

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , **and ending**

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization: **ASSIST INTERNATIONAL, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **230 MT. HERMON ROAD SUITE 206**

City or town, state or province, country, and ZIP or foreign postal code: **SCOTTS VALLEY CA 95066-4034**

D Employer identification number: **77-0243475**

E Telephone number: **831-438-4582**

G Gross receipts \$: **21,188,661**

F Name and address of principal officer:

RALPH SUDFELD
230 MT. HERMON ROAD
SCOTTS VALLEY CA 95066

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.ASSISTINTERNATIONAL.ORG**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1990**

M State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSIST INTERNATIONAL IS A HUMANITARIAN ORGANIZATION ADDRESSING THE NEEDS OF THE WORLDS MOST VULNERABLE PEOPLE.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	30
	6 Total number of volunteers (estimate if necessary)	600
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-43,550
b Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 15,525,805 Current Year: 20,939,302
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,252 156,269
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,396 -34,979
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,645,453 21,060,592
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,747,539 14,539,317
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,744,592 2,065,608
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 93,644	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,167,092 1,170,769
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,659,223 17,775,694	
19 Revenue less expenses. Subtract line 18 from line 12	4,986,230 3,284,898	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 19,479,420 End of Year: 22,940,392
	21 Total liabilities (Part X, line 26)	1,180,101 1,361,272
	22 Net assets or fund balances. Subtract line 21 from line 20	18,299,319 21,579,120

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: **RALPH SUDFELD** Date: **PRESIDENT / CEO / CHAIR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **M. ELLEN LUCCIOLA, CPA** Preparer's signature: **M. ELLEN LUCCIOLA, CPA** Date: **11/15/19** Check if self-employed if PTIN: **P01420851**

Firm's name: **RONALD BLUE & CO. CPAS AND CONSLTS., LLP** Firm's EIN: **46-4148474**

Firm's address: **1551 N TUSTIN AVE, STE 1000 SANTA ANA, CA 92705** Phone no.: **714-543-0500**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

ASSIST INTERNATIONAL IS A HUMANITARIAN ORGANIZATION ADDRESSING THE NEEDS OF THE WORLDS MOST VULNERABLE PEOPLE.

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 \$ 577,804 including grants of \$ 577,804) (Revenue \$)

ASSIST INTERNATIONAL IS A HUMANITARIAN ORGANIZATION THAT ADDRESSES THE NEEDS OF THE WORLD'S MOST VULNERABLE PEOPLE. THIS IS ACCOMPLISHED IN LOW AND MIDDLE INCOME COUNTRIES THROUGH EFFORTS IN GLOBAL HEALTH, VULNERABLE CHILDREN, WATER AND SOCIAL BUSINESS ENTERPRISES (POVERTY SOLUTIONS). ASSIST INTERNATIONAL HAS A SUCCESSFUL HISTORY WORKING WITH A WIDE VARIETY OF PARTNERS INCLUDING FOUNDATIONS, HOSPITAL GROUPS, SERVICE CLUBS, CORPORATIONS, FAITH-BASED GROUPS AND INDIVIDUAL DONORS. PROJECTS HAVE BEEN COMPLETED IN OVER SIXTY COUNTRIES LIFTING THOUSANDS BEYOND MERE EXISTENCE TO A HOPEFUL AND PRODUCTIVE FUTURE.

4b (Code:) (Expenses \$ 7,354,011 including grants of \$ 7,354,011) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,091,994 including grants of \$ 6,091,994) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 3,157,873 including grants of \$ 515,508) (Revenue \$)

4e Total program service expenses u 17,181,682

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	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>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

1a	13
1b	30

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: u ETHIOPIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	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 instructions and file Form 4720, Schedule N.	15			X
16	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

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

X

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u CA
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.
19 Describe in 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 u

DANA HOTTON
SCOTTS VALLEY

PO BOX 66396

CA 95067-6396 831-438-4582

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) RALPH SUDFELD PRESIDENT/CEO/CHAIR	50.00 0.00	X		X				122,758	0	60,000
(2) ROBERT PAGETT FOUNDER	40.00 0.00	X						48,985	0	50,004
(3) CHARLENE PAGETT SECRETARY	40.00 0.00	X		X				21,388	0	0
(4) HOWARD BOWLES VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(5) JON CARMICHAEL BOARD MEMBER	1.00 0.00	X						0	0	0
(6) SHARON M. FRUH BOARD MEMBER	1.00 0.00	X						0	0	0
(7) DR. WARD TANNEBERG BOARD MEMBER	1.00 0.00	X						0	0	0
(8) GIL MILTENBERGER BOARD MEMBER	1.00 0.00	X						0	0	0
(9) ALBERT VATERS BOARD MEMBER	1.00 0.00	X						0	0	0
(10) MICHAEL COMER BOARD MEMBER	1.00 0.00	X						0	0	0
(11) WILLIAM CARMICHAEL DIRECTOR EMERITUS	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12) DON ANNAS	1.00									
DIRECTOR EMERITUS	0.00	X					0	0	0	
(13) DEBORAH BALCH	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) AUSTIN CARMICHAEL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) CHERI REYNOLDS	40.00									
DIR. PROGRAM DEVELOP	0.00			X			150,481	0	0	
(16) DANA HOTTON	40.00									
DIRECTOR OF FINANCE	0.00			X			132,710	0	0	
(17) MICHELLE SUDFELD	0.00									
DIR. OF ADMIN	0.00			X			121,020	0	0	
(18) STEVE COWAN	0.00									
DIRECTOR	0.00			X			109,586	0	0	
(19) JIM STUNKEL	50.00									
VP OF PROJECT MGMT	0.00			X			77,745	0	62,501	
1b Sub-total							784,673		172,505	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							784,673		172,505	

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 **u 5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,939,302				
	g Noncash contributions included in lines 1a-1f:		\$ 9,460,182				
	h Total. Add lines 1a-1f	u	20,939,302				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	156,269			156,269
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	84,519				
		(ii) Personal					
b Less: rental exps.			128,069				
c Rental inc. or (loss)			-43,550				
d Net rental income or (loss)		u	-43,550			-43,550	
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a RENTAL AND OTHER REVENUE			8,571			8,571	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		8,571				
12 Total revenue. See instructions.	u		21,060,592	0	-43,550	164,840	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,248,809	6,248,809		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,877	10,877		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,279,631	8,279,631		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	957,177	813,601	105,289	38,287
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	993,309	843,728	101,656	47,925
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	115,122	97,819	12,215	5,088
11 Fees for services (non-employees):				
a Management				
b Legal	3,820	1,910	1,910	
c Accounting	25,066	13,786	11,280	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	37,747	20,761	16,986	
13 Office expenses	253,845	127,167	124,829	1,849
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	479,732	474,905	4,827	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,231	2,116	2,115	
20 Interest	48,901	48,901		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,048	74,322	46,726	
23 Insurance	171,299	103,928	67,371	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	13,519	8,652	4,867	
b WAREHOUSE EXPENSE	9,581	9,581		
c GIFTS	1,980	1,188	297	495
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,775,694	17,181,682	500,368	93,644
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash—non-interest bearing	1,390,669	1	1,029,095
	2	Savings and temporary cash investments	11,568,727	2	13,039,008
	3	Pledges and grants receivable, net	217,263	3	58,885
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,906,997	8	6,009,726
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,871,024		
	b	Less: accumulated depreciation	10b 1,078,878	10c	2,792,146
	11	Investments—publicly traded securities	168,402	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,200	15	11,532
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,479,420	16	22,940,392	
Liabilities	17	Accounts payable and accrued expenses	84,716	17	141,790
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,090,110	23	1,042,014
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	5,275	25	177,468
	26	Total liabilities. Add lines 17 through 25	1,180,101	26	1,361,272
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,903,591	27	6,068,198
	28	Temporarily restricted net assets	14,395,728	28	15,510,922
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	18,299,319	33	21,579,120	
34	Total liabilities and net assets/fund balances	19,479,420	34	22,940,392	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,060,592
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,775,694
3	Revenue less expenses. Subtract line 2 from line 1	3	3,284,898
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,299,319
5	Net unrealized gains (losses) on investments	5	-5,097
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,579,120

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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 in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 or 990-EZ).)
- 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2017. 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 stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,723,012	16,461,433	12,781,545	15,525,805	20,939,302	82,431,097
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,723,012	16,461,433	12,781,545	15,525,805	20,939,302	82,431,097
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						82,431,097

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	16,723,012	16,461,433	12,781,545	15,525,805	20,939,302	82,431,097
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,160	65,747	77,857	92,252	156,269	449,285
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	57,160	65,747	77,857	92,252	156,269	449,285
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				6,958	5,802	12,760
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	79,323	69,130	1,679		8,571	158,703
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,859,495	16,596,310	12,861,081	15,625,015	21,109,944	83,051,845
14 First five 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.25 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding director powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding majority of directors.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided and relationships.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding the Integral Part Test and Activities Test.

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

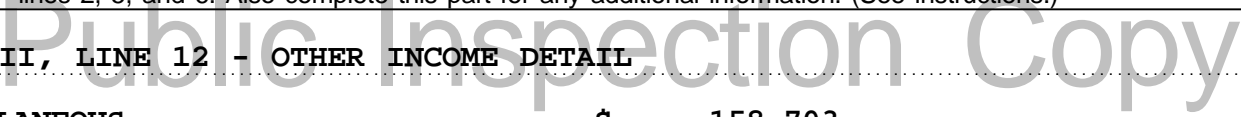
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS **\$ 158,703**



Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

ASSIST INTERNATIONAL, INC.

77-0243475

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 10,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 5,738</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 13,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
4	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 30,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
5	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 15,100</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
6	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 24,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 9,891</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 97,100</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
9	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 185,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
10	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 62,500</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
11	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 6,499,896</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
12	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 100,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 7,354,011</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
14	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 2,175,275</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
15	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 548,868</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	HOUSEHOLD GOODS	\$ 3,027,009	12/31/18
13	SUPPLIES	\$ 1,546,109	12/31/18
13	FOOD	\$ 401,778	12/31/18
13	FURNITURE	\$ 1,621,837	12/31/18
13	SEASONAL	\$ 351,293	12/31/18
13	DRUGS & MEDICAL SUPPLIES	\$ 33,657	12/31/18

Name of organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	TOYS	\$ 372,328	12/31/18
14	MEDICAL EQUIPMENT	\$ 1,463,595	12/31/18

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ASSIST INTERNATIONAL, INC.

77-0243475

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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 are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** %
- c** Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		420,605		420,605
b Buildings				
c Leasehold improvements				
d Equipment		3,450,419	1,078,878	2,371,541
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,792,146**

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

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) GRANTS PAYABLE	170,998
(3) SECURITY DEPOSITS	6,470
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	177,468

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 21,060,592.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 17,775,694.

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.

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

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

2018Open to Public
InspectionDepartment of the Treasury
Internal Revenue Serviceu Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA/PACIFIC			PROGRAM SERVICES	BENEVOLENCE	250
(1)					
CENTRAL AMERICA CARRIBEAN			PROGRAM SERVICES	BENEVOLENCE	1,110
(2)					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	BENEVOLENCE	8,825
(3)					
EUROPE			PROGRAM SERVICES	BENEVOLENCE	9,100
(4)					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	INFRASTRUCTURE	150,000
(5)					
EAST ASIA/PACIFIC			PROGRAM SERVICES	MEDICAL	929,985
(6)					
EUROPE			PROGRAM SERVICES	MEDICAL	52,858
(7)					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	MEDICAL	5,618,379
(8)					
SOUTH ASIA			PROGRAM SERVICES	MEDICAL	13,386
(9)					
CENTRAL AMERICA CARRIBEAN			PROGRAM SERVICES	MEDICAL	10,239
(10)					
EAST ASIA/PACIFIC			PROGRAM SERVICES	MISSIONS	10,642
(11)					
EUROPE			PROGRAM SERVICES	MISSIONS	2,618
(12)					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	MISSIONS	508
(13)					
MIDDLE EAST			PROGRAM SERVICES	MISSIONS	1,088
(14)					
SOUTH ASIA			PROGRAM SERVICES	MISSIONS	4,905
(15)					
EAST ASIA/PACIFIC			PROGRAM SERVICES	ORPHANAGE SUPPORT	305,043
(16)					
SUB-SAHARAN AFRICA			PROGRAM SERVICES	ORPHANAGE SUPPORT	409,592
(17)					
3a Subtotal					7,528,528
b Total from continuation sheets to Part I					751,103
c Totals (add lines 3a and 3b)					8,279,631

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

Schedule F (Form 990) 2018

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE					
(1)			PROGRAM SERVICES	ORPHANAGE SUPPORT	751,103
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					751,103
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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)
(1)			EAST ASIA/PACIFIC	INFRASTRUCTURE	150,000	WIRE TRANSFER			
(2)			EAST ASIA/PACIFIC	MEDICAL AID	6,624,847			MEDICAL SUPPLIE	FMV
(3)			EAST ASIA/PACIFIC	MISSIONS	19,761	WIRE TRANSFER			
(4)			EUROPE	ORPHANAGE SUPPORT	1,465,738	WIRE TRANSFER			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **u** _____

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) BENEVOLENCE	CENTRAL AMERICA	1	1,110	WIRE TRANSFER			
(2) BENEVOLENCE	SUB-SAHARAN AFRICA	3700	8,825	WIRE TRANSFER			
(3) BENEVOLENCE	EAST ASIA/PACIFIC	20	250	WIRE TRANSFER			
(4) BENEVOLENCE	EUROPE	5	9,100	WIRE TRANSFER			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ASSIST INTERNATIONAL MAKES CASH GRANTS ONLY TO RECOGNIZED CHARTITABLE ORGANIZATIONS AND CERTAIN INDIVIDUALS KNOWN TO MANAGEMENT OF THE ORGANIZATION ENSURING THAT ALL PAYMENTS ARE A FURTHERANCE OF ASSIST'S EXEMPT PURPOSES. PAYMENTS ARE MADE BY WIRE TRANSFER AND MONITORED BY MANAGEMENT FROM POINT OF ORIGIN TO THE RECIPIENT.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
EAST ASIA/PACIFIC	\$ 250	\$ 0
CENTRAL AMERICA CARRIBEAN	\$ 1,110	\$ 0
SUB-SAHARAN AFRICA	\$ 8,825	\$ 0
EUROPE	\$ 9,100	\$ 0
SUB-SAHARAN AFRICA	\$ 150,000	\$ 0
EAST ASIA/PACIFIC	\$ 929,985	\$ 0
EUROPE	\$ 52,858	\$ 0
SUB-SAHARAN AFRICA	\$ 5,618,379	\$ 0
SOUTH ASIA	\$ 13,386	\$ 0
CENTRAL AMERICA CARRIBEAN	\$ 10,239	\$ 0
EAST ASIA/PACIFIC	\$ 10,642	\$ 0
EUROPE	\$ 2,618	\$ 0
SUB-SAHARAN AFRICA	\$ 508	\$ 0
MIDDLE EAST	\$ 1,088	\$ 0
SOUTH ASIA	\$ 4,905	\$ 0
EAST ASIA/PACIFIC	\$ 305,043	\$ 0
SUB-SAHARAN AFRICA	\$ 409,592	\$ 0

Part V Supplemental Information

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

EUROPE

\$ 751,103 \$ 0

Public Inspection Copy

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MODESTO LOVE CENTER 617 WINMOORE WAY MODESTO CA 95358		501C3		483,730	FMV		GENERAL SUPPORT
(2)	LOVE THY NEIGHBOR MOVEMENT 2045 N. AVE. NATIONAL CITY CA 91950		501C3		389,222	FMV		GENERAL SUPPORT
(3)	NINEVEH OUTREACH 1601 COFFEE RD. MODESTO CA 95355		501C3		357,962	FMV		GENERAL SUPPORT
(4)	HIS WAY COMMUNITY CHURCH 2220 W. ALPINE AVE. STOCKTON CA 95204		501C3		317,880	FMV		GENERAL SUPPORT
(5)	ROCA DE SALVACION 2519 E. SERVICE RD. CERES CA 95307		501C3		312,911	FMV		GENERAL SUPPORT
(6)	MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO CA 95354		501C3		248,615	FMV		GENERAL SUPPORT
(7)	EL SHADDAI MINISTRIES SHALOM 2928 - 4TH ST. CERES CA 95307		501C3		235,894	FMV		GENERAL SUPPORT
(8)	TRACY MISSION/MISSION CITY CHURCH 5555 W. GRANTLINE RD TRACY CA 95304		501C3		220,660	FMV		GENERAL SUPPORT
(9)	CITY TEAM 2304 ZANKER RD SAN JOSE CA 95131		501C3		210,514	FMV		GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CAMP TAYLOR, INC. 8224 W. GRAYSON RD MODESTO CA 95358		501C3		206,848	FMV		GENERAL SUPPORT
(2)	TEEN CHALLENGE, FAITH HOME 6643 FAITH HOME RD CERES CA 95307		501C3		191,199	FMV		GENERAL SUPPORT
(3)	NEIGHBORHOOD CHURCH 5921 STODDARD RD MODESTO CA 95356		501C3		183,728	FMV		GENERAL SUPPORT
(4)	FIREHOUSE COMMUNITY DEVELOPMENT 5655 SILVER CREEK VALLEY RD SAN JOSE CA 95138		501C3		172,282	FMV		GENERAL SUPPORT
(5)	CROSSROADS CHURCH 1505 MOFFAT BLVD. MANTECA CA 95336		501C3		171,627	FMV		GENERAL SUPPORT
(6)	MODESTO MOVES 1909 COBBLER CT MODESTO CA 95356		501C3		152,329	FMV		GENERAL SUPPORT
(7)	FATHER'S HOUSE CHURCH 2656 FT. WAYNE ST. OROVILLE CA 95966		501C3		144,653	FMV		GENERAL SUPPORT
(8)	SAN JOSE OPEN BIBLE CHURCH 5303 CARTER AVE SAN JOSE CA 95118		501C3		141,612	FMV		GENERAL SUPPORT
(9)	TODAY IS A NEW DAY RECOVERY HOME 9985A ERNST RD COULTERVILLE CA 95311		501C3		127,360	FMV		GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WORD OF LIFE CHURCH OF GOD 2106 E. CHEROKEE RD STOCKTON CA 95205		501C3		118,407	FMV		GENERAL SUPPORT
(2)	LAKE DON PEDRO BAPTIST CHURCH 4175 ABETO ST LAGRANGE CA 95320		501C3		100,405	FMV		GENERAL SUPPORT
(3)	VALLEY RECOVERY RESOURCES/REDWOOD F 1030 CALIFORNIA AVE MODESTO CA 95351		501C3		76,534	FMV		GENERAL SUPPORT
(4)	THRIVE CHURCH 17261 S. MANTHEY DR LATHROP CA 95330		501C3		74,842	FMV		GENERAL SUPPORT
(5)	TEMPLO DE FE (TEMPLE OF FAITH) 741 - 2ND ST (LOWER LEVEL BLDG CCC- RIPON CA 95366		501C3		74,126	FMV		GENERAL SUPPORT
(6)	GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE. BUENA PARK CA 90621		501C3		64,465	FMV		GENERAL SUPPORT
(7)	CELEBRATION CHRISTIAN CENTER 1135 BLUE BELL DR LIVERMORE CA 94551		501C3		64,056	FMV		GENERAL SUPPORT
(8)	INNER CITY ACTION, INC. 761 SHADOWBROOK LN MANTECA CA 95336		501C3		60,536	FMV		GENERAL SUPPORT
(9)	BETHANY CHRISTIAN SERVICES 3048 HAHN DR MODESTO CA 95350		501C3		55,608	FMV		GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)****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.

OMB No. 1545-0047

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**u** Attach to Form 990.**u** Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEND FOURSQUARE CHURCH "WESTSIDE CH 2051 NW SHEVLIN PARK RD BEND OR 97703		501C3		55,047	FMV		GENERAL SUPPORT
(2)	BILL & KAREN FLESHER 3108 COLLINGHAM DRIVE MODESTO CA 95355		501C3		48,996	FMV		GENERAL SUPPORT
(3)	OAKDALE RESCUE MISSION 131 W. G ST (P.O. 1147) OAKDALE CA 95361		501C3		48,630	FMV		GENERAL SUPPORT
(4)	REVIVAL CENTER CHURCH/COMMUNITY COM 825 - 7TH ST MODESTO CA 95350		501C3		48,441	FMV		GENERAL SUPPORT
(5)	TEMPLO BAUTISTA ROSA DE SARON 421 RIO GRANDE AVE MODESTO CA 95351		501C3		47,013	FMV		GENERAL SUPPORT
(6)	AOG C/O CITY CENTER 3201 F ST. BAKERSFIELD CA 93301		501C3		43,619	FMV		GENERAL SUPPORT
(7)	ONE CHURCH RIPON 602 RIPONA AVE RIPON CA 95366		501C3		43,498	FMV		GENERAL SUPPORT
(8)	STANISLAUS FAMILY JUSTICE CENTER/CR 133 DOWNEY AVE MODESTO CA 95354		501C3		42,878	FMV		GENERAL SUPPORT
(9)	PARKHAVEN BAPTIST CHURCH 1187 MEADOW LANE CONCORD CA 94520		501C3		42,477	FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SHELTER COVE 4242 COFFEE RD MODESTO CA 95357		501C3		36,699	FMV		GENERAL SUPPORT
(2)	CERES SEVENTH-DAY ADVENTIST CHURCH 1633 CENTRAL AVE CERES CA 95307		501C3		33,980	FMV		GENERAL SUPPORT
(3)	GOSPEL CENTER RESCUE MISSION STOCKTON 445 S. SAN JOAQUIN STOCKTON CA 95203		501C3		32,691	FMV		GENERAL SUPPORT
(4)	CAMBRIDGE ACADEMIES 1301 K ST MODESTO CA 95354		501C3		32,507	FMV		GENERAL SUPPORT
(5)	INTERNATIONAL MEDICINE GROUP, INC. 9006 OAK VIEW DR OAKDALE CA 95361		501C3		28,947	FMV		GENERAL SUPPORT
(6)	WAVE MISSION TEAM, INC. 3377 DEER VALLEY RD #189 ANTIOCH CA 94531		501C3		28,940	FMV		GENERAL SUPPORT
(7)	POWER OF GOD CHRISTIAN CHURCH 1503 N. MCCLELLAND ST SANTA MARIA CA 93454		501C3		25,307	FMV		GENERAL SUPPORT
(8)	GLORY REVIVE MINISTRIES 26124 MAHON AVE (P.O. BOX 304) ESCALON CA 95320		501C3		23,515	FMV		GENERAL SUPPORT
(9)	RANCHO DE SUS NINOS, INC P.O. BOX 360 POTRERO CA 91963		501C3		23,317	FMV		GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LOFTY HEARTS COMMUNITY OUTREACH 2951 BOWENS LN TRACY CA 95377		501C3		20,373	FMV		GENERAL SUPPORT
(2)	LOVE IN THY NAME OF CHRIST OF GREAT 800 W. 20TH ST SUITE A MERCED CA 95348		501C3		18,592	FMV		GENERAL SUPPORT
(3)	HIS 2 OFFER 3350 N. RODEO GULCH RD SOQUEL CA 95073		501C3		18,121	FMV		GENERAL SUPPORT
(4)	CALVARY REFORMED CHURCH 741 SECOND S RIPON CA 95366		501C3		17,750	FMV		GENERAL SUPPORT
(5)	ST. VINCENT DE PAUL MINISTRIES 709 J ST MODESTO CA 95351		501C3		14,950	FMV		GENERAL SUPPORT
(6)	CONEXION/MEXICAN COMMUNITY ED & DEF 47 E. WILLIAM STREET SAN JOSE CA 95112		501C3		13,896	FMV		GENERAL SUPPORT
(7)	CENTER FOR HUMAN SERVICES 2000 W. BRIGGSMORE AVE SUITE I MODESTO CA 95350		501C3		13,140	FMV		GENERAL SUPPORT
(8)	RESTORE MERCED 419 W. 19TH ST MERCED CA 95340		501C3		11,137	FMV		GENERAL SUPPORT
(9)	STONERIDGE CHRISTIAN CHURCH/SAN JOA 2738 DON WARD RD MERCED CA 95348		501C3		11,040	FMV		GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)****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.

OMB No. 1545-0047

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**u** Attach to Form 990.**u** Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTS FULL GOSPEL CHURCH 1034 66 AVE OAKLAND CA 94603		501C3		9,581	FMV		GENERAL SUPPORT
(2)	CROSSPOINT COMMUNITY CHURCH 2406 DEL PASO RD SACRAMENTO CA 95834		501C3		7,596	FMV		GENERAL SUPPORT
(3)	LOVE OUR CITIES 1401 F ST MODESTO CA 95354		501C3		7,322	FMV		GENERAL SUPPORT
(4)	GREAT VALLEY HOUSING DEVELOPMENT AU 1701 ROBERTSON RD MODESTO CA 95351		501C3		7,249	FMV		GENERAL SUPPORT
(5)	FIRST RESPONDERS SUPPORT NETWORK 4460-16 REDWOOD HWY 362 SAN RAFAEL CA 94901		501C3		6,706	FMV		GENERAL SUPPORT
(6)	SANTA ROSA (REDWOOD) GOSPEL MISSION 1821 PINER RD SANTA ROSA CA 95403		501C3		6,494	FMV		GENERAL SUPPORT
(7)	H.O.P.E. MINISTRIES, INC. 602 E. YOSEMITE AVE MANTECA CA 95336		501C3		6,489	FMV		GENERAL SUPPORT
(8)	EMERGANCY FOOD BANK-STOCKTON 7 W SCOTTS AVE. STOCKTON CA 95203		501C3		6,303	FMV		GENERAL SUPPORT
(9)	TRANSFORM OUR WORLD (HARVEST EVANGE 6472 CAMDEN AVE SUITE 110 SAN JOSE CA 95120		501C3		5,895	FMV		GENERAL SUPPORT

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

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

Schedule I (Form 990) (2018)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number 77-0243475

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1 contains data for HAVEN WOMEN'S CENTER.

- 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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BENEVOLENCE		10,877		FMV	VARIOUS CONSUMA
2					
3					
4					
5					
6					
7					

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

ASSIST INTERNATIONAL, INC.

Employer identification number
77-0243475

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RALPH SUDFELD PRESIDENT/CEO/CHAIR	(i)	68,890	0	53,868	0	60,000	182,758	0
	(ii)	0	0	0	0	0	0	0
2 CHERI REYNOLDS DIR. PROGRAM DEVELOP	(i)	143,193	0	7,288	0	0	150,481	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Public Inspection Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.
U Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

ASSIST INTERNATIONAL, INC.

77-0243475

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	X		3,193,816	FMV
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	X	196	473,615	FMV
20 Drugs and medical supplies	X	19	1,874,412	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (SUPPLIES)	X	742	1,572,531	FMV
26 Other u (MISC)	X	177	372,328	FMV
27 Other u (SEASONAL)	X	167	351,293	FMV
28 Other u (FURNITURE)	X	773	1,622,187	FMV

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

	Yes	No
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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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 - SUPPLEMENTAL INFORMATION

THE NUMBERS ENTERED IN COLUMN B, PART I REPRESENT THE NUMBER OF CONTRIBUTIONS RATHER THAN THE NUMBER OF ITEMS CONTRIBUTED.

Public Inspection Copy

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

IN 2018, ASSIST INTERNATIONAL'S PARTNERSHIP WITH WORLD VISION, COMMUNITY:ASSIST, CONTINUED TO GROW. THROUGH THE PARTNERSHIP, A LARGE WAREHOUSE WHOLESALER DONATES ITEMS WHICH ARE DISTRIBUTED TO THOSE IN NEED BOTH LOCALLY AND INTERNATIONALLY. THROUGH THIS PARTNERSHIP, ASSIST INTERNATIONAL DISTRIBUTED \$5.9 MILLION WORTH OF GOODS TO OVER 70 PARTNERS IN 2018. ASSIST INTERNATIONAL HAS BEEN ABLE TO RESPOND TO MANY VICTIMS OF THE 2018 CALIFORNIA WILDFIRES IN ADDITION TO DISTRIBUTING GOODS TO ORPHANAGES AND HUMANITARIAN OUTREACHES. . IN 2018, GOODS WERE DISTRIBUTED INTERNATIONALLY TO 11 COUNTRIES: DOMINICAN REPUBLIC, EL SALVADOR, MALAWI, MEXICO, NICARAGUA, NIGERIA, ROMANIA, RWANDA, UKRAINE, UGANDA AND VENEZUELA. LOCALLY, GOODS WERE DISTRIBUTED TO 15 COUNTIES INCLUDING 32 CITIES IN THE SF BAY AREA AND CENTRAL VALLEY. IN 2018, 3476 PALLETS OF DONATED ITEMS WERE DISTRIBUTED TO THE HOMELESS, THE ELDERLY, SURVIVORS OF DOMESTIC VIOLENCE AND TRAFFICKING, CRISIS PREGNANCY CENTERS, CHILDREN RECOVERING FROM HEART DISEASE, IMPOVERISHED FAMILIES, FOSTER CHILDREN, ORPHANAGES AND CALIFORNIA FIRE VICTIMS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

SIGNIFICANT PROGRESS WAS MADE IN 2018 IN THE ESTABLISHMENT OF THE FRAMEWORK FOR A NEW PUBLIC PRIVATE PARTNERSHIP BETWEEN AI MEDICAL OXYGEN PRODUCTION, PLC AND TWO TARGET HOSPITALS IN THE AMHARA REGION OF ETHIOPIA. THE PPP IS A SOCIAL BUSINESS ENTERPRISE STRATEGY THAT BRINGS TOGETHER, FOREIGN INVESTMENT DOLLARS, REGIONAL GOVERNMENT FUNDING AND LOCAL HOSPITAL FUNDING TO FORM A BUSINESS MODEL THAT IS ABLE TO PRODUCE MEDICAL OXYGEN, SELL IT AT

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

A REDUCED COST TO HEALTH CENTERS WITHIN THE AMHARA REGION OF ETHIOPIA AND GENERATE ENOUGH REVENUE IN THE PROCESS TO MAKE THE PPP PROGRAM SUSTAINABLE. IN 2018, AI MEDICAL OXYGEN PRODUCTION, PLC WAS OFFICIALLY GRANTED AN OPERATING LICENSE IN ETHIOPIA, AND A SIGNIFICANT MILESTONE WAS ACHIEVED WHEN THE AMHARA REGIONAL HEALTH BUREAU WORKED WITH THE ETHIOPIAN PARLIAMENT TO PASS NEW LEGISLATION IN THE COUNTRY THAT WOULD ESTABLISH A FRAMEWORK FOR ETHIOPIAN BUSINESSES TO ENTER INTO PUBLIC PRIVATE PARTNERSHIPS WITH INTERNATIONAL INVESTORS. THIS IS WIDELY VIEWED AS A BREAKTHROUGH FOR THE COUNTRY OF ETHIOPIA. FURTHERMORE, THE OXYGEN PRODUCTION PLANTS HAVE BEEN MANUFACTURED AND SHIPPED TO ETHIOPIA AND THE LOCAL ETHIOPIAN HOSPITALS ARE COMPLETING CONSTRUCTION OF THE NEW BUILDINGS THAT WILL HOUSE THE MEDICAL OXYGEN PRODUCTION FACILITIES. IN-COUNTRY MANAGEMENT STAFF HAVE BEEN HIRED AND TECHNICIANS ARE BEING TRAINED TO OPERATE THE OXYGEN PLANTS ONCE THEY ARE COMPLETED. THERE IS A GROWING EXCITEMENT WITHIN THE MINISTRY OF HEALTH AS THEY ANTICIPATE THE LAUNCH OF THE MEDICAL OXYGEN BUSINESS. AS THE OXYGEN PRODUCTION BUSINESS MODEL COMES TO LIFE, MANY WITHIN THE GOVERNMENT ARE CONSIDERING HOW THIS SUSTAINABLE BUSINESS MODEL ALONG WITH THE PPP PLATFORM CAN IMPACT OTHER HEALTHCARE NEEDS THAT WILL IMPACT THE LIVES OF PEOPLE IN ETHIOPIA.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SINCE BEGINNING IN 1990, ASSIST INTERNATIONAL HAS BEEN COMMITTED TO PROVIDING ORPHANED AND VULNERABLE CHILDREN WITH HOPE, HEALTH, AND OPPORTUNITY. THROUGH ORPHAN VILLAGE PARTNERSHIPS, CHILDREN HAVE BEEN GIVEN FAMILIES, HEALTHCARE, AND EDUCATION IN ROMANIA, THAILAND, UGANDA, RWANDA, KENYA, AND MORE. CURRENTLY, A NEW ORPHAN VILLAGE IS BEING DEVELOPED IN THE REMOTE TOWN OF ATIAK, UGANDA. THE VILLAGE IS ON SCHEDULE TO BE COMPLETED IN

Name of the organization

Employer identification number

ASSIST INTERNATIONAL, INC.

77-0243475

2019 WITH 10 HOMES, A SCHOOL, AND A MEDICAL CLINIC. OUR EXPERIENCE AND EFFICIENCY HAVE ALLOWED US TO SIGNIFICANTLY INCREASE OUR CAPACITY TO REACH ORPHANED AND VULNERABLE CHILDREN. AN EXAMPLE IS OUR ORPHAN PARTNERSHIP WITH AOET IN JINJA, UGANDA. AOET FOCUSES ON ORPHANED CHILDREN AFFECTED BY HIV/AIDS. UPON FIRST PARTNERING WITH THE ORGANIZATION IN 2007, THEY WERE REACHING FEWER THAN 300 CHILDREN, SINCE THEN, 4,681 CHILDREN WERE REACHED ANNUALLY; AN INCREASE OF OVER 4,381 SINCE OUR PARTNERSHIP BEGAN.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
ETHIOPIA

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

RALPH SUDFELD

CHARLENE PAGETT

BOARD PRESID

BOARD SEC.

IN-LAWS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEWS THE 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MONITORING IS DONE FROM THE OFFICE OF THE PRESIDENT

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BOARD REVIEWS AND APPROVES COMPENSATION

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

BOARD REVIEWS AND APPROVES COMPENSATION

Name of the organization

Employer identification number

ASSIST INTERNATIONAL, INC.

77-0243475

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS REQUIRED BY LAW TO BE AVAILABLE FOR PUBLIC INSPECTION ARE AVAILA
BLE UPON REQUEST DURING REGULAR BUSINESS HOURS AT THE LOCATION OF RECORDS.



**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSIST INTERNATIONAL, INC.

Employer identification number

77-0243475

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASSIST INTERNATIONAL GLOBAL LLC 800 S STOCKTON AVE 82-3436550 RIPON CA 95366	SUPPORT	DE	150,898	51,898	ASSIST INT
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AI MEDICAL OXYGEN PRODUCTION 230 MT. HERMON RD STE 206 SCOTT'S VALLEY CA 95066-4034 FOREIGNUS	SUPPORT	ET	ASSIST INT	C	-41,009	160,089	99.000000	X	
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AI MEDICAL OXYGEN PRODUCTION PLC	B	201,098	FMV / CASH
(2) AI MEDICAL OXYGEN PRODUCTION PLC	B	148,000	FMV / CASH
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

SCHEDULE R - ADDITIONAL INFORMATION

ASSIT INTERNATIONAL GLOBAL, LLC OWNS 99% OF AI MEDICAL OXYGEN PRODUCTION, PLC.



Form **5471**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service

Name of person filing this return

**Information Return of U.S. Persons With Respect
To Certain Foreign Corporations**

Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____

OMB No. 1545-0123

Attachment
Sequence No. **121**

ASSIST INTERNATIONAL, INC.

A Identifying number

77-0243475

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

230 MT. HERMON ROAD SUITE 206

B Category of filer (See instructions. Check applicable box(es)):

1 2 3 4 5

City or town, state, and ZIP code

SCOTTS VALLEY CA 95066-4034

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period

99.000 %

Filer's tax year beginning _____, and ending _____

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation AI MEDICAL OXYGEN PRODUCTION PLC 230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY, CA 95066	b(1) Employer identification number, if any FOREIGN
	b(2) Reference ID number (see instructions) 1234
	c Country under whose laws incorporated ETHIOPIA

d Date of incorp. 08/22/18	e Principal place of business ETHIOPIA	f Principal business activity code no. 813000	g Principal business activity GLOBAL HEALTH	h Functional currency BIRR
--------------------------------------	--	---	---	--------------------------------------

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States 77-0243475 ASSIST INTERNATIONAL, INC. 230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY, CA 95066	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation JAMES STUNKEL 230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY CA 95066	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different CHARLENE PAGETT PO BOX 66396 SCOTTS VALLEY CA 95067
---	--

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON		5,445

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
ASSIST INTERNATIONAL GLOBAL, LLC 230 MT. HERMON ROAD SUITE 206 SCOTTS VALLEY CA 95066	COMMON		5,390	99.000

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
ASSIST INTERNATIONAL GLOBAL, LLC 230 MT. HERMON ROAD SUITE 206 SCOTTS VALLEY CA 95066	COMMON		5,390
JAMES STUNKEL 230 MT. HERMON ROAD SUITE 206 SCOTTS VALLEY CA 95066	COMMON		55

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a 4,149,920	148,000
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	
	4 Dividends	4	
	5 Interest	5	
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
Deductions	8a Foreign currency transaction gain or loss—unrealized	8a	
	b Foreign currency transaction gain or loss—realized	8b	
	9 Other income (attach statement)	9	
	10 Total income (add lines 3 through 9)	10 4,149,920	148,000
	11 Compensation not deducted elsewhere	11 100,131	3,571
	12a Rents	12a	
	b Royalties and license fees	12b	
	13 Interest	13	
	14 Depreciation not deducted elsewhere	14 499,477	17,813
	15 Depletion	15	
Net Income	16 Taxes (exclude income tax expense (benefit))	16	
	17 Other deductions (attach statement—exclude income tax expense (benefit)) SEE ATT	17 4,700,205	167,625
	18 Total deductions (add lines 11 through 17)	18 5,299,812	189,009
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19 -1,149,892	-41,009
Other Comprehensive Income	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit)—current	21a	
	b Income tax expense (benefit)—deferred	21b	
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Table with columns for Assets, (a) Beginning of annual accounting period, and (b) End of annual accounting period. Rows include Cash, Trade notes and accounts receivable, Derivatives, Inventories, Other current assets, Loans to shareholders, Investment in subsidiaries, Other investments, Buildings and other depreciable assets, Depletable assets, Land, Intangible assets, and Total assets.

Liabilities and Shareholders' Equity

Table with columns for Liabilities and Shareholders' Equity, (a) Beginning of annual accounting period, and (b) End of annual accounting period. Rows include Accounts payable, Other current liabilities, Derivatives, Loans from shareholders, Other liabilities, Capital stock, Preferred stock, Common stock, Paid-in or capital surplus, Retained earnings, Less cost of treasury stock, and Total liabilities and shareholders' equity.

Schedule G Other Information

Form with questions 1 through 5a regarding foreign ownership, interest, and base erosion payments. Includes Yes/No checkboxes and dollar amounts for base erosion payments and disallowed deductions.

Schedule G Other Information (continued)

Yes No

6a Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? [] [X]
If "Yes," complete lines 6b, 6c, and 6d.

b Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) u \$

c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) u \$

d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) u \$

7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? [] [X]

8 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? [] [X]

9 If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009? [] []

10 If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year? [] []

11 If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars u \$

12 If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s):

- [] Comparable uncontrolled transaction method [] Income method [] Acquisition price method
[] Market capitalization method [] Residual profit split method [] Unspecified methods

13 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? [] [X]

14a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? [] [X]
If "Yes," go to line 14b.

b Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year u \$

15 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? [] [X]
If "Yes," see instructions and attach statement.

16 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? [] [X]
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).

17 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? [] [X]

18 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? [] [X]

19 Did you answer "Yes" to any of the questions in the instructions for line 19? [] []
If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) u

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder u	Identifying number u
1a Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a
b Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b
c Other Subpart F income (enter the result from Worksheet A in the instructions)	1c
2 Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	2
3 Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions)	3
4 Factoring income See instructions for reporting amounts on lines 1 through 4 on your income tax return.	4
5 Dividends received (translated at spot rate on payment date under section 989(b)(1))	5
6 Exchange gain or (loss) on a distribution of previously taxed income	6

- Was any income of the foreign corporation blocked? Yes No
- Did any such income become unblocked during the tax year (see section 964(b))? Yes No

If the answer to either question is "Yes," attach an explanation.

SCHEDULE H**(Form 5471)**

(December 2018)

Department of the Treasury
Internal Revenue Service**Current Earnings and Profits****u** Attach to Form 5471.**u**Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

ASSIST INTERNATIONAL, INC.

Identifying number

77-0243475

Name of foreign corporation

AI MEDICAL OXYGEN PRODUCTION PLC

EIN (if any)

FOREIGNUS

Reference ID number (see instructions)

1234**a** Separate Category (Enter code—see instructions.) **u** **D****b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). **u****IMPORTANT:** Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of account			1	-1,149,892
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):				
		Net Additions	Net Subtractions		
a	Capital gains or losses	2a			
b	Depreciation and amortization	2b			
c	Depletion	2c			
d	Investment or incentive allowance	2d			
e	Charges to statutory reserves	2e			
f	Inventory adjustments	2f			
g	Income taxes (see Schedule E, Part I, line 9, column (j))	2g			
h	Foreign currency gains or losses	2h			
i	Other (attach statement)	2i			
3	Total net additions	3			
4	Total net subtractions	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	-1,149,892
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)			5b	
c	Combine lines 5a and 5b			5c	
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))			5d	-41,009
	Enter exchange rate used for line 5d u				

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (12-2018)

**SCHEDULE I-1
(Form 5471)**

(December 2018)
Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

u Attach to Form 5471.

u Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 ASSIST INTERNATIONAL, INC.		Identifying number 77-0243475
Name of foreign corporation AI MEDICAL OXYGEN PRODUCTION PLC	EIN (if any) FOREIGNUS	Reference ID number (see instructions) 1234

		Functional Currency	Conversion Rate	U.S. Dollars
Separate Category (enter code—see instructions) u D				
1 Gross income	1	4,149,920		
2 Exclusions				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (total of lines 2a–2e)	3			
4 Gross income less total exclusions (line 1 minus line 3)	4	4,149,920		
5 Deductions properly allocable to amount on line 4	5	5,299,812		
6 Tested income (loss) (line 4 minus line 5) (see instructions for line 6)	6	-1,149,892	28.040000	-41,009
Other Amounts (see instructions)				
7 Tested foreign income taxes	7			
8 Qualified business asset investment (QBAI)	8			
9 Interest expense	9			

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (12-2018)

SCHEDULE J
(Form 5471)
 (Rev. December 2018)
 Department of the Treasury
 Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

OMB No. 1545-0123

U Attach to Form 5471.

U Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 ASSIST INTERNATIONAL, INC.		Identifying number 77-0243475
Name of foreign corporation AI MEDICAL OXYGEN PRODUCTION PLC	EIN (if any) FOREIGNUS	Reference ID number (see instructions) 1234
a Separate Category (Enter code - see instructions.) u D b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) u		

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions).

Important: Enter amounts in functional currency.	(a)	(b)	(c)	(d)	(e) Previously Taxed E&P (see instructions)	
	Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit and Deduction for Suspended Taxes	(i) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(ii) Section 965(a) Inclusion (section 959(c)(1)(A))
1a Balance at beginning of year (as reported on prior year Schedule J)						
1b Beginning balance adjustments (attach statement)						
1c Adjusted beginning balance (combine lines 1a and 1b)						
2a Reduction for taxes unsuspended under anti-splitter rules						
2b Disallowed deduction for taxes suspended under anti-splitter rules						
3 Current year E&P (or deficit in E&P)	-41,009					
4 E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a E&P carried over in nonrecognition transaction						
5b Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6 Other adjustments (attach statement)						
7 Total current and accumulated E&P (combine lines 1c through 6)	-41,009					
8 Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9 Actual distributions						
10 Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11 Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12 Other adjustments (attach statement)						
13 Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
14 Balance at beginning of next year (combine lines 7 through 13)	-41,009					

**SCHEDULE M
(Form 5471)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

u Attach to Form 5471.

OMB No. 1545-0123

uGo to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

ASSIST INTERNATIONAL, INC.

Identifying number

77-0243475

Name of foreign corporation

AI MEDICAL OXYGEN PRODUCTION PLC

EIN (if any)

FOREIGNUS

Reference ID number (see instructions)

1234

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule u **BIRR**

28.0400

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contrib. transaction pymt. received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Add lines 1 through 12					
14 Purchases of stock in trade (inventory) ..					
15 Purchases of tangible property other than stock in trade					
16 Purchases of property rights (patents, trademarks, etc.)					
17 Platform contrib. transaction payments paid					
18 Cost sharing transaction payments paid ..					
19 Compensation paid for technical, managerial engineering, construction, or like services					
20 Commissions paid					
21 Rents, royalties, and license fees paid ..					
22 Hybrid dividends paid (see instructions) ..					
23 Dividends paid (exclude hybrid dividends paid)					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25					
27 Accounts Payable					
28 Amounts borrowed (enter the maximum loan balance during the year)—see instructions					
29 Accounts Receivable					
30 Amounts loaned (enter the maximum loan balance during the year)—see instructions					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2018)

SCHEDULE O
(Form 5471)

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Organization or Reorganization of Foreign
Corporation, and Acquisitions and
Dispositions of its Stock**Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471
u Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

ASSIST INTERNATIONAL, INC.

Identifying number

77-0243475

Name of foreign corporation

AI MEDICAL OXYGEN PRODUCTION PLC

EIN (if any)

FOREIGNUS

Reference ID number (see instructions)

1234**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported.**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition
ASSIST INTERNATIONAL GLOBAL, LLC	230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY CA 95066	82-3436550	02/09/18	

Part II To Be Completed by U.S. Shareholders**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.**Section A – General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) share- holder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
ASSIST INTERNATIONAL GLOBAL, LLC 230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY CA 95066 82-3436550	DISREG			

Section B – U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

Section C – Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively
ASSIST INTERNATIONAL GLOBAL, LLC	COMMON	02/09/18	PURCHASE	5,390		

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule O (Form 5471) (Rev. 12-2012)

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired
201,098	AI MEDICAL OXYGEN PRODUCTION PLC 230 MT. HERMON ROAD SUITE 206 SCOTTS VALLEY CA 95066

Public Inspection Copy

Section D – Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E – Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F – Additional Information

- (a)** If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits). **SEE ATT**
- (b)** List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock **▶**
- (c)** If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print ASSIST INTERNATIONAL, INC. or Number, street, and room or suite no. If a P.O. box, see instructions. Type 230 MT. HERMON ROAD SUITE 206 City or town, state or province, country, and ZIP or foreign postal code SCOTT'S VALLEY CA 95066-4034	77-0243475
C Book value of all assets at end of year 22,940,392	F Group exemption number (See instructions.) u	E Unrelated business activity code (See instructions.) 531190
	G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u **RENTAL OF WAREHOUSE PROPERTY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u** **DANA HOTTON** Telephone number **u** **831-438-4582**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnership and S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7	3,431	5,200	-1,769
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12			
13 Total. Combine lines 3 through 12	13	3,431	5,200	-1,769

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21	34,705		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	34,705	22b	0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28	29			
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			-1,769
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32 Unrelated business taxable income. Subtract line 31 from line 30	32			-1,769

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed u	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid u	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax u Refunded u	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here u	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Sign Here **u** 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 taxpayer) is based on all information of which preparer has any knowledge.

u **PRESIDENT/CEO/CHAIR**

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name M. ELLEN LUCCIOLA, CPA	Preparer's signature M. ELLEN LUCCIOLA, CPA	Date 11/15/19	Check <input type="checkbox"/> if self-employed	PTIN P01420851
	Firm's name } RONALD BLUE & CO. CPAS AND CONSLTS., LLP	Firm's EIN } 46-4148474			
	Firm's address } 1551 N TUSTIN AVE, STE 1000 SANTA ANA, CA 92705	Phone no. } 714-543-0500			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional sec. 263A costs (attach schedule)	4a		in Part I, line 2	7	
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		No
			to the organization?		

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		STMT 1 (a) Straight line depreciation (attach schedule)	STMT 2 (b) Other deductions (attach schedule)
(1) WAREHOUSE SPACE RENTAL	84,519	34,705	93,364
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1) 88,839	2,186,215	4.06 %	3,431
(2)		%	
(3)		%	
(4)		%	
SEE STATEMENT 3 SEE STATEMENT 4		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		3,431	5,200
Total dividends-received deductions included in column 8 u		u	

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			u	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ...		u				

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

2018

Attachment Sequence No. **179**

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number
77-0243475

ASSIST INTERNATIONAL, INC.

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	97,117

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	11,683
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	108,800
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

Form 990-T	Schedule M Charitable Contribution and Loss Calculation	2018
Description UNRELATED BUSINESS ACTIVITY		

Name **ASSIST INTERNATIONAL, INC.** Taxpayer Identification Number **77-0243475**
 Unincorporated Business Income Tax Code: **531190** Activity: **LESSORS OF OTHER REAL ESTATE PRO**

Public Inspection Copy

Worksheet 1 Activity Charitable Contribution Deduction		
1 Activity Income (Schedule M, Line 13, col C)	1	-1,769
2 Activity Expense (does not include amount needed for Line 20)	2	
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10 %)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	1,769
5 Total loss carried forward to 2019	5	1,769

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount		0			0
Charitable Contribution Carryover Available To Next Year					0

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
WAREHOUSE SPACE RENTAL	
WAREHOUSE	34,705
TOTAL	<u>34,705</u>

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
WAREHOUSE SPACE RENTAL	
INTEREST	15,079
INSURANCE	15,844
TAXES	11,880
UTILITIES	7,281
OFFICE EXPENSE	4,722
UTILITIES AND MAINTENANCE	38,558
TOTAL	<u>93,364</u>

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
WAREHOUSE SPACE RENTAL	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	1,066,062
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>88,839</u>

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
WAREHOUSE SPACE RENTAL	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	2,214,162
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	2,158,268
	4,372,430
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u>2,186,215</u>

Tax Asset Detail 1/01/18 - 12/31/18

FYE: 12/31/2018

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		OFFICE EQUIPMENT	5/30/90	2,220	0	0	2,220	0	2,220	0	S/L	5.00
2		VIDEO CAMERA	8/01/96	1,283	0	0	1,283	0	1,283	0	S/L	5.00
3		1996 SUBURBAN	12/23/97	22,000	0	0	22,000	0	22,000	0	S/L	5.00
4		COMPUTERS	6/01/98	3,077	0	0	3,077	0	3,077	0	S/L	5.00
5		HP LASER PRINTER	12/08/99	1,506	0	0	1,506	0	1,506	0	S/L	5.00
6		1997 FORD VAN	12/21/99	14,918	0	0	14,323	595	14,918	0	S/L	5.00
7		Camera - digital w/access	11/15/00	1,328	0	0	1,328	0	1,328	0	S/L	5.00
8		DIGITAL CAMERA	2/20/02	773	0	0	773	0	773	0	S/L	5.00
9		2002 CHEVY SUBURBAN	3/04/02	40,254	0	0	40,254	0	40,254	0	S/L	5.00
10		COMPAQ NOTEBOOK	9/04/03	2,272	0	0	2,272	0	2,272	0	S/L	3.00
11		LAND	9/15/04	500	0	0	0	0	0	500	Memo	0.00
12		COMPUTERS	6/01/04	4,442	0	0	4,442	0	4,442	0	S/L	3.00
13		DELL COMPUTER - SUE	8/26/05	1,713	0	0	1,713	0	1,713	0	S/L	3.00
14		GATEWAY COMPUTER - EDIE	9/21/05	1,418	0	0	1,418	0	1,418	0	S/L	3.00
15		DELL OFFICE COMPUTER	9/21/05	1,072	0	0	1,072	0	1,072	0	S/L	3.00
16		ONTRACK DATA SERVER	9/23/05	8,355	0	0	8,355	0	8,355	0	S/L	3.00
17		COMPUTER - EDIE	9/23/05	1,641	0	0	1,641	0	1,641	0	S/L	3.00
18		FILE SERVER	9/23/05	5,607	0	0	5,607	0	5,607	0	S/L	3.00
19		DONORPERFECT SOFTWARE	4/13/06	4,858	0	0	4,858	0	4,858	0	S/L	3.00
20		DELL 9200	11/03/06	1,615	0	0	1,615	0	1,615	0	S/L	3.00
21		FORKLIFT	12/20/06	14,006	0	0	14,006	0	14,006	0	S/L	5.00
22		TRUCK	2/10/06	15,000	0	0	15,000	0	15,000	0	S/L	5.00
23		HP PRINTER	5/25/06	1,273	0	0	1,273	0	1,273	0	S/L	3.00
24		HP COLOR PRINTER	5/25/06	1,609	0	0	1,609	0	1,609	0	S/L	3.00
25		TRAVEL LAPTOP	6/30/06	1,853	0	0	1,853	0	1,853	0	S/L	3.00
26		COMPUTER	4/28/06	1,590	0	0	1,590	0	1,590	0	S/L	3.00
27		WAREHOUSE	6/30/06	320,544	0	0	126,260	10,685	136,945	183,599	S/L	30.00
28		LAND	9/15/04	420,105	0	0	0	0	0	420,105	Land	0.00
29		WAREHOUSE	6/30/07	390,919	0	0	127,485	13,031	140,516	250,403	S/L	30.00
31		WAREHOUSE	6/30/08	959,069	0	0	311,697	31,969	343,666	615,403	S/L	30.00
33		ROUTER	5/27/09	1,681	0	0	1,681	0	1,681	0	S/L	3.00
35		WAREHOUSE	12/09/09	559,500	0	0	153,985	18,650	172,635	386,865	S/L	30.00
41		D. BOWLES AI-TS2 REMOTEPC	10/15/10	1,490	0	0	1,490	0	1,490	0	S/L	3.00
44		R. SCHMIDT SUBURBAN	2/23/11	13,272	0	0	13,272	0	13,272	0	S/L	5.00
45		Michelle's Computer	1/26/10	1,445	0	0	1,445	0	1,445	0	S/L	3.00
46		Eddie's New Computer	2/02/12	1,258	0	0	1,258	0	1,258	0	S/L	3.00
47		Inventory Software Suppor	2/29/12	1,116	0	0	1,116	0	1,116	0	S/L	3.00
48		Dana's New Laptop	9/24/12	1,808	0	0	1,808	0	1,808	0	S/L	3.00
49		M. Young New Computer	4/17/12	2,084	0	0	2,084	0	2,084	0	S/L	3.00
50		M. Franzia Laptop	5/05/12	2,184	0	0	2,184	0	2,184	0	S/L	3.00
51		Inventory Software User	5/08/12	1,798	0	0	1,798	0	1,798	0	S/L	3.00
52		Scanner/Battery/Cable, et	5/22/12	1,720	0	0	1,720	0	1,720	0	S/L	3.00
53		Cisco Switch - SV	1/31/13	4,880	0	0	4,880	0	4,880	0	S/L	3.00
55		XPS 13 Ultravook	9/05/13	1,969	0	0	1,969	0	1,969	0	S/L	3.00
56		M. Sudfeld Laptop	12/05/13	1,759	0	0	1,759	0	1,759	0	S/L	3.00
57		Warehouse	12/29/12	53,219	0	0	9,047	1,774	10,821	42,398	S/L	30.00
58		Warehouse	3/22/13	24,522	0	0	3,956	818	4,774	19,748	S/L	30.00
59		Computer servers	1/27/14	5,885	0	0	5,013	872	5,885	0	S/L	3.00
60		Computer - R. Sudfeld	3/28/14	2,966	0	0	2,308	658	2,966	0	S/L	3.00
61		Canon 70D Camera	6/13/14	1,504	0	0	1,057	447	1,504	0	S/L	3.00
62		Various computers (5)	10/23/14	10,927	0	0	10,927	0	10,927	0	S/L	3.00

Tax Asset Detail 1/01/18 - 12/31/18

FYE: 12/31/2018

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
63		Dell Computers (Curtis)	2/26/15	2,103	0	0	2,103	0	2,103	0	200DB	5.0
64		Laptop (Brian)	2/07/15	1,251	0	0	1,251	0	1,251	0	200DB	5.0
65		Computer (Shelly)	11/30/15	1,243	0	0	875	147	1,022	221	200DB	5.0
66		Multi-Link.com (Cisco)	12/07/15	4,181	0	0	2,942	496	3,438	743	200DB	5.0
67		Lexus	12/17/15	46,000	0	18,400	18,400	11,040	29,440	16,560	200DB	5.0
68		Computer Equipment Split	5/31/13	15,240	0	0	20,320	0	20,320	-5,080	S/L	3.00
69		Google Chromebox	11/26/16	2,149	0	0	1,432	717	2,149	0	S/L	3.00
70		Computer Equipment	1/01/16	9,269	0	0	6,179	3,090	9,269	0	S/L	3.00
71		Warehouse	1/01/16	188,413	0	0	12,561	6,280	18,841	169,572	S/L	30.00
72		2007 Ford	1/01/16	10,805	0	0	4,322	2,161	6,483	4,322	S/L	5.00
73		Lexus	1/01/16	4,000	0	0	800	800	1,600	2,400	S/L	5.00
74		Auto	1/01/16	17,849	0	0	3,570	3,570	7,140	10,709	S/L	5.00
75		Mobile Fundraising	11/02/17	4,999	0	0	1,000	1,000	2,000	2,999	S/L	5.00
Grand Total				<u>3,251,309</u>	<u>0c</u>	<u>18,400</u>	<u>1,021,042</u>	<u>108,800</u>	<u>1,129,842</u>	<u>2,121,467</u>		

AMT Asset Detail 1/01/18 - 12/31/18

FYE: 12/31/2018

Asset	d t	Property Description	Date In Service	AMT Cost	AMT Sec 179 Exp	c	AMT Bonus Amt	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr	AMT Net Book Value	AMT Method	AMT Period
1		OFFICE EQUIPMENT	5/30/90	0	0		0	0	0	0	0		0.0
2		VIDEO CAMERA	8/01/96	0	0		0	0	0	0	0		0.0
3		1996 SUBURBAN	12/23/97	0	0		0	0	0	0	0		0.0
4		COMPUTERS	6/01/98	0	0		0	0	0	0	0		0.0
5		HP LASER PRINTER	12/08/99	0	0		0	0	0	0	0		0.0
6		1997 FORD VAN	12/21/99	0	0		0	0	0	0	0		0.0
7		Camera - digital w/access	11/15/00	0	0		0	0	0	0	0		0.0
8		DIGITAL CAMERA	2/20/02	0	0		0	0	0	0	0		0.0
9		2002 CHEVY SUBURBAN	3/04/02	0	0		0	0	0	0	0		0.0
10		COMPAQ NOTEBOOK	9/04/03	0	0		0	0	0	0	0		0.0
11		LAND	9/15/04	0	0		0	0	0	0	0		0.0
12		COMPUTERS	6/01/04	0	0		0	0	0	0	0		0.0
13		DELL COMPUTER - SUE	8/26/05	0	0		0	0	0	0	0		0.0
14		GATEWAY COMPUTER - EDIE	9/21/05	0	0		0	0	0	0	0		0.0
15		DELL OFFICE COMPUTER	9/21/05	0	0		0	0	0	0	0		0.0
16		ONTRACK DATA SERVER	9/23/05	0	0		0	0	0	0	0		0.0
17		COMPUTER - EDIE	9/23/05	0	0		0	0	0	0	0		0.0
18		FILE SERVER	9/23/05	0	0		0	0	0	0	0		0.0
19		DONORPERFECT SOFTWARE	4/13/06	0	0		0	0	0	0	0		0.0
20		DELL 9200	11/03/06	0	0		0	0	0	0	0		0.0
21		FORKLIFT	12/20/06	0	0		0	0	0	0	0		0.0
22		TRUCK	2/10/06	0	0		0	0	0	0	0		0.0
23		HP PRINTER	5/25/06	0	0		0	0	0	0	0		0.0
24		HP COLOR PRINTER	5/25/06	0	0		0	0	0	0	0		0.0
25		TRAVEL LAPTOP	6/30/06	0	0		0	0	0	0	0		0.0
26		COMPUTER	4/28/06	0	0		0	0	0	0	0		0.0
27		WAREHOUSE	6/30/06	0	0		0	0	0	0	0		0.0
28		LAND	9/15/04	0	0		0	0	0	0	0		0.0
29		WAREHOUSE	6/30/07	0	0		0	0	0	0	0		0.0
31		WAREHOUSE	6/30/08	0	0		0	0	0	0	0		0.0
33		ROUTER	5/27/09	0	0		0	0	0	0	0		0.0
35		WAREHOUSE	12/09/09	0	0		0	0	0	0	0		0.0
41		D. BOWLES AI-TS2 REMOTEPC	10/15/10	0	0		0	0	0	0	0		0.0
44		R. SCHMIDT SUBURBAN	2/23/11	0	0		0	0	0	0	0		0.0
45		Michelle's Computer	1/26/10	0	0		0	0	0	0	0		0.0
46		Eddie's New Computer	2/02/12	0	0		0	0	0	0	0		0.0
47		Inventory Software Suppor	2/29/12	0	0		0	0	0	0	0		0.0
48		Dana's New Laptop	9/24/12	0	0		0	0	0	0	0		0.0
49		M. Young New Computer	4/17/12	0	0		0	0	0	0	0		0.0
50		M. Franzia Laptop	5/05/12	0	0		0	0	0	0	0		0.0
51		Inventory Software User	5/08/12	0	0		0	0	0	0	0		0.0
52		Scanner/Battery/Cable, et	5/22/12	0	0		0	0	0	0	0		0.0
53		Cisco Switch - SV	1/31/13	0	0		0	0	0	0	0		0.0
55		XPS 13 Ultravook	9/05/13	0	0		0	0	0	0	0		0.0
56		M. Sudfeld Laptop	12/05/13	0	0		0	0	0	0	0		0.0
57		Warehouse	12/29/12	0	0		0	0	0	0	0		0.0
58		Warehouse	3/22/13	0	0		0	0	0	0	0		0.0
59		Computer servers	1/27/14	0	0		0	0	0	0	0		0.0
60		Computer - R. Sudfeld	3/28/14	0	0		0	0	0	0	0		0.0
61		Canon 70D Camera	6/13/14	0	0		0	0	0	0	0		0.0
62		Various computers (5)	10/23/14	0	0		0	0	0	0	0		0.0

AMT Asset Detail 1/01/18 - 12/31/18

FYE: 12/31/2018

Asset	d t	Property Description	Date In Service	AMT Cost	AMT Sec 179 Exp	c	AMT Bonus Amt	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr	AMT Net Book Value	AMT Method	AMT Period
63		Dell Computers (Curtis)	2/26/15	2,103	0		0	2,103	0	2,103	0	200DB	5.0
64		Laptop (Brian)	2/07/15	1,251	0		0	1,251	0	1,251	0	200DB	5.0
65		Computer (Shelly)	11/30/15	1,243	0		0	875	147	1,022	221	200DB	5.0
66		Multi-Link.com (Cisco)	12/07/15	4,181	0		0	2,942	496	3,438	743	200DB	5.0
67		Lexus	12/17/15	46,000	0		18,400	18,400	11,040	29,440	16,560	200DB	5.0
68		Computer Equipment Split	5/31/13	0	0		0	0	0	0	0		0.0
69		Google Chromebox	11/26/16	0	0		0	0	0	0	0		0.0
70		Computer Equipment	1/01/16	0	0		0	0	0	0	0		0.0
71		Warehouse	1/01/16	0	0		0	0	0	0	0		0.0
72		2007 Ford	1/01/16	0	0		0	0	0	0	0		0.0
73		Lexus	1/01/16	0	0		0	0	0	0	0		0.0
74		Auto	1/01/16	0	0		0	0	0	0	0		0.0
75		Mobile Fundraising	11/02/17	4,999	0		0	1,000	1,000	2,000	2,999	S/L	5.00
Grand Total				<u>59,777</u>	<u>0c</u>		<u>18,400</u>	<u>26,571</u>	<u>12,683</u>	<u>39,254</u>	<u>20,523</u>		