Schedule O) . 0 25 0 25 Total assets 0 26 0 26 Total liabilities (describe in Schedule O) 0 27 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Part III Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section Youth social and emotional development/education What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations, optional for Describe the organization's program service accomplishments for each of its three largest program services, others) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28a 0 ?1 (Grants \$ 0) If this amount includes foreign grants, check here 29 (Grants \$ 0) If this amount includes foreign grants, check here 29a 0 N/A 30 30a 0 0) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (describe in Schedule O) . 0) If this amount includes foreign grants, check here (Grants \$ 31a 32 Total program service expenses (add lines 28a through 31a) . 0 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable ?1 (d) Health benefits, (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Mohsin Mohi-Ud-Dın n President/Secretary/Director/CEO 0 Amber Zerzan 0 0 Treasurer Michael Niconchuk 0 **Board of Directors** 0 Maureen MacPhail 0 **Board of Directors** n O Maggie Holden 0 Consultant

Part				
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	140
	detailed description of each activity in Schedule O	33		V .
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	0		
b	Did the organization file Form 1120-POL for this year?	37b		/
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		N.A.	ائت.
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	3803001	<u>/</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		
39	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9	n III	44.	
a	Gross receipts, included on line 9, for public use of club facilities			200
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		4.9	10 m
40a	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		3	C.C.S.
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	### Z		72.
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40.		٠.
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	- 000000347	V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		100	
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			346
a	40c reimbursed by the organization		,31%	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	¥		MESTAGE M SAMPLE
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Georgia			
42a	The organization's books are in care of ▶ Mohsin Mohi-Ud-Din Telephone no. ▶	91797	717939	
	Located at ▶ 898 Crescent River Pass ZIP + 4 ▶	30	024	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u> </u>	V
	If "Yes," enter the name of the foreign country. ► N/A	4.2		100 mg
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1	
	Financial Accounts (FBAR)	40		" Chateter
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country N/A	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year		Tv	0
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	"	Yes	No
44a	completed instead of Form 990-EZ	44a		L
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			1
b	completed instead of Form 990-EZ	44b		المنتشدة
С	Did the organization receive any payments for indoor tanning services during the year?	44c	+	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	24	1662.57	4/
u	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		100	276
_	Form 990-EZ (see instructions)	45b		V

rm 990-	EZ (2017)							age
	Old the organization engage, directly or in ocandidates for public office? If "Yes," of			n behalf of or	ın opposit	ion 46	Yes	No
rt VI	<u> </u>	s only s must answer que	estions 47–49b and		nplete the	<u></u>	or <u>li</u> n	es [
	Old the organization engage in lobbying rear? If "Yes," complete Schedule C, Par		section 501(h) electi	on in effect d	uring the	tax 47	Yes	No
B is	s the organization a school as described in Old the organization make any transfers t	n section 170(b)(1)(A)(i o an exempt non-cha	ırıtable related organ			. 48 . 49a		<i>y</i>
) (f "Yes," was the related organization a se Complete this table for the organization's employees) who each received more thar	five highest compen	sated employees (ot					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health to	penefits, " o employee and deferred	(e) Estimate other com	d amo	unt of
NE		,				 ,		
					_			
								_
(Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp		t contractors	who each	received	more	tha
	(a) Name and business address of each independ	(b) Type of service		(c) Compensation				
NE			-					
						<u> </u>		
			-			_		
2 [Total number of other independent control Old the organization complete Schedi completed Schedule A	•	•	. ▶anizations mi		0 na .▶∐ Yes		No
	naities of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other that					owledge and	l belief,	rt ıs
ın re _	Signature of officer Mohsin Mohi - 1	1d - Dia C	FO	Date	5/13	12018		
	Type or print name and title	Preparer's signature		Date		PTIN		
aid	Print/Type preparer's name			·	Check L	rf		

Preparer

Use Only

Firm's name

Firm's address

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no