

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Department of the Treasury
Internal Revenue ServiceUnder 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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization ASSIST INTERNATIONAL, INC		D Employer identification number 77-0243475
<input type="checkbox"/> Address change	Doing business as		E Telephone number (209) 599-1890
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 800 SOUTH STOCKTON AVE.		F Gross receipts \$ 21,130,891.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code RIPON, CA 95366		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Amended return	F Name and address of principal officer: RALPH SUDFELD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions
J Website: WWW.ASSISTINTERNATIONAL.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		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: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
Expenses	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	62
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	63,436.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	17,531,611.	20,626,312.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,273.	250,826.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,957.	206,175.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,694,841.	21,083,313.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	17,357,361.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,274,873.	2,310,416.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	164,635.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,325,630.	1,078,280.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,600,503.	20,746,057.
	19 Revenue less expenses. Subtract line 18 from line 12	14,094,338.	337,256.
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	24,453,324.	24,674,452.
	21 Total liabilities (Part X, line 26)	916,480.	861,602.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,536,844.	23,812,850.

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	Dana Bowles Signature of officer 7B054EFF663B4B0...	Date 1/15/2026			
Paid Preparer Use Only	Preparer's name ALLEN GILBERT, CPA	Preparer's signature ALLEN GILBERT, CPA	Date 01/15/26	Check <input type="checkbox"/> if self-employed	PTIN P01380103
	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 41-0746749		
	Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004		Phone no. 425-250-6100		

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 X

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
- b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
- c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
- d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*

b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I. See instructions*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		
21	X	

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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	X
25b	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? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	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	1a	15
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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	24
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		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)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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.		
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 on 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?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7	
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	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. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	DANA BOWLES - (209) 599-1890	
	800 SOUTH STOCKTON AVE, RIPON, CA 95366	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee)

Each organization's five highest compensated employees (other than an officer, director, trustee, or key employee), who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

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

c Total from continuation sheets to Part VII, Section A 0. 0. 0.
d Total (add lines 1b and 1c) 792,771. 0. 279,370.

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 5

Yes **No**

<p>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</p> <p>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</p> <p>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</p>	<p>3</p> <p>4</p> <p>5</p>	<p>X</p> <p>X</p> <p>X</p>
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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
MONICA R CAINER 1809 ALGUNO RD, AUSTIN, TX 78757	ASSOCIATE DIRECTOR OF PROGRAMS	134,575.
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	1	

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	1 a 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	20,626,312.		
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,827,209.		
	h Total. Add lines 1a-1f		20,626,312.		
Program Service Revenue	2 a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		250,999.		250,999.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 6a 110,841.			
	b Less: rental expenses	(ii) Personal 6b 47,405.			
	c Rental income or (loss)	6c 63,436.			
	d Net rental income or (loss)		63,436.		63,436.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 7a 173.			
	b Less: cost or other basis and sales expenses	(ii) Other 7b -173.			
	c Gain or (loss)	7c			
	d Net gain or (loss)		-173.		-173.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a REFUNDS	Business Code			
	b MISCELLANEOUS REVENUE	900099	104,072.		104,072.
	c FOREIGN CURRENCY LOSS	900099	60,676.		60,676.
	d All other revenue	900099	-22,009.		-22,009.
	e Total. Add lines 11a-11d		142,739.		
	12 Total revenue. See instructions		21,083,313.	0.	63,436.
					393,565.

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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	5,592,166.	5,592,166.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,765,195.	11,765,195.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	237,476.	201,760.	25,220.	10,496.
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	1,853,601.	1,574,819.	196,852.	81,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,909.	40,703.	5,088.	2,118.
9 Other employee benefits	40,030.	34,010.	4,251.	1,769.
10 Payroll taxes	131,400.	111,637.	13,955.	5,808.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,700.	850.	850.	
c Accounting	43,656.	24,011.	19,645.	
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 Sch O.)	122,514.	122,514.		
12 Advertising and promotion	133,639.	73,501.		60,138.
13 Office expenses	209,963.	121,103.	87,150.	1,710.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	27,733.	27,733.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	39,947.	39,947.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	148,905.	104,233.	44,672.	
23 Insurance	237,331.	151,892.	85,439.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	62,774.	40,175.	22,599.	
b ALL OTHER EXPENSES	17,677.	11,460.	5,551.	666.
c BENEVOLENCE	15,013.	15,013.		
d WAREHOUSE EXPENSE	13,314.	13,314.		
e All other expenses	4,114.	2,633.	1,481.	
25 Total functional expenses. Add lines 1 through 24e	20,746,057.	20,068,669.	512,753.	164,635.
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	665,983.	1	5,301,302.
	2 Savings and temporary cash investments	8,476,522.	2	6,950,790.
	3 Pledges and grants receivable, net	21,794.	3	225,554.
	4 Accounts receivable, net	43,378.	4	6,988.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,263,757.	8	10,564,517.
	9 Prepaid expenses and deferred charges	3,319.	9	3,120.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,168,317.		
	b Less: accumulated depreciation	1,548,001.	10c	1,620,316.
	11 Investments - publicly traded securities		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	6,106.	15	1,865.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	24,453,324.	16	24,674,452.
Liabilities	17 Accounts payable and accrued expenses	124,461.	17	164,109.
	18 Grants payable	27,550.	18	23,589.
	19 Deferred revenue	18,535.	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	734,659.	23	662,629.
	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	11,275.	25	11,275.
	26 Total liabilities. Add lines 17 through 25	916,480.	26	861,602.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,017,921.	27	4,136,203.
	28 Net assets with donor restrictions	13,518,923.	28	19,676,647.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,536,844.	32	23,812,850.
	33 Total liabilities and net assets/fund balances	24,453,324.	33	24,674,452.

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Part XI Reconciliation of Net AssetsCheck 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	21,083,313.
2 Total expenses (must equal Part IX, column (A), line 25)	2	20,746,057.
3 Revenue less expenses. Subtract line 2 from line 1	3	337,256.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,536,844.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-61,250.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,812,850.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2024)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024Open to Public
Inspection

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

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13774103.	16863324.	26939511.	17531611.	20626312.	95734861.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13774103.	16863324.	26939511.	17531611.	20626312.	95734861.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						95734861.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13774103.	16863324.	26939511.	17531611.	20626312.	95734861.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	130,591.	63,906.	70,975.	144,273.	250,999.	660,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	18,426.	14,222.	-11,685.	3,885.	63,436.	88,284.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,114.	-284,032.	30,923.	15,072.	142,739.	-79,184.
11 Total support. Add lines 7 through 10						96404705.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.31	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.48	%
16a 33 1/3% support test - 2024. 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			
<input checked="" type="checkbox"/>			
b 33 1/3% support test - 2023. 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			
<input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2024. 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			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2023. 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			
<input type="checkbox"/>			
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			
<input type="checkbox"/>			

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	1.00 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I of Schedule L (Form 990)**.

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I of Schedule L (Form 990)**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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 (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS REVENUE**

2020 AMOUNT: \$ 16,114.

2021 AMOUNT: \$ -284,032.

2022 AMOUNT: \$ 30,923.

2023 AMOUNT: \$ 15,072.

2024 AMOUNT: \$ 164,748.

FOREIGN CURRENCY LOSS

2024 AMOUNT: \$ -22,009.

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

ASSIST INTERNATIONAL, INC**Employer identification number****77-0243475****Organization type** (check one):**Filers of:**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 organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

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		\$ 3,547,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 7,202,147.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,521,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,049,392.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 602,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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		\$ 518,310.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

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
3	EYEGLASSES	\$ 7,202,147.	12/31/24
4	MEDICAL EQUIPMENT	\$ 1,521,440.	12/31/24
5	HOUSEHOLD GOODS	\$ 2,049,392.	12/31/24

Name of organization

Employer identification number

ASSIST INTERNATIONAL, INC**77-0243475****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

\$ _____

(ii) Assets included in Form 990, Part X

\$ _____

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

a Revenue included on Form 990, Part VIII, line 1

\$ _____

b Assets included in Form 990, Part X

\$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

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

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

a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

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

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

(i) Unrelated organizations?

(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.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings		2,949,756.	1,343,785.	1,605,971.
1c Leasehold improvements				
1d Equipment		218,561.	204,216.	14,345.
1e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,620,316.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 3

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	11,275.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,275.

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 4

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

ASSIST INTERNATIONAL, INC., IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT IS UNRELATED TO ITS EXEMPT PURPOSES. THE ENTITY FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME.

SCHEDULE F
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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 AND THE PACIFIC	0	2	PROGRAM SERVICES	MISSIONS	629,250.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	MISSIONS	2,460,482.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	MISSIONS	22,762.
SOUTH ASIA	0	1	PROGRAM SERVICES	MISSIONS	2,331,926.
SUB-SAHARAN AFRICA	0	7	PROGRAM SERVICES	MISSIONS	5,793,868.
3 a Subtotal	0	10			11,238,288.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	10			11,238,288.

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

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12-2024) ASSIST INTERNATIONAL, INC

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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)
	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TO SUPPORT THE ONGOING NEEDS OF VULNERABLE CHILDREN IN CAMINUL FELIX	840,664.	WIRE TRANSFER	12,170.	CLOTHING, BACKPACKS, AND EYEGLASSES FOR CHILDREN IN	FMV	
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO SUPPORT THE ONGOING NEEDS OF VULNERABLE PEOPLE IN NEW DAWN AND LWASI	42,234.	WIRE TRANSFER	32,725.	A LENSOMETER AND EYEGLASSES FOR VULNERABLE PEOPLE IN SUPPORTED	FMV	
	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TO SUPPORT THE ONGOING WORK OF CAMINUL FELIX THAILAND VULNERABLE	323,828.	WIRE TRANSFER	0.	CLOTHING AND EYEGLASSES TO HELP THE CHILDREN AT CAMINUL FELIX	FMV	
	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TO HELP SUPPORT THE ONGOING WORK OF JHOR AND ONESIMUS BROTHERS HOUSE HELPING	235,907.	WIRE TRANSFER	0.	CLOTHING AND EYEGLASSES FOR ONGOING NEEDS OF VULNERABLE PEOPLE	FMV	
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO HELP SUPPORT THE ONGOING WORK OF SEWING HOPE (INCLUDING MEDICAL	124,518.	WIRE TRANSFER	4,398.	MICROSCOPE, EYEGLASSES, AND TABLET	FMV	
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO HELP SUPPORT THE ONGOING WORK OF AOET HELPING VULNERABLE CHILDREN IN UGANDA.	24,861.	WIRE TRANSFER	0.	N/A	FMV	
	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	OXYGEN PLANT TOOL KITS SHIPPED TO CAMBODIA FOR OXYGEN PLANT MAINTENANCE	0.		12,125.	N/A	FMV	
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO ASSIST WITH EYEGLASSES BEING DISTRIBUTED IN CABO VERDE.	0.		17,233.	EYEGLASSES DONATED TO ORGANIZATION WITH ULTIMATE	FMV	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 14

Schedule F (Form 990) (Rev. 12-2024)

SEE PART V FOR COLUMN (D) AND COLUMN (H) DESCRIPTIONS

Schedule F (Form 990)

ASSIST INTERNATIONAL, INC

77-0243475

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO ASSIST WITH EYEGLASSES BEING DISTRIBUTED IN NIGERIA.	0.			20,040.	EYEGLASSES DONATED TO ORGANIZATION WITH ULTIMATE	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO EQUIP HOSPITAL WITH PATIENT MONITORS AND OXYGEN PLANT SPARE PARTS AND	0.			2798846.	PATIENT MONITORS, OXYGEN PLANT SPARE PARTS AND MAINTENANCE	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO SUPPLY VULNERABLE PEOPLE IN BURKINA FASO WITH VARIOUS GOODS.	0.			98,038.	HOUSEHOLD GOODS, FURNITURE, BICYCLES, AND EYEGLASSES	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO PROVIDE A WATER FILTRATION SYSTEM AND SPARE PARTS TO ULTIMATE RECIPIENT IN	0.			109,386.	WATER FILTRATION SYSTEM AND SPARE PARTS	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO SUPPORT DISTRIBUTION OF HOUSEHOLD GOODS, EYEGLASSES, AND	0.			123,394.	HOUSEHOLD GOODS, BICYCLES, AND EYEGLASSES	FMV
	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO SUPPORT WORK OF LIONS IN SIGHT PROGRAM TO PROVIDE EYEGLASSES TO	0.			1527277.	EYEGLASSES	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MEDICAL EQUIPMENT TO SUPPORT KENYAN HOSPITAL	0.			10,000.	VSCAN HANDHELD ULTRASOUND	FMV
	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	TO SUPPORT THE DISTRIBUTION OF EYEGLASSES TO THOSE IN NEED IN GUATEMALA.	0.			5385802.	EYEGLASSES	FMV
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO SUPPORT OXYGEN PLANT MAINTENANCE TRAINING PROGRAM IN UGANDA.	0.			6,088.	OXYGEN PLANT MAINTENANCE TOOLKITS	FMV

Schedule F (Form 990)

ASSIST INTERNATIONAL, INC.

77-0243475

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

Schedule F (Form 990) (Rev. 12-2024) ASSIST INTERNATIONAL, INC

77-0243475

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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)

Schedule F (Form 990) (Rev. 12-2024)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 5

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:

GRANT REPORTING IS ON THE ACCRUAL METHOD OF ACCOUNTING. FUNDS DONATED TO FOREIGN INDIVIDUALS AND ORGANIZATIONS ARE AMOUNTS DONATED IN THE UNITED STATES FOR THOSE RESTRICTED PURPOSES. THIS DATA IS TRACKED AND DISTRIBUTED THROUGHOUT THE YEAR TO BENEFICIARIES. ASSIST INTERNATIONAL EITHER HAS REPRESENTATION ON THE ORGANIZATIONS' BOARD OF DIRECTORS OR HAS ANOTHER ROLE THAT ALLOWS FOR MONITORING AND ADVISING ON USE AND MANAGEMENT OF THE FUNDS INCLUDING DISTRIBUTIONS AFTER DELIVERABLES HAVE BEEN MET ON GRANTS.

PART II, COLUMNS (D) AND (H):**(A) REGION:**

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM
(D) PURPOSE OF GRANT: TO SUPPORT THE ONGOING NEEDS OF VULNERABLE CHILDREN IN CAMINUL FELIX VILLAGES IN ROMANIA.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, BACKPACKS, AND EYEGLASSES FOR CHILDREN IN SUPPORTED PROGRAMS.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO SUPPORT THE ONGOING NEEDS OF VULNERABLE PEOPLE IN NEW DAWN AND LWASI OUTREACH PROGRAMS IN UGANDA.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: A LENSOMETER AND EYEGLASSES FOR VULNERABLE PEOPLE IN SUPPORTED PROGRAMS IN UGANDA.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,
(D) PURPOSE OF GRANT: TO SUPPORT THE ONGOING WORK OF CAMINUL FELIX THAILAND VULNERABLE CHILDREN PROGRAMS.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING AND EYEGLASSES TO HELP THE CHILDREN AT CAMINUL FELIX THAILAND VILLAGE.

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM
(D) PURPOSE OF GRANT: TO HELP SUPPORT THE ONGOING WORK OF JHOR AND ONESIMUS BROTHERS HOUSE HELPING VULNERABLE PEOPLE IN ROMANIA.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING AND EYEGLASSES FOR ONGOING NEEDS OF VULNERABLE PEOPLE IN JHOR AND ONESIMUS BROTHERS HOUSE PROGRAMS.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO HELP SUPPORT THE ONGOING WORK OF SEWING HOPE (INCLUDING MEDICAL CLINIC) HELPING VULNERABLE CHILDREN IN UGANDA.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,
(D) PURPOSE OF GRANT: OXYGEN PLANT TOOL KITS SHIPPED TO CAMBODIA FOR OXYGEN PLANT MAINTENANCE TRAINING PROGRAM.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(H) DESCRIPTION OF NON-CASH ASSISTANCE: EYEGLASSES DONATED TO ORGANIZATION WITH ULTIMATE DESTINATION TO BENEFIT CABO VERDE.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(H) DESCRIPTION OF NON-CASH ASSISTANCE: EYEGLASSES DONATED TO ORGANIZATION WITH ULTIMATE DESTINATION TO BENEFIT NIGERIA.

Schedule F (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

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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.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO EQUIP HOSPITAL WITH PATIENT MONITORS AND OXYGEN
PLANT SPARE PARTS AND TOOLKITS FOR MAINTENANCE AND TRAINING PROGRAM.
(H) DESCRIPTION OF NON-CASH ASSISTANCE: PATIENT MONITORS, OXYGEN PLANT
SPARE PARTS AND MAINTENANCE TOOLKITS

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO PROVIDE A WATER FILTRATION SYSTEM AND SPARE
PARTS TO ULTIMATE RECIPIENT IN AFRICA.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: TO SUPPORT DISTRIBUTION OF HOUSEHOLD GOODS,
EYEGLASSES, AND BICYCLES TO VULNERABLE PEOPLE IN AFRICA.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,
(D) PURPOSE OF GRANT: TO SUPPORT WORK OF LIONS IN SIGHT PROGRAM TO
PROVIDE EYEGLASSES TO VULNERABLE PEOPLE IN HAITI AND GUATEMALA.

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES
(D) PURPOSE OF GRANT: TO SUPPORT THE ROTARY CLUB IN CALERA, ZACATECAS IN
MEXICO AND THEIR WORK SUPPORTING THOSE IN NEED IN THEIR COMMUNITY.
(H) DESCRIPTION OF NON-CASH ASSISTANCE: KEYBOARDS, MICROPHONES,
RECORDERS, SEWING MACHINE AND OTHER MISCELLANEOUS EDUCATIONAL SUPPLIES

SCHEDULE I
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

ASSIST INTERNATIONAL, INCEmployer 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASHE MEMORIAL HOSPITAL GROUP 200 HOSPITAL AVE JEFFERSON, NC 28640	56-0603900	501(C)(3)	0.	305,287.	FMV	MEDICAL EQUIPMENT	HURRICANE HELENE RELIEF
BALLARD HEALTH GROUP 1725 MARKET ST JOHNSON CITY, TN 37604	61-1771290	501(C)(3)	0.	207,490.	FMV	MEDICAL EQUIPMENT	HURRICANE HELENE RELIEF EFFORT
CELEBRATION CHRISTIAN CHURCH 1135 BLUEBELL DR LIVERMORE, CA 94551	77-0339923	501(C)(3)	0.	46,529.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
CERES SEVENTH DAY ADVENTIST 1633 CENTRAL AVE CERES, CA 95307	94-6083195	501(C)(3)	0.	57,793.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
FIREHOUSE COMMUNITY DEVELOPMENT 5655 SILVERCREEK VALLEY RD SAN JOSE, CA 95138	65-1293894	501(C)(3)	0.	28,048.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
GRACE IS THE KEY, INC PO BOX 5252 MODESTO, CA 95352	81-2375759	501(C)(3)	0.	99,796.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **17.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) ASSIST INTERNATIONAL, INC

77-0243475

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME CHURCH 17261 S MANTHEY DR LATHROP, CA 95330	44-0577787	501(C)(3)	0.	42,384.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
LOVE'S TREASURE MINISTRY, INC. 20599 MANTECA RD MANTECA, CA 95337	85-2402800	501(C)(3)	0.	210,648.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
MODESTO GOSPEL MISSION 1400 YOSEMITE BLVD MODESTO, CA 95354	94-6102833	501(C)(3)	0.	65,010.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
MODESTO MOVES 1909 COBBLER CT MODESTO, CA 95366	81-1541865	501(C)(3)	0.	640,289.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
NINEVEH OUTREACH 1601 COFFEE RD MODESTO, CA 95355	32-0251500	501(C)(3)	0.	121,607.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
RIPON GRACE CHURCH 734 W MAIN ST RIPON, CA 95366	94-6181683	501(C)(3)	0.	27,688.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
SAN JOSE OPEN BIBLE CHURCH 5303 CARTER AVE SAN JOSE, CA 95118	94-2152890	501(C)(3)	0.	7,502.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
TEEN CHALLENGE, FAITH HOME 6643 FAITH HOME RD CERES, CA 95307	68-0304933	501(C)(3)	0.	41,135.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
TODAY IS A NEW DAY RECOVERY HOME 9985 A ERNST RD COULTERVILLE, CA 95311	47-4781066	501(C)(3)	0.	374,440.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE

Schedule I (Form 990)

Schedule I (Form 990) ASSIST INTERNATIONAL, INC

77-0243475

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACY MISSION / MISSION CITY CHURCH - 5555 W GRANTLINE RD - TRACY, CA 95304	37-1605304	501(C) (3)	0.	26,133.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE
UOP - COMMUNITY RE-ENTRY PROGRAM 405 E PINE ST STOCKTON, CA 95204	94-2187776	501(C) (3)	0.	48,278.	FMV	HOUSEHOLD GOODS	COMMUNITY ASSISTANCE

Schedule I (Form 990)

Schedule I (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475

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Part III

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

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

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

HOSPITALS SELECTED FOR DISASTER RELIEF EFFORTS WERE VETTED BY STAFF OF ASSIST INTERNATIONAL. INTERVIEWS WERE CONDUCTED TO ENSURE THE NEED MATCHED THE DONOR RESTRICTION FOR HURRICANE DAMAGE. FAIR MARKET VALUES WERE GIVEN BY THE DONOR ON NEW EQUIPMENT AS WELL AS CASH TO SHIP AND DISTRIBUTE DONATED EQUIPMENT. COMMUNITY PARTNERS RECEIVING HOUSEHOLD GOODS ARE VETTED INDIVIDUALLY AND REQUIRED TO COMPLY WITH DONOR RESTRICTIONS, REPORTING BACK REGULARLY TO ASSIST INTERNATIONAL.

SCHEDULE J
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ASSIST INTERNATIONAL, INCEmployer 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 checked="" 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 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 checked="" 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)?

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC.**

77-0243475

Page 2

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.

Schedule J (Form 990) (Rev. 12-2024)

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.

PART I, LINE 1A:

HOUSING ALLOWANCES WERE PROVIDED TO JAMES STUNKEL (\$64,000) AND RALPH SUDFELD (\$80,000).

PART I, LINE 7:

THE BOARD OF DIRECTORS PERFORM AN EVALUATION OF OFFICERS TO DETERMINE THE AMOUNT OF NON-FIXED PAYMENT BONUSES.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ASSIST INTERNATIONAL, INCEmployer identification number
77-0243475**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a)	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Schedule L (Form 990) (Rev. 12-2024) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 2

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)CHASE REYNOLDS	RELATIVE TO BOARD M	103,402.	WAGES AND B		X
(2)MATTHEW SUDFELD	RELATIVE TO BOARD M	102,516.	WAGES AND B		X
(3)CHERI REYNOLDS	RELATIVE TO BOARD M	199,801.	WAGES AND B		X
(4)MICHELLE SUDFELD	RELATIVE TO BOARD M	166,648.	WAGES AND B		X
(5)ZACHARY SUDFELD	RELATIVE TO BOARD M	59,930.	WAGES AND B		X
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHASE REYNOLDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE TO BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS

(A) NAME OF PERSON: MATTHEW SUDFELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE TO BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS

(A) NAME OF PERSON: CHERI REYNOLDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE TO BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS

(A) NAME OF PERSON: MICHELLE SUDFELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE TO BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS

(A) NAME OF PERSON: ZACHARY SUDFELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE TO BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: WAGES AND BENEFITS

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
Inspection

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number
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		2,049,392.	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EYEGLASSES</u>)	X	1	7,202,147.	FMV
26 Other (<u>SUPPLIES</u>)	X	1	1,529,927.	FMV
27 Other (<u>SOFTWARE AND FU</u>)	X	4	45,743.	FMV
28 Other ()				

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

29

0

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

	Yes	No
30a	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?

31	X
----	---

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

32a	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.

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

Schedule M (Form 990) 2024

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, PART I, COLUMN (B):

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

**SCHEDULE O
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number

77-0243475**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:****ASSIST INTERNATIONAL PARTNERS WITH CHANGEMAKERS AROUND THE WORLD TO
PROVIDE SOLUTIONS THAT SAVE LIVES AND BUILD RESILIENT COMMUNITIES.****FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:****WHILE WE WERE NOT ABLE TO FINISH CLOSING OUR AI MEDICAL OXYGEN
PRODUCTION SUBSIDIARY IN ETHIOPIA IN 2024, WE TOOK BIG STEPS TOWARDS
THAT. WE DONATED ALL OXYGEN PLANTS AND SUPPLIES TO THE AMHARA NATIONAL
REGIONAL STATE OXYGEN PRODUCTION AND DISTRIBUTION CENTRE IN ETHIOPIA.
THIS WAS PART OF THE DESIGN OF THE PROGRAM WHICH WAS GRANT FUNDED.****ORPHAN VILLAGE SUPPORT & CHILD WELFARE:****IN 2024, ASSIST INTERNATIONAL DEEPENED ITS COMMITMENT TO VULNERABLE
CHILDREN THROUGH STRATEGIC PARTNERSHIPS IN ROMANIA, THAILAND, UGANDA,
AND UKRAINE. THESE EFFORTS PROVIDED HOLISTIC CAREFOOD, CLOTHING,
MEDICINE, EDUCATION, AND EMOTIONAL SUPPORT TO ORPHANED, REFUGEE AND
AT-RISK CHILDREN, AS WELL AS THEIR CAREGIVERS AND COMMUNITIES.****UGANDA: ASSIST INTERNATIONAL SUPPORTED THREE KEY INITIATIVES:****SEWING HOPE CHILDREN'S VILLAGE (ATIAK): IN 2024, ELEVEN
CHILDREN/GRANDCHILDREN OF JOSEPH KONYERE WELCOMED INTO THE VILLAGE.
BORN TO WOMEN ABDUCTED AND IMPREGNATED BY KONY, THESE CHILDREN HAD
FACED REJECTION ELSEWHERE DUE TO THEIR LINEAGE. THEY ARRIVED IN ATIACK
WITH TORN CLOTHING AND NO SHOES OR BROKEN SHOES, SEEKING REFUGE AND
DIGNITY. NOT ONLY WERE THEY EMBRACED FULLY, THEY WERE GIVEN NEW SHOES,
CLOTHING, SOCKS, AND UNDERWEAR ENSURING THEY WERE RECEIVED WITH
COMPASSION AND CARE. THIS ACT OF RESTORATION REFLECTS THE HEART OF OUR
MISSION ALONGSIDE SEWING HOPE: OFFERING A SAFE, LOVING HOME TO CHILDREN
WHO HAVE ENDURED TRAUMA AND EXCLUSION. TODAY, THESE CHILDREN HAVE
ACCESS TO EDUCATION, MEDICAL CARE, NUTRITIOUS MEALS, AND A NURTURING
ENVIRONMENT WHERE THEY ARE BEGINNING TO HEAL AND EXPERIENCE RENEWED
HOPE. IN ADDITION, WE WERE ABLE TO EXPAND THE POULTRY OPERATIONS WITH A
SECOND BUILDING FOR THE VILLAGE, DOUBLING ITS CAPACITY FOR FOOD
PRODUCTION AND INCOME GENERATION.****SCHOOL OF PEACE (ADJUMANI AND SOUTH SUDAN): ASSIST INTERNATIONAL
SUPPORTED FEEDING PROGRAMS FOR SOUTH SUDANESE REFUGEE CHILDREN AND
ENHANCED AGRICULTURAL CAPACITY WITH THE PURCHASE OF A TRACTOR FOR A
FARM IN ADJUMANI. THIS INVESTMENT INCREASED CROP PRODUCTION TO SUSTAIN
THE FEEDING PROGRAM AND ALSO HELPED PROVIDE FOOD FOR RESCUED CHILDREN
LIVING IN THE NEARBY SEWING HOPE CHILDREN'S VILLAGE.****NEW DAWN (ENTEBBE): SUSTAINED FEEDING AND VOCATIONAL TRAINING PROGRAMS
FOR FAMILIES WITH CHILDREN LIVING WITH HIV/AIDS RECOGNIZING THAT
CONSISTENT NUTRITION IS ESSENTIAL FOR THE EFFECTIVENESS OF LIFE-SAVING
MEDICATIONS. THESE EFFORTS ENSURE THAT CHILDREN RECEIVE BOTH THE
MEDICAL CARE AND NOURISHMENT NEEDED TO SUPPORT THEIR TREATMENT AND
OVERALL WELL-BEING. ADDITIONALLY, WE DELIVERED EYEWEAR TO TWO GROUPS IN
UGANDA SERVING THOSE UNABLE TO AFFORD GLASSES, ENHANCING ACCESS TO
VISION CARE.**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number

77-0243475

ROMANIA: CAMINUL FELIX ORPHAN VILLAGES (ORADEA): WELCOMED 13 NEW CHILDREN INTO FAMILY-STYLE HOMES, OFFERING EDUCATION, NUTRITION, AND EMOTIONAL STABILITY.

JHOR AND ONESIMUS HOUSE (TIMISOARA): CONTINUED FEEDING PROGRAMS FOR LOW-INCOME FAMILIES AND THE ELDERLY. A NEW GENERATION OF HOUSE PARENTS WAS TRAINED AND SUPPORTED TO FOSTER HEALING AND GROWTH.

THAILAND: FELIX THAILAND ORPHAN VILLAGE (SURAT THANI): SUSTAINED OPERATIONS TO PROVIDE FAMILY-STYLE CARE, EDUCATION, AND BASIC NEEDS FOR ORPHANED CHILDREN.

UKRAINE: WORKED ALONGSIDE TRUSTED PARTNERS AT YWAM (TERNOPIL) TO PROVIDE ESSENTIAL CLOTHING, FOOD AND HYGIENE SUPPLIES TO ORPHANED CHILDREN RESIDING IN WAR-AFFECTED, STATE-RUN INSTITUTIONS AND THE LIGHT OF REFORMATION CHARITY TO DISTRIBUTE ESSENTIAL SUPPLIES TO INTERNALLY DISPLACED CHILDREN.

CONDUCTED AN ONLINE TRAUMA TRAINING FOR FRONTLINE WORKERS BY DR. LINDA HEIDEN TITLED SUPPORTING FRONTLINE WORKERS IN UKRAINE: ADDRESSING BURNOUT, COMPASSION FATIGUE, AND VICARIOUS TRAUMA.

ACROSS ALL REGIONS, ASSIST INTERNATIONAL WORKED WITH TRUSTED LOCAL PARTNERS AND IN-COUNTRY HOUSE PARENTS TO ENSURE CULTURALLY SENSITIVE, SUSTAINABLE CARE. THROUGH THE CHILDREN'S PROGRAMS AND PARTNERSHIPS, OVER 5,000 CHILDREN WERE IMPACTED DAILY WITH ACCESS TO EDUCATION, SAFETY, FOOD, AND LOVING SUPPORT.

ELECTRIFICATION:

ASSIST INTERNATIONAL'S ENERGY ASSIST PROGRAM BROUGHT RELIABLE ELECTRICITY TO LAST-MILE COMMUNITIES. IN INDIA, THREE SOLAR MINI-GRIDS WERE CONSTRUCTED IN REMOTE VILLAGES, PROVIDING 24/7 POWER TO OVER 1,150 PEOPLE WITHIN THE FIRST 3 MONTHS OF OPERATION MOST OF WHOM LIVE BELOW \$4/DAY. IN TANZANIA, ASSIST PARTNERED WITH HEALTH ELECTRIFICATION & TELECOMMUNICATIONS ALLIANCE (HETA) TO ELECTRIFY 24 HEALTH FACILITIES AND CONDUCTED STRATEGIC PLANNING WITH LOCAL DEVELOPERS FOR A LARGER-SCALE PROGRAM COMING SOON. IN THE DRC, ASSIST IDENTIFIED SCALABLE OPPORTUNITIES WITH MINI-GRID DEVELOPERS AND ENGAGED WITH GOVERNMENT STAKEHOLDERS TO ALIGN WITH NATIONAL ELECTRIFICATION PRIORITIES. THESE EFFORTS LAY THE FOUNDATION FOR LONG-TERM ENERGY ACCESS AND ECONOMIC GROWTH IN LAST-MILE COMMUNITIES.

GLOBAL HEALTH:

ASSIST INTERNATIONAL'S GLOBAL HEALTH PROGRAMS STRENGTHENED HEALTH SYSTEMS FOR BETTER PATIENT CARE IN 2024. THROUGH THE O2NOW INITIATIVE, 179 OXYGEN PLANT TECHNICIANS WERE TRAINED ACROSS NIGERIA, UGANDA, CAMBODIA, AND ETHIOPIA, IMPROVING THEIR ABILITY TO OPERATE AND MAINTAIN OXYGEN PLANTS AND ENSURE A CONTINUOUS FLOW OF LIFE-SAVING OXYGEN FOR PATIENTS BENEFITING OVER 110 OXYGEN PLANTS. THE IMPACT AFRICA AND MOST PROGRAMS CONCLUDED AFTER 3.5 YEARS IN 2024. 887 CLINICIANS WERE TRAINED THROUGH MOST IN TANZANIA, REDUCING MATERNAL MORTALITY RATES BY 37% AT INTERVENTION SITES. IMPACT ALSO UPSKILLED 39 ANESTHESIA EDUCATORS AND INSTALLED SIMULATION CENTERS AT THREE UNIVERSITIES, LEADING TO A 21% INCREASE IN SURGICAL VOLUME AT SMALL HOSPITALS WHERE A GRADUATE WAS PLACED AND IMPROVED ADHERENCE TO SAFE SURGICAL PRACTICES.

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number

77-0243475

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WORKFORCE DEVELOPMENT (TVET):

ASSIST INTERNATIONAL EXPANDED ITS ROLE AS A PROGRAM DESIGN EXPERT IN 2024, CREATING A STRATEGIC TVET PLAYBOOK AND SECURING MAJOR INVESTMENTS FOR CENTERS OF EXCELLENCE IN INDIA, TANZANIA, DRC, AND KAZAKHSTAN. THESE PROGRAMS WILL EQUIP YOUTH WITH SKILLS IN ADVANCED MANUFACTURING, WELDING, ELECTRICAL WORK, AND SPECIALIZED ENGINEERING. IN INDIA, ASSIST SUPPORTED THE MAKER LABS INITIATIVE TO EQUIP RURAL, AT-RISK, YOUTH WITH STEM TRAINING, RESULTING IN 344 FUNCTIONAL PROTOTYPES BEING CREATED TO CLAIM SEED FUNDING FOR STUDENT-LED STARTUPS, AND OVER 1,800 STUDENTS COMPLETING COMPUTING COURSES. MAKER LABS IS EMPOWERING YOUTH TO BREAK CYCLES OF POVERTY THROUGH STEM.

EXPENSES \$ 887,992. INCLUDING GRANTS OF \$ 887,992. REVENUE \$ 0.

DELIVERING SUSTAINABLE HUMANITARIAN AID AND DEVELOPMENT PROGRAMS WORLDWIDE. DURING THE YEAR, THE ORGANIZATION PARTNERED WITH HOSPITALS, CLINICS, AND LOCAL GOVERNMENTS TO STRENGTHEN HEALTHCARE INFRASTRUCTURE IN UNDERSERVED REGIONS.

EXPENSES \$ 15,306,634. INCLUDING GRANTS OF \$ 14,171,271. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THERE IS AN AUDIT COMMITTEE WHOSE MEMBERS ARE EITHER A BOARD MEMBER OR EMERITUS BOARD MEMBER. THEY APPROVE THE AUDIT AND 990 BEFORE IT'S FINALIZED.

FORM 990, PART VI, SECTION A, LINE 2:

AUSTIN CARMICHAEL, TREASURER AND JON CARMICHAEL, DIRECTOR ALL HAVE FAMILY RELATIONS. RALPH SUDFELD, PRESIDENT AND MICHELLE SUDFELD, VICE PRESIDENT ALL HAVE FAMILY RELATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS. IF AN INTERESTED PERSON IS INVOLVED IN A SITUATION WHERE THERE MIGHT BE A QUESTION OF A CONFLICT OF INTEREST, THAT MUST BE DISCLOSED AND REPORTED TO THE LEADERSHIP (THE INDIVIDUAL'S DIRECT REPORT AND THE VP MANAGING THEIR DEPARTMENT WITHIN THE ORGANIZATION) FOR REVIEW BY A COMMITTEE FROM THE EXECUTIVE LEADERSHIP TEAM. CONFLICTS OF INTEREST WILL BE REVIEWED AND MANAGED BY A COMMITTEE FROM THE EXECUTIVE LEADERSHIP TEAM AND MAY BE BROUGHT BEFORE THE BOARD OF DIRECTORS AS NEEDED. IT COULD INVOLVE RECUSAL FROM CERTAIN DECISIONS, DIVESTMENT OF CONFLICTING INTERESTS, OR OTHER MEASURES TO MITIGATE THE CONFLICT. IF A CONFLICT OF INTEREST IS IDENTIFIED AND CANNOT BE EFFECTIVELY MANAGED, APPROPRIATE ACTIONS WILL BE ENFORCED, WHICH MAY INCLUDE REMOVING THE INDIVIDUAL FROM CERTAIN ROLES OR RESPONSIBILITIES. THE EVALUATION COMMITTEE THAT DETERMINED THERE IS A CONFLICT OF INTEREST WILL ASSIGN AN INDIVIDUAL FROM THE COMMITTEE TO MONITOR THE EFFECTIVENESS OF THE ACTIONS TAKEN TO RESOLVE THE CONFLICT AND MAKE ADJUSTMENTS AS NECESSARY. FAILING TO DISCLOSE CONFLICTS OF INTEREST OR VIOLATING THE POLICY WILL RESULT IN CONSEQUENCE WHICH COULD RANGE FROM DISCIPLINARY ACTIONS AND TERMINATION TO LEGAL CONSEQUENCES.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization

ASSIST INTERNATIONAL, INC

Employer identification number

77-0243475

COMPENSATION PROCESS FOR TOP OFFICIAL THE ANNUAL PROCESS FOR DETERMINING COMPENSATION OF THE OFFICERS/KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY THE EXECUTIVE LEADERSHIP TEAM, USE OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION. THE BOARD OF DIRECTORS REVIEW THE PRESIDENT/CEO'S SALARY AND SET IT. THEY ALSO PERFORM AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT/CEO AND DETERMINE IF A BONUS IS EARNED. A TOOL TO COMPARE MARKET DATA IS USED. IT IS DOCUMENTED AND PERFORMED ANNUALLY.

THE PRESIDENT/CEO AND THE EXECUTIVE LEADERSHIP TEAM REVIEW THE OTHER OFFICERS SALARIES AND COMPARE IT TO MARKET. SALARY ADJUSTMENTS OR BONUSES WILL BE CONSIDERED BY THE CEO AND/OR EXECUTIVE LEADERSHIP TEAM OR SUBCOMMITTEE WITH INPUT FROM THE INDIVIDUAL'S DIRECT REPORT. A TOOL TO COMPARE MARKET DATA IS USED. IT IS DOCUMENTED AND PERFORMED ANNUALLY. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS MAY BE REQUESTED BY OUR OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CUMULATIVE TRANSLATION ADJUSTMENTS -61,250.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS CHANGED TO A DIFFERENT ACCOUNTING FIRM FROM THE PRIOR YEAR.

FORM 990 AND FORM 5471

THIS AMENDED RETURN IS FILED TO CORRECT THE ORIGINALLY FILED FORM 5471.

SCHEDULE R
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

ASSIST INTERNATIONAL, INCEmployer 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
ASSIST INTERNATIONAL GLOBAL LLC - 82-3436550 800 S STOCKTON AVE RIPON, CA 95366	SUPPORT	DELAWARE	0.	1,000.	ASSIST INTERNATIONAL INC

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

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

Schedule R (Form 990) (Rev. 1-2025)

Schedule R (Form 990) (Rev. 1-2025) **ASSIST INTERNATIONAL, INC.**

77-0243475 Page 2

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.

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.

Schedule R (Form 990) (Rev. 1-2025) **ASSIST INTERNATIONAL, INC**

77-0243475 Page 3

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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)				
(2)				
(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.

Part VII Supplemental Information

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